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NURSE CLINICIAN LEARNING TO TEACH VHWs . . . . . COMMON CLINICAL PROBLEMS

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Nurse Clinician training materials are Lesotho adaptations based upon the MEDEX prototype curriculum for training mid-level health workers.

The prototype MEDEX materials were developed by the Health Manpower Development Staff of the John A.Burns School of Medicine, University of Hawaii. The original prototypes were based on training experience in over a dozen third-world countries. These were revised on the basis of HMDS experience in Micronesia, Thailand, Pakistan, and Guyana before being made available to Lesotho under a U.S.A.I.D. funded contract.

Major adaptation in Lesotho began at the National Nurse Clinician Training Programme Curriculum Adaptation Workshop held at Mazenod in January 1980. The nearly fifty participants represented all major health and health related activities in Lesotho, both Government and private. These participants and others working as individuals and then as review committees have adapted the Nurse Clinician training materials to meet the conditions and needs of Lesotho.

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COMMON CLINICAL PROBLEMS

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COMMON CLINICAL PROBLEMS
NURSE CLINICIAN INSTRUCTIONAL OBJECTIVES

The nurse clinician will use role play, demonstration, discussion and home visits to teach the VHW the following:

1. Identification and management of conjunctivitis.
2. Identification and management of infected skin lesions.
3. Identification and management of scabies.
4. Identification and management of roundworm infestation.
5. Identification and management of pneumonia.

INTRODUCTION

Conjunctivitis, infected skin lesions, scabies, roundworms, and pneumonia are common clinical problems in many parts of the world. Without effective and early treatment, they can lead to many undesirable complications and sometimes to permanent impairment or even death. Each of these conditions respond to simple treatments that are well within the scope of trained village health workers. In addition, VHWs will have a major responsibility for recognizing problems and arranging appropriate referrals to the nurse clinician.

In this module, the nurse clinician will learn how to teach methods of identification and management of these common clinical conditions and how to assist VHWs to become effective patient and family educators with regard to their prevention. We will continue to use the precept that we teach as we have been taught; therefore, you will be taught this modular content with the same educational methodology you will use when you are teaching VHWs in your health centre.

Before working on this module, review your nurse clinician modules on EENT, SKIN, G.I. and HEART AND RESPIRATORY PROBLEMS.

Gathering Village Information

Whenever working with VHWs in a village or local community, we should be aware of local traditions or customs that are practised by villagers in their own health care. Discussing this with the VHWs will help them to become consciously aware of the practices used in their villages. They can then use this knowledge when they are working with members of their community.

This discussion will also help you, as a nurse clinician, to learn how the condition is defined by villagers and will acquaint you with local treatment patterns. If the village treatment is positive in that it promotes good health, you can suggest ways to the VHWs to make use of the treatment pattern and support it. If the local treatment pattern is harmful, then you, as a nurse clinician, are aware of the obstacles or resistant factors that need to be overcome. If the local treatment patterns are neither harmful nor helpful, they usually can be ignored.

The best way to extract this local knowledge from the village is to talk about it with the VHWs. Draw out this information through the use of "leading questions." You, as a nurse clinician, need to find answers to the following questions:

1) What are the local terms for the following conditions?

   - Conjunctivitis
   - Infected skin lesions (names may vary according to location of lesion or cause of lesion)
   - Scabies
   - Roundworms
   - Pneumonia

2) What do the villagers consider to be the causes of these conditions?

3) What is usually done to treat each of these conditions?

4) What part of the village treatment regimen is beneficial and what are some of its harmful effects?

5) What local cultural or social beliefs could hinder "correct" treatment methods?

After learning the answers to these questions, you will then be in a position to consider different methods of patient education and treatment. You will certainly be aware of obstacles and resistances that need to be overcome and will be better prepared to work around them.

Activity 1

CONJUNCTIVITIS

Special Instructions For Teaching Text	Text for Teaching
NOTE: Do not use the word "conjunctivitis" because it will mean nothing to your trainees.	
	"Today, we are going to talk about red eyes (conjunctivitis.)"
*DISCUSSION Use the local word for conjunctivitis throughout the lesson.	* "I expect that you have all seen, at one time or another, people with red eyes. Maybe you have had red eye yourself. What do you call "red eye" in your village? Do you have a special name for it?"
Ask trainees to report on the number of children with red eye in village.	"How many cases of "red eye" are there in your village right now?"
	"Red eye can lead to blindness if it's not treated properly at the right time. A child who has a red eye <u>could</u> go blind, if proper treatment is not given early enough. Of course, not every child who has red eye goes blind, but it can happen!"
*DISCUSSION Have each trainee report how many blind people there are in his/her village.	* "Are there any blind people in your village?"
Ask each trainee to describe how blindness would affect some aspect of his/her life and discuss local attitudes to blindness and eye disease in general.	"What would it be like to be blind? Close your eyes for a moment. Can you imagine what it would be like if you were never able to see again?"
	"What do people in your village feel about blindness?"
	"How are blind people treated in your village?"

Activity 1 - Conjunctivitis (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"I think we are all agreed that none of us would like to be blind and none of us would like our children to be blind or anybody else, for that matter."
	"A lot of blind people would be able to see today if only they had received proper treatment for red eye before it was too late!"
*DISCUSSION Have each trainee describe the symptoms he/she experienced with conjunctivitis.	* "Have any of you ever had red eye? Do you remember what it felt like?"
	"First of all, the eye feels "itchy" or "scratchy". Often people describe a "burning" sensation in the eye. Sometimes, it feels as if there is sand in the eye. In certain cases of red eye, pus forms under the eyelids. When this pus dries, at night, during sleep, the eyes stick together and are difficult to open in the morning. Often people with red eye complain of headache and say that the "light hurts their eyes"."
*ROLE PLAY First you, the nurse clinician, take the role of the VHW and question your "patient" about the symptoms of conjunctivitis. Then, let each of the trainees act the role of the VHW and question one of the other trainees, in the same way.	* "Now, I want us to pretend that I am the village health worker and that one of you is a person who is suffering from "red eye"."
	"Yes, some of the things that tell a person that he or she has "red eye" are:

Activity 1 - Conjunctivitis (cont.)

Special Instructions For Teaching Text	Text for Teaching
	Itching or "scratchy feeling in the eye. A"burning" feeling in the eye Pus forming in the eye Eyelids sticking together. Of course, when you look at the eye, you would notice that the part of the eye that is normally white has become pink or red, especially near the corners. If you turned down the bottom eyelid, you would see that the inside of the eyelid, which is usually pink, has also become very red." "Before you pull down the bottom eyelid to look into the eye, there is something that you must do. It is very important that when you are touching the eye, you do not introduce any dirt into it that would make the infection worse. So you wash your hands with soap and water, before you start to look at the eye."
*DEMONSTRATE Pull down the lower eyelid of one of the trainees. Then have each trainee do this on his/her neighbour.	* "Have you noticed who gets red eye the most - children or grown-ups?" "Children seem to suffer from "red eye" more frequently than do adults." "In babies and children, red eye is spread by flies, dust and by children touching their eyes with dirty fingers. One child rubs its eyes and touches the hand of another child who then rubs his eyes and spreads the infection to his own eyes."

Activity 1 - Conjunctivitis (cont.)

Special Instructions For Teaching Text	Text for Teaching
*DISCUSSION Have each trainee offer his/her suggestions. Congratulate any who suggest fly control, hand-washing, etc. as possible preventive measures.	* "How do you think this infection could be prevented? What would be good ways in which to stop it spreading from one child to another?" "Yes, probably the best thing to do would be to get rid of all flies, or at least keep them away from the eyes. Anything that will get rid of the flies will help to prevent the spread of red eye. Having children wash their hands frequently and training them not to rub their eyes, would also help a great deal. Children who use the same towel after washing their faces will almost certainly spread the infection from one to the other. Cleanliness is the key. Control of dirt and flies and good personal hygiene will do much to stop red-eye spreading." "There is, of course, another way in which we can stop red-eye spreading from one person to another. This is by treating each case properly, as soon as it is discovered. If a child who gets this infection is treated correctly, then he or she cannot give the infection to anybody else."
*DISCUSSION Probably someone in the group has seen drops or ointment instilled in the eyes for treatment of conjunctivitis.	* "Can anybody tell me how red eye is treated?" "Yes, red eye is treated with a special eye ointment called TETRACYCLINE."

Activity 1 - Conjunctivitis (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"Before putting the ointment in the eye, it is necessary to clean away any dried pus that has formed sticking the eyelids together." "If there is no pus already in the eye and no crusts on the edges of the eyelids, there is no need to wash them. Only wash the eyelids if there is crusted pus on them. If the eye looks clean, just apply the Tetracycline ointment."
*DEMONSTRATION Each trainee boils some water, allows it to cool and then bottles and caps it.	* "The eyes are washed with CLEAN water. To make sure that the water is really clean, it should be boiled for at least five minutes and then allowed to cool. We are going to boil some water right now and put it in a clean bottle when it is cool and save it for washing the eyelids of people who have red eye." "Good, now we know that if we have to treat any cases of red eye, we will have some really clean water to wash the eyelids with."
*ROLE PLAY AND DEMONSTRATION The nurse clinician role-plays the VHW, while other members of the group observe. Use the technique for washing the eyelids described in the nurse clinician EENT module, stressing cleansing from the nose towards the side.	* "Now, once again, I am going to be the village health worker and one of you will be my patient. Who will be the patient this time? First, I will wash my hands." "You are a person who has red eye. You've come to see me because your eye felt itchy and scratchy yesterday - as if you had some sand in it. When you woke up this morning, your eyelids were stuck. Now, I'm going to treat your eye with Tetracycline. But before I do that, I have to wash away the dried pus around the eyelashes and in the eye. This won't hurt you at all."

Activity 1 - Conjunctivitis (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"Let's review two very important things. First of all, before I started to cleanse the eyes, I washed my hands with soap and water to make sure that I was not going to put any dirt in the eyes. Then when I washed the eyelids, I started at the nose side and washed towards the side of the face so that I was washing dirt and pus away from the eye instead of pushing dirt back INTO the eye." "To wash the eyelids, you are going to need some strips of clean cloth. To make sure that the cloth is really clean, you will need to boil it in water for at least ten minutes and then dry it. Make sure to protect it from flies and dust while it is drying." "When you are washing the eyelids, use a clean piece of cloth for each eye. Do not use the same piece of cloth for both eyes, since this would only spread infection from one eye to the other." "It is best to have the person suffering from red eye lying down when you wash their eyes. Moisten the piece of clean cloth you are going to use with the boiled water. Then gently wash away crusts and pus from the outside of the eyelids, the eyelashes and the edges of the eyelids, washing always from the nose towards the side of the face. You may have to repeat this several times to remove all the crust and dirt. Do it gently, because the eye is sore! Do it as often as necessary, until the eye can be opened. Then, when the eye is clean, take a clean piece of cloth and gently dry the eyelids."

Activity 1 - Conjunctivitis (cont.)

Special Instructions For Teaching Text	Text for Teaching
*ROLE PLAY Each trainee plays the role of the VHW, receives the "patient", questions him/her about the eyes and proceeds to clean the eyelids, using the prescribed technique. Check any trainee not applying the correct technique or following correct procedure.	* "Now, I want you each to choose a partner and one of you be the village health worker and the other be the patient. Imagine the patient has just come to see you with one eye stuck with dried pus."
*DEMONSTRATION Select a "patient". Wash your hands with soap and water, wash the eyelids with normal saline, evert lower lid and apply ointment to the conjunctiva after advising "patient" that the ointment might "sting" a little. Instruct "patient" to keep eye closed following application.	* "Now, I am going to show you how to put the ointment in the eyes. FIRST, what am I going to do? --- Yes, I'm going to wash my hands! Who will be my patient?" "ALWAYS, before you give any medicine to anyone, or before you put any ointment in their eyes, check to make sure that you have the right medicine or the right ointment. It is very easy to make mistakes." "Tetracycline ointment must be stored in a cool place where there are no flies and dust, if possible."
*ROLE PLAY/RETURN DEMONSTRATION Each trainee takes turns at being the VHW and demonstrates procedures from greeting the patient up to the point of applying Tetracycline ointment. Nurse clinician gives assistance and prompting, where necessary and corrects any faults of technique.	* "Now, all of you must practice putting ointment in the eyes. Be sure that when you put the ointment in the eyes, you do not touch the inside of the eye with the nozzle of the tube. If you do, dirt and pus will get into the tube and spoil the ointment. You won't be able to use it anymore." "Of course, it sometimes happens that when you put the ointment in the eye, it slides right out again! If this happens, you will of course put in some more ointment, more carefully!"

Activity 1 - Conjunctivitis (cont.)

Special Instructions For Teaching Text	Text for Teaching
*RESPONSE Congratulate any trainee who suggests the hands should be washed again.	* "What should you do after having put the ointment in the eye?" "All those who did not wash their hands, do so now!" "The Tetracycline ointment must be put into the eyes three times a day. If the eyes are stuck by dried pus, the eyelids must, of course, be cleaned first. If they are clean, you can put the ointment in the eyes directly. The best times of day for putting the ointment in are: Just after waking in the morning At noon Just before going to sleep "Notice that I said the ointment should be put into the "eyes" - not just the "eye". Even if only one of the eyes is red, you must put the ointment into BOTH eyes. If you don't, the redness will spread from one eye to the other, very soon. This should be done for five days."
*DISCUSSION Encourage trainees to find the solution to this problem through discussion. Congratulate any that suggest educating the parent to cleanse eye and apply ointment.	* "If the child or grown-up who has red eye lives close enough to you, he or she can easily come back three times a day for the ointment. It is better if you can put the ointment in the eyes, because now you know how to do it properly. But if the patient lives a long way from you, what will happen then? How can we make sure that the ointment will be put in the eyes three times a day and that the eyes will be cleaned properly?"

Activity 1 - Conjunctivitis (cont.)

Special Instructions For Teaching Text	Text for Teaching
*ROLE PLAY Nurse clinician plays role of VHW instructing parent in suitable method of cleansing eyes, instilling ointment and repeating application three times a day.	* "If the child lives far away from you, it will be necessary to teach the parent or an older child how to clean the eye and how to put the ointment in the eye. I need one of you to act the part of the "mother" or "father". We are going to pretend that I have just finished putting ointment in your "child's" eye - and of course, I've just finished washing my hands!" "So, now you know what to tell the mother of a child who has red eye and cannot come to see you three times a day. The mother must get some small pieces of cloth, boil them and dry them and cover them so that flies cannot get to them. Then she must boil water and let it cool, just as we did here. Then three times a day, she must clean the eyelids, just as we have learned to do, and put the ointment in, without touching the nozzle of the tube to the inside of the eyelid. She must wash her hands with soap and water before and after doing this. If water is a problem, or she has no soap, she must do her best not to touch the child's eyes. Tell the mother that treatment must continue until the eye is cured." "Before we finish today, one more very important thing! I have told you what to do for red eyes, but now I have to tell you what you must NOT do." "Never do anything to eyes, except clean them and put ointment into them and then only if they are red. Do NOT try to remove dust or sand from the eye. Let the nurse clinician do this! If something else is wrong with a person's eye, send him or her to the health centre."

Activity 1 - Conjunctivitis (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"Last of all, if you are caring for someone with red eye and the eye does not get better after you have cleaned it and put ointment in it for three or four days, send that person to the nurse clinician." "Also, any newborn baby with conjunctivitis should be referred to the nurse clinician. Newborn babies need special treatment."
*HOME ASSIGNMENT Give one of the trainees a definite assignment to seek out patients for the forthcoming home-visit.	* "Soon we shall go on a home visit together. We shall visit someone who is suffering from red eye. If there are several people in the village suffering from red eye, we will visit them all and clean their eyes and put ointment in them."

ACTIVITY 2

INFECTED SKIN LESIONS

Special Instructions For Teaching Text	Text for Teaching
*RESPONSE Encourage a volounteer trainee to describe the whole procedure for treatment of conjunctivitis. Rather than correct any mistakes yourself, ask members of the group to correct wrong information.	* "Last time we met, we talked about the prevention and about the treatment of red eye. Who can tell me ALL he or she knows about red eye and how to treat it?"
*DISCUSSION Identify the local name(s) given to infected skin lesions. If there is a generic term for these, use this term throughout the lesson. The names may vary according to the site of the infected lesion and its cause.	* "Today we are going to talk about another kind of problem that you will see very frequently - infections of the skin. Who knows what I mean when I say "infections of the skin"?"
*DISCUSSIONS Through question and answer, elicit from the group the signs and symptoms of inflammation and pus-formation.	* "How do you know when the skin is infected?" "If you have ever had a cut or scratch that got infected, you know already how to recognize the infection. The skin around the cut got red and painful and swelled up. If you touched it, it felt hot. These are the usual signs of infected skin. Dirt gets into the sore or cut and causes REDNESS, PAIN, SWELLING and HEAT." "If the sore or cut gets very infected, PUS will begin to form. Pus is formed when the body wants to get rid of the dirt that got into the sore or wound."

Activity 2 - Infected Skin Lesions (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"If the infection is very bad, in the arm, for example, you might even see red lines running up the arm towards the shoulder. In the armpit, you could feel a painful lump. The same could happen in the leg and then you could feel a painful swelling in the groin."
	"If skin infections are so bad that pus is formed or lines appear on the arms or legs, or there is painful swelling in the armpit or groin, you <u>must</u> send the person to the nurse clinician, because you cannot treat it yourself."
*DISCUSSION Congratulate any trainees who suggest use of soap and water or salt water.	* "What you CAN do is to prevent skin ever getting infected so badly by using two simple treatments that you already know about. Can anybody think what these might be?"
	"Soap and water and clean salt water are the two best things you can use to stop skin getting badly infected. Skin can get infected by dirt and dust, by flies settling on cuts or scratches and so on, just like the eye gets infected. Simply by soaking the infected part with soap and water or salt water, you can wash out the dirt that is causing the redness, the swelling and the pain."
	"Whenever you see someone who has an area of red, painful or swollen skin, you know now how to treat it. If there is only a little pus coming from the sore or cut, it is alright for you to treat it, but remember, if it does not get better in a day or so, send that person to the health centre."

Activity 2 - Infected Skin Lesions (cont.)

Special Instructions For Teaching Text	Text for Teaching
*DISCUSSION Elicit from the group, if possible, the suggestion that hands should be washed before and after cleansing of the lesion.	* "Can you think of anything that would be important to do both before and after you treat an infected part of the skin?" "Make a rule that BEFORE you treat anybody, you wash your hands and that AFTER you treat somebody, you wash your hands again. This will prevent dirt being passed from one patient to another and will also prevent you from collecting dirt on your hands from every patient that you treat. If you were not to wash your hands before and after treating patients, you could become very sick." "Two ways in which you will treat infected parts of the skin are: By soaking parts of the body in warm, soapy water, By putting warm wet packs on parts of the skin that are infected. "If a person had an infected area on his foot, for example, it would be easy for him to place his foot in a bowl or warm, soapy water and let it soak for about twenty minutes." "If a person had an infected area on the upper part of his arm, it would be better to make a warm wet pack and put it over the sore and let it stay there for twenty minutes." "You would, of course, have to make sure that the water was not so hot that the patient was scalded. The best way is to let the patient decide when he or she can bear the heat of the water or hot pack on the skins."

Activity 2 - Infected Skin Lesions (cont.)

Special Instructions For Teaching Text	Text for Teaching
*DEMONSTRATION Nurse clinician boils water and washes hands. She then places a towel or cloth in the boiling water and lets it remain there for about 5 minutes. Salt is added to the water in the ratio of 1 tsp.per pint (explain this). Cloth is removed with clean stick, spoon, etc. and is wrung out as soon as possible.	* "Now, I will show you how to make a hot pack. It is not very difficult." "The hot pack is now ready. As I said before, let the patient put it on the infected area, as soon as he or she can bear the heat. The patient may need a little encouragement because the heat increases the pain, but to do good, the pack should be warm - but not hot enough to burn."
*ROLE PLAY While one trainee adopts the role of VHW, the other adopts the role of "patient". Others in the group assist or prompt the role-players appropriately.	* "Now, one of you should act the part of a VHW and another that of a patient who needs a hot pack on the arm. I want you to prepare the pack and let the patient place it on the arm." "While you are preparing the water for your patient to soak the infected area of the skin or while you are preparing a hot pack, is a good time to talk to the patient or some other member of the family about the prevention of skin infections. From being "learners" you will need to become "teachers". Just as I have told you to treat infections of the skin, so you must teach other people to look after themselves."

Activity 2 - Infected Skin Lesions (cont.)

Special Instructions For Teaching Text	Text for Teaching
*DISCUSSION Obtain suggestions from the group. Then summarize.	* "What should you tell people about the care of skin infections?" "The first thing that people, especially parents, should be taught, is that, as soon as bleeding has stopped, fresh cuts or scrapes should be washed with warm, soapy water, then dried with a clean piece of cloth (one that has been boiled and then dried) and to cover the wound with a strip of clean cloth, as a bandage. This will prevent a lot of skin infections." "Instruct the parents to prepare hot soaks or hot packs with salt water or soapy water and apply them for twenty minutes, three times a day to infected areas of their children's skin. Tell the parents and children to keep their hands and nails clean and to avoid scratching insect bites, cuts or spots on the skin."
*ROLE PLAY Each trainee, in turn, advises "parents" of the correct care for skin infections.	* "Now, each of you in turn is going to be the VHW and explain to us - the "parents" - all we need to know about the prevention and treatment of skin infections."
*INTEGRATING ROLE PLAY Each trainee assumes the role of VHW and goes through the entire process of greeting, examining, treating and advising the "patient". Members of the group should be encouraged to critique the performance of their peers. Nurse clinician summarizes exercise and comments as appropriate.	* "To finish this lesson, I want each of you to choose a partner. One of you should play the part of the VHW and the other the part of the "patient". I want the "VHWs" to go through the whole treatment of the skin infection with their "patients", finishing by advising them how they can prevent infections in the future and how they can continue to treat themselves."

Activity 2 - Infected Skin Lesions (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"Finally, a word of warning. The ONLY treatments you, as a village health worker should give for the infected parts of the skin are the ones we have been talking about. You should NEVER cut, prick, squeeze or do anything else to a patient's skin except what I have taught you to do today. If there are any lumps, pimples, boils or a great deal of pus, you should leave the skin alone and send the patient to the health centre."
*ASSIGNMENT Assign one of the trainees to arrange home visit(s) for the appropriate time.	* "I am going to ask one of you to go through the village and find families in which there are persons suffering from infections of the skin, so that we can visit the home in a few day's time."

ACTIVITY 3

SCABIES

Special Instructions For Teaching Text	Text for Teaching
	"The last two times that we met, we dealt with infections of the skin and soon during our home visit(s) you will get a chance to practice what you have learned."
	"You now know that the best treatments for infected areas of the skin are soap and water and/or salt water used either by having the patient soak the infected part for twenty minutes, three times a day, or by applying hot packs to the infected places on the skin, three times a day."
*DISCUSSION If necessary, describe signs, symptoms of scabies infestation in order to identify local term for the condition. Use the local term thereafter.	* "Today we are going to learn about another skin problem that sometimes, and quite often, leads to infection of the skin. This problem is called scabies. Sometimes it is called the "Itch". Do you know what I am talking about? Do you have a special name for this problem?"
	"This is a problem that is caused by a mite. A mite is like a very small insect that is too small to see that burrows into the skin. The female mite bores a tunnel through the skin and lays her eggs in it. This causes a great deal of itching, especially at night. Of course, the patient who has scabies is always tempted to scratch! The itching is mostly on the sides of the fingers, but often on the ankles, heels, wrists, around the waist or in the groin."
	"Except in very small children, the face and head are never troubled with scabies."

Activity 3 - Scabies (cont.)

Special Instructions For Teaching Text	Text for Teaching
*DISCUSSION Congratulate any trainee(s) who suggest that scratching could lead to more infection.	* "What do you think will be the result of all the scratching that people with scabies do?" "The problem is that people with scabies often infect their skin with dirt while they are scratching themselves. Children who have dirty nails scratch the scabies burrows and get dirt into the scratches. Then the skin gets infected - red, swollen and painful - and the child then has two problems instead of only one."
*DISCUSSION Obtain from the group the list of signs and symptoms of scabies already given.	* "How would you tell if a person had scabies?" "You can tell if a person has scabies if they tell you that they have a lot of itching, especially at night, either between the fingers or in any of the other places on the body that I already mentioned - the waist, groin, heels, ankles or wrists." "If you look at the skin where the patient tells you he or she is itching, you will see small red or white lines. These are the burrows where the female mite lays its eggs." "There is a special treatment for scabies that is a very good treatment. Remember, though, that it will only cure the scabies because it kills the mite under the skin. It will not cure the skin infection if the skin is infected. The treatment for scabies is a liquid called BENXYL BENZOATE."

Activity 3 - Scabies (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"Before you treat a patient for scabies, you need to be sure of two things. First, you need to find out from the person if they are itching in any of the places mentions and, secondly, you need to actually SEE the burrows made by the scabies mite. These two things together tell you that the person has scabies."
*DISCUSSION Congratulate any trainee who suggests that the whole family should receive treatment for the condition.	* "Now, if a person has scabies, it is almost sure that other people in his or her family have scabies too. What does this suggest to you?"
	"Scabies is spread from one person to another when they live closely together, as people do in a family or as children do in school. To get scabies, you need to live close to somebody who already has it. It is useless to treat just the person who comes to you for help. You need to treat ALL the members of his or her family."
	"Here is how you would do it."
	"First, the person who has scabies must BATHE thoroughly, washing himself or herself with soap and water."
*DISCUSSION Find out, by questioning the trainees, how realistic it is to expect patients to bathe completely. Are there any social or cultural attitudes to bathing that are either helpful of otherwise?	* "If it is impossible for the person to bathe, then he or she should at least wash the parts of the body that itch as well as possible."
	"Then, after bathing, the benzyl benzoate should be applied. It should be applied to the WHOLE BODY, except the face, if the patient wants to be really free from scabies. This can be done either with a towel or pieces of cloth - or even with a paintbrush."

Activity 3 - Scabies (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"The next day, the entire body, except the face should again be painted with the benzyl benzoate liquid, but the following day, the patient should once again bathe or wash all the parts on which the liquid was applied. By now, the scabies mites and their eggs will have been killed by the liquid." "The itch will return quickly unless ALL the people in the family do it at the same time and, secondly, ALL their clothes and bedding are washed. The liquid has only killed the mites in the skin. It cannot kill the mites that are left on the clothing and bedding. These must be killed by washing the clothes with soap and water. Best of all, if the clothes can be BOILED, you can be sure of killing all the mites in them."
*DISCUSSION Elicit from the group a review of the content of this lesson so far.	* "If it is not possible for you, yourself, to treat every member of the family for scabies, it IS possible for you to explain to the parents how the treatment should be done. What sort of things should the parents be told?" "The parents must be told that if one of the family has scabies, the rest of the family has or will have scabies. They must really understand that treating one of them is just useless. They must understand about bathing or washing the parts of the skin that have scabies, about applying the liquid twice in two days and then washing it off the day after. They must understand how important it is to wash and even boil clothing and bedding if they want to get rid of scabies completely."

Activity 3 - Scabies (cont)

Special Instructions For Teaching Text	Text for Teaching
*DISCUSSION Congratulate any trainee who suggests cutting and cleaning nails of children, other personal hygiene measures, care of infected skin lesions and/or safety precautions.	* "What else should they be told?"
	"Besides personal hygiene - washing, bathing, washing clothes and bedding, cutting and cleaning nails - the family must learn how to care for any parts of the skin that have become infected through scratching. Very important - they must be told to keep the benzyl benzoate liquid out of the reach of children. If a child were to drink this liquid, he or she would be poisoned. So, make sure that you give the liequid only to somebody responsible and be sure that they are going to look after it properly."
*ROLE PLAYING Each trainee in turn will perform the role of patient educator, explaining to the "parent" how to cope with the problem of scabies infestation in the family.	* "Now it is time for you to become "teachers" again. I will be the parent and you will each in turn become the village health worker."
Encourage expression of opinions: "What parts of that were well done?" "What improvements could have been made?" "Who did it best?"	
	"Once a family has been treated for scabies, it is important to check back with them to make sure that they are really free from scabies after about a week."

Activity 3 - Scabies (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"In cases where the skin has been infected as a result of scratching, it is best if before starting treatment with benzyl benzoate, you get the person or persons to wash the infected parts with soap and water and soak them in salt water for about twenty minutes, three times a day for two days. Then he or she can apply the benzyl benzoate."
*ASSIGNMENT Assign one of the trainees to identify a family in which there is suspected scabies infestation.	* "Soon we shall be visiting a family who has scabies and we shall explain the treatment to them."

ACTIVITY 4

ROUNDWORMS

Special Insturctions for Teaching Text	Text for Teaching
*NOTE Refer to all conditions by their local name.	* "So far, at our meetings, we have talked about caring for people with red eye, caring for people with infections of the skin, caring for families with scabies and we have discovered that in all these problems there is great need of teaching people habits of personal cleanliness." "Today, we are going to talk about another kind of problem, but you will find that once again, teaching about habits of personal cleanliness will be very important. This kind of teaching will be your principal work when you are village health workers. It is very important work. All the medicine in the world will not stop some kinds of sickness and disease, unless people learn hygiene - which means, mostly, learning to keep themselves and their houses and yards clean."
*DISCUSSION Encourage each trainee to express opinions and ventilate any problems, personal or social, that would interfere with his/her role of health promotor. Give encouragement and reinforcement.	* "You are the best person in your village who can teach hygiene to the people there. It will be up to you to find a way of teaching the knowledge you have learned in our talks together. In a way, you are your village's best hope of escaping much sickness and much suffering." "Do you think that what I have said is true?"
*DISCUSSION Once the local name for roundworms has been identified, use it throughout the lesson. Make sure that each trainee knows exactly what is meant by the word "stool". Do not be embarrassed at using the local name for faeces if necessary.	* "Today we shall be talking about roundworms. Do you know what roundworms are?" "Do you have a special name for them in your village?"

Activity 4 - Roundworms (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"Who has seen roundworms? What do they look like? They are about 20 to 30 centimetres long and are pink or white in colour. They are passed in the stool."
*DEMONSTRATION Compare different objects in the room so as to give an idea of the length represented by 30 centimetres.	* "How long is 30 centimetres?"
	"So you see that roundworms are long and thin, pink or white in colour and are seen by people when they pass them in the stool."
*DISCUSSION Try to elicit from the group the symptoms that they experienced: colicky pain and abdominal discomfort.	* "Some of you may have had roundworms yourselves. Did any of you have roundworms? If you did, can you remember how your belly felt while you had them?"
	"People who have roundworms often feel very uncomfortable in their bellies. They have colicky pains. Do you know what colicky pains are? You probably have a special word for them. They are pains that start slowly, not too strong, then get worse and worse and then die down again, get weaker and weaker and then go away for a short while, until they begin again."
	"Now you know what roundworms look like, where they are found and how uncomfortable they make people feel."
*DISCUSSION Have each trainee try to establish the relationship between personal hygiene and roundworms. Congratulate any trainee who suggests that transmission is from faeces to mouth via the hands.	* "At the beginning of this talk, I said that habits of personal cleanliness were very important, even for people who have roundworms. Can you think of any reason why hygiene should be important for people who have roundworms? Think about this a little."

Activity 4 - Roundworms (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"Well, hygiene is most important in order to prevent people being troubled with roundworms. The worm lay eggs in a person's belly and these eggs are passed out in the stool. When a person cleans himself or herself after emptying the bowels, it is easy for the eggs to get on the hands and fingers. Next thing, the hands and fingers carry the eggs to that person's mouth and the eggs get into the mouth and are swallowed."
*DISCUSSION Congratulate any trainee who suggests that washing the hands after defaecation would effectively prevent transmission of the parasite.	* "How could a person escape from being troubled by roundworms?"
	"The best way to prevent the spread of roundworms is if everybody would wash their hands with soap and water after emptying the bowels and cleaning themselves. The soap would kill the eggs and the water would rinse them away."
	"In places where there is not much water, it would, of course, be difficult to wash the hands immediately after emptying the bowels. The next best thing then would be to make sure to wash the hands before eating or preparing food."
	"Of course, not only can people swallow the eggs of their "own" roundworms - they can also swallow the eggs that have come from the faeces of other people! People shake hands or touch each other and the eggs on one hand can get passed to the other person's hand and that person carries them to his or her mouth."

Activity 4 - Roundworms (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"The eggs of roundworms can also be transported to the mouth on fresh, uncooked fruit and vegetables. One way to avoid this is to peel fruit and vegetables and wash them in clean water before eating them. Peeling and washing vegetables and fruit will be helpful in getting rid of the roundworm eggs from them." "The only way we can ever hope to prevent the spread of roundworms from one person to another is by teaching people to be clean - and you are the only person in your village who is going to be able to do that!" "Happily, there is a simple way of curing the roundworm problem with medicine that you can give to people who have this problem. The medicine is called PIPERAZINE and is made into tablets. This medicine kills the roundworms and the next day they are passed out in the stool." "When a person tells you that he or she has seen roundworms in the stool, you can give them Piperazine tablets. This will get rid of the worms. They must be taken with the evening meal. For a grown-up person, say for somebody who is 15 years or older, you would give eight tablets. For a child younger than 15, you would give 5 tablets - these should be taken with the evening meal."

Activity 4 - Roundworms (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"Now, I have told you a lot about roundworms; how the spread from one person to another can happen and how it can be prevented. I have told you about the medicine and how much of it needs to be taken and when it should be taken. It is time, once again, for you to become "teachers". I will be the person suffering from roundworms and you will each take a turn explaining about them to me and telling me what I should do."
*ROLE PLAY Each trainee becomes a VHW and explains the life-cycle and mode of transmission of the parasite, first to a "child" and then to an "adult". In each case, the correct dosage of tablets is counted out and instructions for their use are given.	* "Let's pretend, first of all, that I am a child."
*DISCUSSION Try to let the group establish the fact that the VHW <u>should</u> wash the hands before giving the tablets, particularly if she has been in contact with another patient.	* "Should you have washed your hands before giving out the tablets?"
	"You might think that roundworms are no great problem, since they can easily be got rid of by medicine. But supposing a person can't get the medicine and he has roundworms; then they could really cause a very bad problem. Sometimes so many worms grow in the belly that they block it up. If this happens, even though the person is sent to the hospital, he or she could die. So you see, prevention of roundworms is very important and you can do a lot to help people escape from them."

ACTIVITY 5

PNEUMONIA

Special Instructions For Teaching Text	Text for Teaching
	"To start off today, I want you to look at your hands! What do you see? Just study your hands for a few minutes!"
	"All this week we have been talking about washing the hands and how it can prevent a number of sicknesses. Are your hands clean? When did you last wash them? Are your nails clean or is there a lot of dirt under them?"
*ACTIVITY Trainees, wash hands if necessary.	* "If your hands or nails are not clean or if you did not wash them for some time, wash them now!"
	"Today, we are going to talk about a very serious problem that happens very often with babies and young children. The problem is called "pneumonia". It is a chest disease from which many children and grown-ups die each year."
*DISCUSSION Identify any local name for pneumonia, if possible. It may be necessary to describe the illness at this point in order to learn the local term for the disease.	* "Does anybody have a special name for pneumonia?"
*DISCUSSION Determine the local terms if possible. Describe measles more fully if necessary.	* "This is a chest disease that often follows a bad cold or the measles. Do you know what the "measles" is? Do you have local names for "cold" - when your nose is runny or blocked up - or "measles" - when lots of children break out in red spots?"

Activity 5 - Pneumonia (cont.)

Special Instructions For Teaching Text	Text for Teaching
*DISCUSSION Determine whether trainees are familiar with cases of pneumonia.	* "You may have seen children with pneumonia. You may even know of children who have died from pneumonia - How many of you have seen children with pneumonia? Are there any in your village now?" "As I said before, grown-ups can get pneumonia too. Have any of you ever had pneumonia?"
*DISCUSSION Try to ascertain from the group, local attitudes and practices in connection with pneumonia. Reinforce any that would have a beneficial effect.	* "What do people in your village think about this sickness? What do they do about it? Is there any way in which they treat it?" "If you have seen children with pneumonia, or if you have ever had it yourself, you would know that it usually starts suddenly. One minute, the child just has a bad cold but seems alright otherwise, in a short time, the child becomes very ill. It starts to breathe much quicker than usual and gets a fever."
*DISCUSSION Once again, try to find the local word.	* "What word do you use for "fever"?" "Sometimes, as well as breathing quickly, the child has great difficulty in breathing. This would happen in very bad cases of pneumonia and if you saw a child who was having a lot of trouble breathing, you should send that child to the health centre immediately!"
*DISCUSSION Discuss ways of transporting seriously ill children from the village to the health centre and arrangements for accompanying them.	* "How would you send a child from your village to the nearest health centre?"

Activity 5 - Pneumonia (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"If the child is old enough to speak, he would probably tell you that each time he or she took a breath it hurt. Each time he or she coughed it would hurt too. A child with pneumonia usually has a short, dry cough at first. He does not take deep breaths because it hurts to breathe."
*DEMONSTRATION Simulate rapid shallow breathing characteristic of pneumonia.	* "He takes shallow breaths, like this:
*DEMONSTRATION Simulate nasal flaring with respiration.	* "A very small child or baby will also have movement of the nostrils, which is a sign of pneumonia."
	"Tell me now, what things would make you think that a child had pneumonia?" a.Fever b.Fast breathing c.Nasal flaring d.Cough
	"Remember that: If the child seems very ill If the child has difficulty breathing If the child has very noisy breathing, OR If the child feels very hot, - send the child to the nurse clinician, right away."
*REVIEW Encourage each trainee to review the content of the lesson so far. Prompt, if necessary and correct any misunderstandings.	"If the child feels very hot and is breathing rapidly, but is not extremely ill, you can give it medicine, that will probably cure the pneumonia."

Activity 5 - pneumonia (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"Before I tell you about this medicine and how to give it, there are some other things that you and the family can do to make the child feel better and stop it from getting any worse." "First of all, you must be sure that the child gets enough to drink. It loses a lot of water when it has a fever. You must make sure that the water gets put back into the body, or the child will have a hard time fighting the disease. Give the child good clean water to drink, or tea, with a spoon or cup. Never a bottle!"
*DISCUSSION AND REVIEW If trainees have previously used Nutrition module, base discussion and review on its content. If they have not received instruction in nutrition, briefly give examples of the types of foods recommended.	* "The second thing that the child needs is enough food to keep its strength up so that it can fight the disease. If a baby is being breast fed, that is the best way to keep on feeding it. In an older child, make sure that it gets enough of each of the kinds of food it needs. What are these kinds of food?" "Besides plenty to drink and enough of the right kinds of food, the baby or child with pneumonia needs to rest in a cool place and be kept clean. Keep the child away from a lot of noise, so that it can sleep easily." "Now let us talk about the medicine that you can use when the pneumonia is not too bad. It is called PENICILLIN and is made into tablets." "Remember, if the baby is very sick, has a lot of trouble breathing or has a lot of fever, you must send that child to the nurse clinician."

Activity 5 - Pneumonia (cont.)

Special Instructions For Teaching Text	Text for Teaching
	"If the baby or child has only a little fever and its breathing is not very noisy or difficult, you can give this medicine to stop it getting any worse."
	"For a baby of two years of age, or less than two years, you would break one of these tablets in half."
*ACTIVITY Have one of the trainees break a tablet in half. If the trainee does not wash the hands before touching the tablet, point out his/her lapse. Congratulate if trainee remembers to wash hands.	* "Would anybody like to break one of these tablets for me?"
*DEMONSTRATION Each trainee prepares tablets (28 half tablets) for seven days.	* "We are going to give the baby half of a tablet, four times a day, for seven days. Here are some tablets. Each of you, prepare the medicine that this baby will take - enough for seven days."
	"Pneumonia is a very severe disease. If the baby does not get 4 half tablets every day for 7 days, it could easily die. Even when the child looks better, the medicine must be taken for the full 7 days! You must do everything possible to make sure that these tablets are given at the correct times."
*DEMONSTRATION Nurse clinician crushes half tablet between two teaspoons, adds a little water and mixes.	* "The baby cannot swallow half a tablet like this. Sometimes penicillin is prepared as a drink. It would be better to give a small baby something to drink than something to swallow. Since we don't have any penicillin ready to drink, let's make some."

Activity 5 - Pneumonia (cont.)

Special Instructions For Teaching Text	Text for Teaching
*RETURN DEMONSTRATION Each trainee prepares correst dose as recommended.	* "Each of you now, prepare the first medicine for the baby with pneumonia." "I repeat, it is important that the baby receives ALL its medicine. Be sure, when you give the medicine to the baby that it gets it all, otherwise it will do no good. If the baby lives far away from you, you will have to tell its mother about the medicine, how and when to give it, and about the other things she must do to help the baby get better. You must also tell her what to look for to see if the baby is getting worse and to bring the baby back if it does not seem to be getting better. You should see each child daily for the first three days of treatment to be certain it is improving. Have the child brought to you or you go to the home. It is your responsibility!"
*ROLE PLAY Each trainee becomes in turn, the VHW who informs the mother as to what she must do for the baby. Make sure that the "mother" also gets a turn as VHW. Encourage the trainees to comment constructively on each other's performance. Summarize recommendations that emerge from the discussion and add any of your own.	* "One of you will be the "mother" and then, each of you, in turn, will tell "her" what she needs to know. To make the mother feel more real, she is going to hold this doll. The doll will be her "baby". It has pneumonia." "Now we are going to prepare the tablets for older children. Children who are three or four years of age will get 1 tablet 4 times a day, for 7 days."

Activity 5 - Pneumonia (cont.)

Special Instructions For Teaching Text	Text for Teaching
*ACTIVITY Each trainee should count out 28 tablets and place them on a clean surface. Check for hand washing!	* "Each of you prepare what you think is the correct number of tables for one of those children." "Maybe the children can swallow the tablets with a drink of water, but maybe you will have to crush them the same as you did before and perhaps mix them in something with a good taste - fruit or sugar." "Over the age of five, right up to grown ups, you would give a person with pneumonia two tablets, 4 times a day, for 7 days. How many tablets would that make?" "One thing that you MUST explain to the mother or to older children and grown ups; is that the person with pneumonia MUST take all the tablets, even if they seem to be getting better. They MUST continue taking the medicine for 7 days and they MUST take it 4 times a day: 1.When they get up in the morning. 2.At noon. 3.At four in the afternoon. 4.When they go to bed. "The reason that the treatment must be continued for 7 days is that even if the person seems to be getting better, after a few days, the sickness will come back if all the tablets are not taken."
*ROLE PLAY One trainee assumes role of VHW, another the role of the parent and another the role of the patient, who is being seen after two days of treatment. The parent reports that the patient is not improving. How does VHW resolve the situation?	* "If the person does not get better after two days, be sure that he or she is sent to the nurse clinician."

Activity 5 - Pneumonia (cont.)

Special Instructions For Teaching Text	Text for Teaching
Members of the group discuss the role play and nurse clinician summarizes the lesson to be learned from it.	"Tomorrow, we shall be going on home visits. Then, later, I will ask you questions to see if you can do all the things that we have learned to do together. If you do well, you will be allowed to look after the people in your village the way you have learned in our talks. If you don't remember everything or can't do everything that you should be able to do for people, don't worry. When I come back again, we can talk about these things again and by and by you will remember them. Of course, each time I come to visit, I'll be teaching you new things until you complete the whole course."

ACTIVITY 6

HOME VISITS

Special Instructions For Teaching Text	Text for Teaching
	"Today, we are going to visit homes in the village where we know that we shall meet persons suffering from some of the common problems we have been discussing together these last few days. We shall take it in turn to give treatments to these people, but, besides doing that, I want you to look out for certain things: "I want you to see if you notice any things that the families do that would cause some of the problems we are going to treat. Do they have any bad health habits that need to be changed? If they do, i want you to be thinking of ways in which you, as the village health worker, could encourage the family to change those poor health habits." "When we have completed our visits, we will have a chance to discuss what you see and how to improve health habits."
*QUESTION/ANSWER Question trainees on the content of Activities 1-5, emphasising both treatment and prevention aspects.	* "Now, before we go, let us quickly go back over the things we have talked about this last week." "We shall take with us only the medicines that we might need - Tetracycline ointment, Piperazine and Penicillin V tablets. Everything else we shall ask the families to provide." "I shall ask each of you to talk to the patients and families about their problems and what they can do to prevent or treat them, themselves."

Activity 6 - Home Visits (cont.)

Special Instructions For Teaching Text	Text for Teaching
*HOME VISITS During the home visits, check the technique used by each trainee in treating problems or in attempting patient education. Be discrete in calling attention to any faults committed, so as not to destroy the trainee's positive self-image or to undermine their status vis-a-vis their patients.	
*DISCUSSION Following home visits, the group will meet at a pre-determined place for the purpose of discussion performance, difficulties encountered, etc. This is a good opportunity for you, as nurse clinician, to answer questions from the trainees and to ask questions of your own with regard to the local situation.	
*FOLLOW UP Make sure that arrangements are made for patients who have been seen to receive follow up from the VHW concerned.	

PRETEST/POSTTEST

COMMON CLINICAL PROBLEMS

	PRETEST	POSTTEST
Activity 1: CONJUNCTIVITIS		
1. What can help prevent the spread of "red eye"?		
2. What are the stages in treating "red eye"?		
3. Why is handwashing important before and after treatment of "red eye"?		
4. What medicine is used in the treatment of "red eye"? How many times a day? For how long?		
Activity 2: INFECTED SKIN LESIONS		
1. What are the signs of infection in a skin lesion?		

	PRETEST	POSTTEST
2. What treatment can the VHW give an infected skin lesion?		
3. How can the VHW recognize if a skin lesion is too badly infected for him or her to treat?		
4. How should the soaking of an infected skin lesion be done?		
5. Why is handwashing important before and after treating infected skin lesions?		
Activity 3: SCABIES		
1. How can the VHW tell if a person has scabies?		
2. Why is it important to treat the entire family for scabies?		

	PRETEST	POSTTEST
3. What medicine is used in the treatment of scabies?		
4. When is this medicine given and where is it applied?		
5. What must families with scabies do besides applying the medicine to their skins?		
Activity 4: ROUNDWORMS		
1. What do roundworms look like and where are they seen?		
2. Why is handwashing so important in prevention of roundworm infestation?		
3. What is the medicine given against roundworms? When is it given and how often?		

	PRETEST	POSTTEST
4. What could happen if cases of roundworms were not treated properly?		
5. How much of the medicine should be given to children? How much should be given to adults?		
Activity 5: PNEUMONIA 1. How would you know if a person had pneumonia?		
2. What would you do if a young baby had fever, flaring of nostrils, a cough and rapid breathing?		
3. What medicine would be given to a person with pneumonia?		

	PRETEST	POSTTEST
4. How much of this medicine would be given to a) small babies, b) older children, c) adults?		
5. How should a person with pneumonia be followed? When should he be referred to the nurse clinician?		

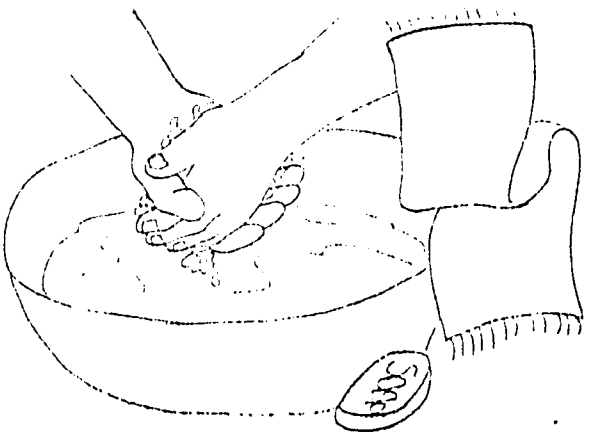
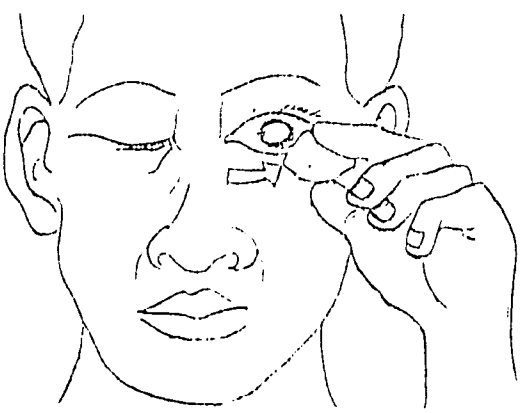
EVALUATION OF VHW IN VILLAGE

Key: +1 adequate
-1 inadequate/missing

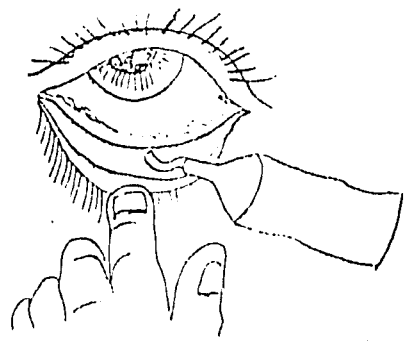
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
1. VHW makes fresh normal saline for use in cleansing of eyes and infected skin lesions.						
2. VHW cleanses eyes in recommended manner before applying tetracycline ointment.						
3. VHW applies tetracycline ointment to eyes without contaminating the nozzle.						
4. VHW observes correct hand-washing techniques before and after carrying out procedures. Hands and nails generally clean.						
5. VHW soaks infected skin lesions in the approved manner.						
6. VHW prepares correct dosages of piperazine and penicillin as required.						
7. VHW sees pneumonia patients daily.						
8. In conjunction with treatments, VHW conducts appropriate patient and family education, using terms readily understandable to his/her audience.						
9. VHW constantly refers patients to nurse clinician when they are beyond his or her scope.						

VHW REMINDERS

RED EYE

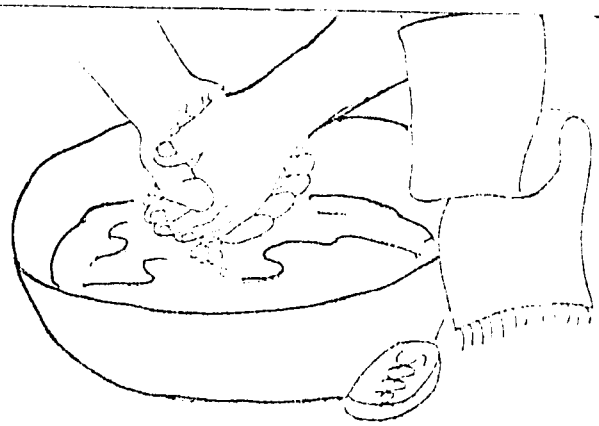
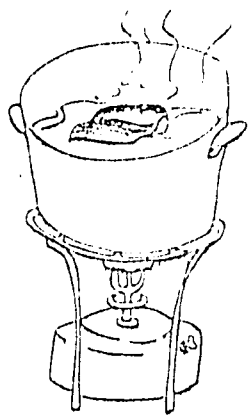
Special Instructions	Visuals for VHW
1. Wash hands before and after touching eyes.	
2. If crusted, cleanse the eye with clean wet cloth from nose outward.	
3. Use a clean cloth for each eye and then discard.	

VHW Reminders - Red Eye (cont.)

Special Instructions	Visuals for VHW
4. Put tetracycline ointment into both eyes three times a day for 5 days.	
5. If there is no improvement in two days, refer to the nurse clinician.	

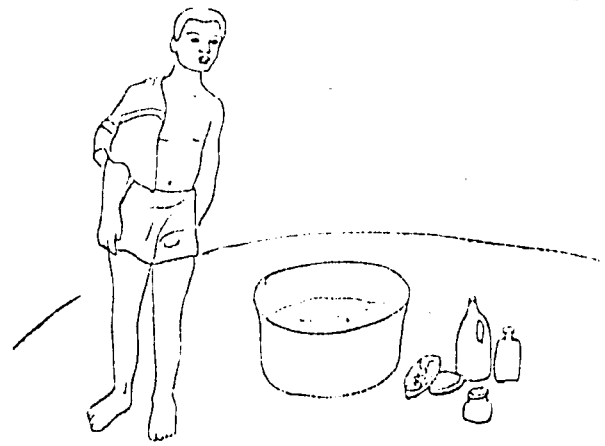
VHW REMINDERS

INFECTED SKIN LESIONS

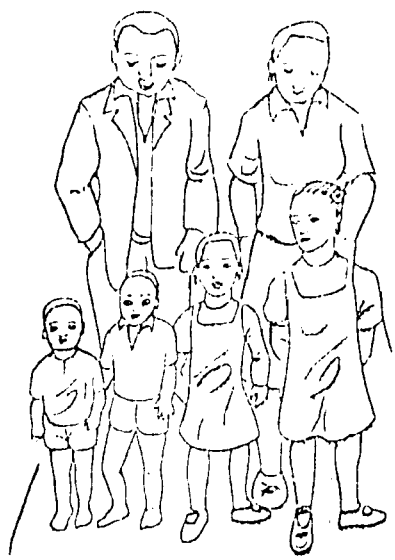
Special Instructions	Visuals for VHW
ACTIVITY 2 1. Wash hands before and after touching infected skin leisons.	
2. Boil water and a cloth for 20 minutes. Cool until bearable to touch. Add 1 tsp. of salt for every 2 cups of water.	
3. Wring out cloth and apply to affected area. Leave on for 20 minutes.	
4. Refer to nurse clinician if red lines appear around wound or tender lumps in armpit or groin.	

VHW REMINDERS

SCABIES

Special Instructions	Visuals for VHW
1.Bathe completely.	
2.Apply Benzyl Benzoate to whole body.	
3.Reapply Benzyl Benzoate the next morning.	

VHW Reminders - Scabies (cont.)

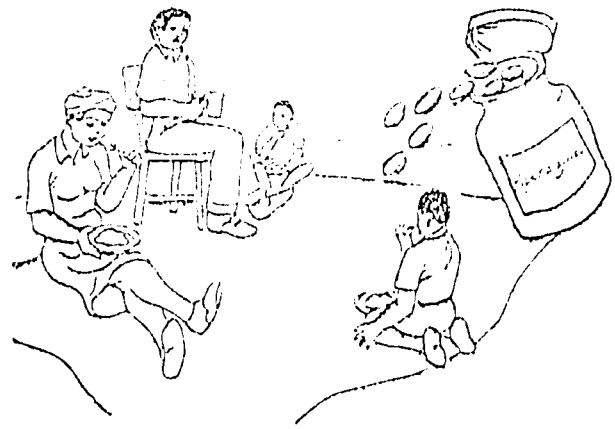
Special Instructions	Visuals for VHW
4. Bathe completely again on second day.	
5. The whole family should be treated.	
6. Family should wash and air all bed clothes.	

VHW Reminders - Scabies (cont.)

Special Instructions	Visuals for VHW
7. If the sores are infected soak in warm salt water for 15 minutes three times a day before applying Benzyl Benzoate.	

VHW REMINDERS

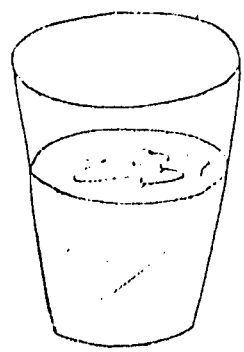
ROUNDWORMS

Special Instructions	Visuals for VHW
1.Give Piperazine at evening meal. Adults - 8 tablets Children - 5 tablets	
2.Teach all people to wash hands: a.before and after using latrine.	
b.before eating.	

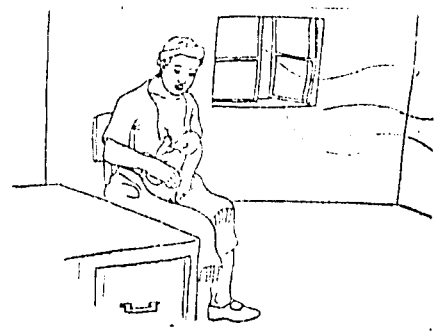
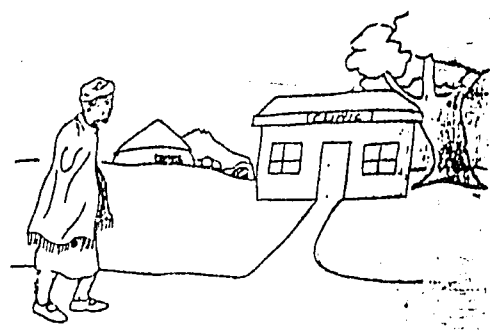
VHW Reminders - Roundworms (cont.)

Special Instructions	Visuals for VHW
3. Wash and peel all vegetables that will be eaten raw.	

VHW REMINDERS
PNEUMONIA

Special Instructions	Visuals for VHW
1. If a person has a fever, fast breathing, a cough and nasal flaring: - Give penicillin four times a day for 7 days. - Older childre and adults: 2 tablets four times a day for 7 days. - Children 3 - 5 years old: 1 tablet four times a day for 7 days - Small children: ½ tablet four times a day for seven days.	
2. Encourage fluids and food.	

VHW Reminders - Pneumonia (cont.)

Special Instructions	Visuals for VHW
3. Continue feedings - especially breast milk and other soft foods.	
4. See the patient daily for at least 3 days. If he gets worse, send to the nurse clinician.	
5. Any severely ill patient - with high fever and difficult chest breathing should be sent directly to the nurse clinician.	

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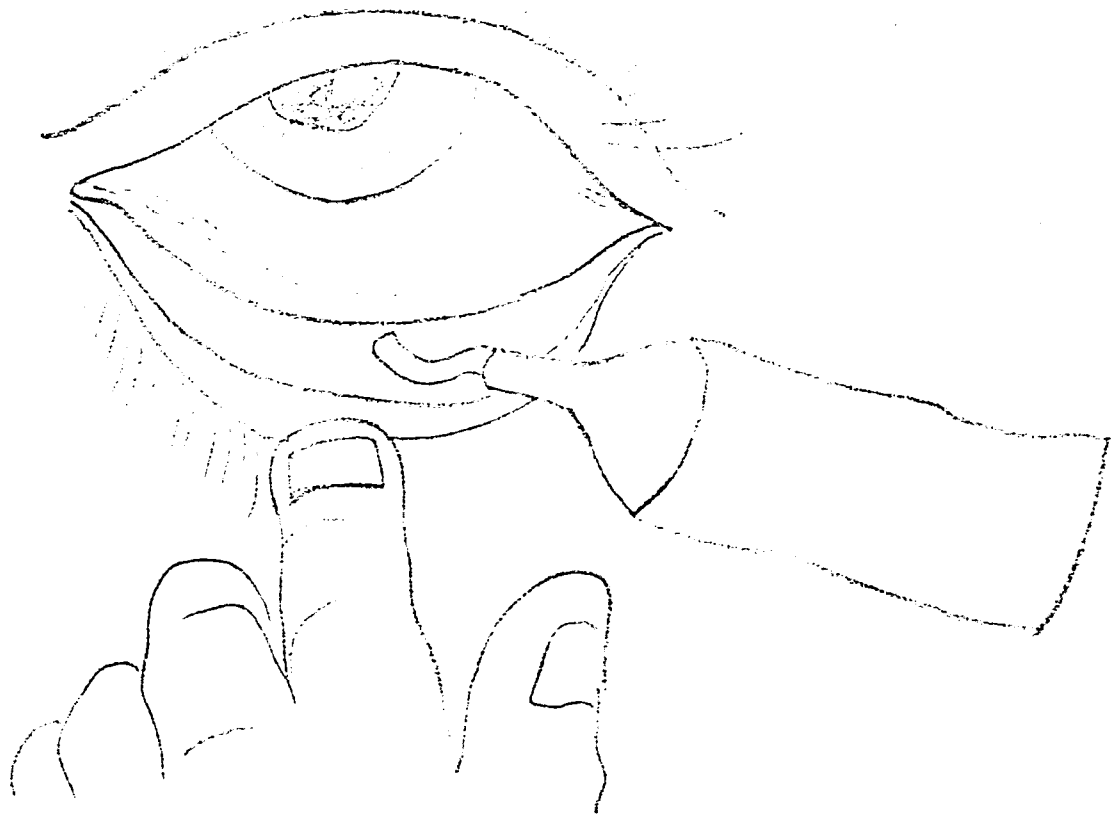
WASH HANDS BEFORE AND AFTER TOUCHING EYES.

IF EYES ARE CRUSTED, CLEANSE THE EYE WITH BOILED AND COOLED WATER ON A CLEAN CLOTH. CLEANSE FROM THE NOSE OUTWARDS. USE A CLEAN CLOTH FOR EACH EYE, THEN DISCARD.

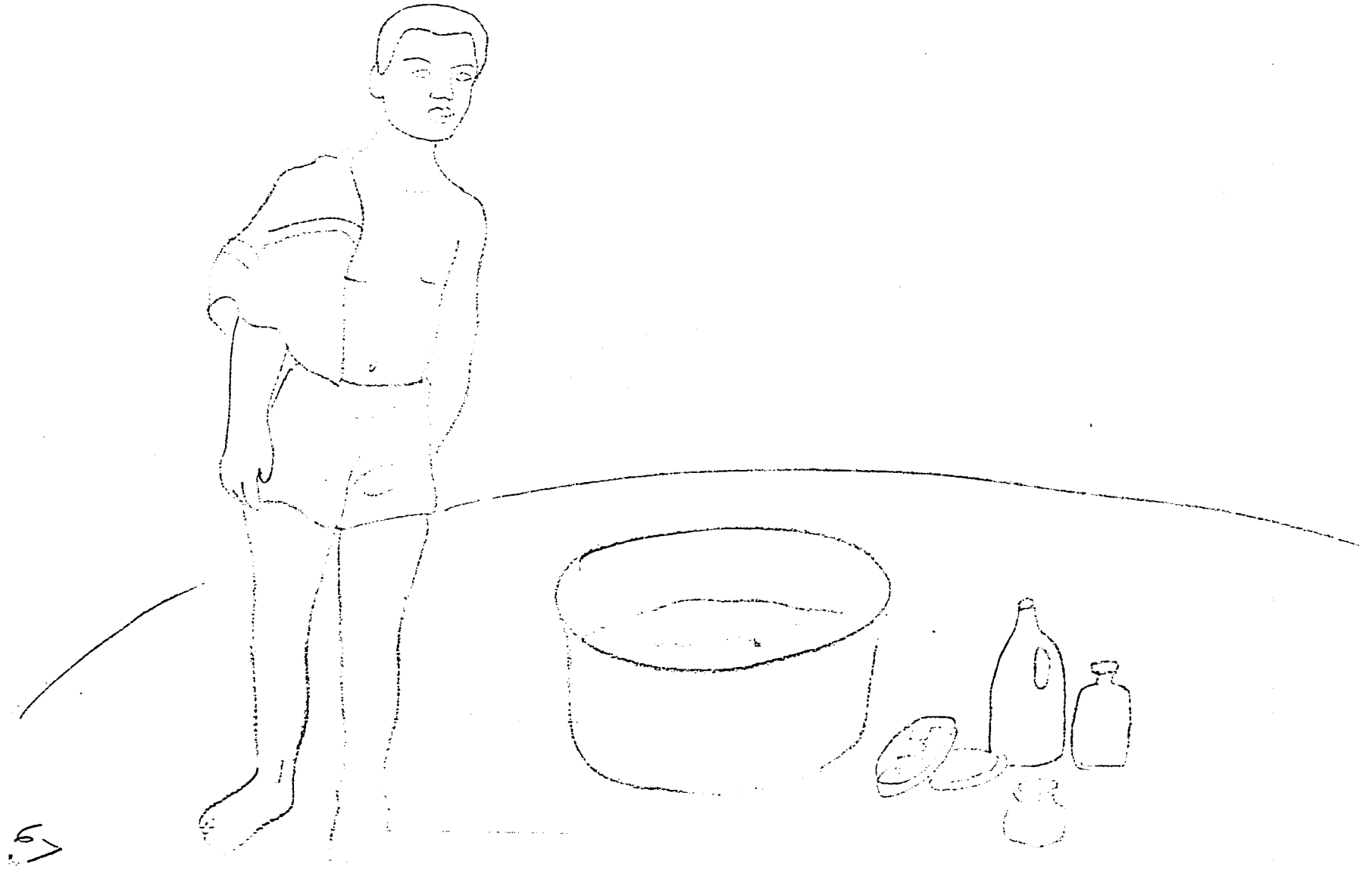
PUT TETRACYCLINE OINTMENT INTO BOTH EYES THREE TIMES A DAY FOR 5 DAYS. IF THER IS NO IMPROVEMENT IN TWO DAYS, REFER TO THE NURSE CLINICIAN.



LEKHOEKHOE

65

HAVE THE PERSON BATHE THEIR WHOLE BODY COMPLETELY.



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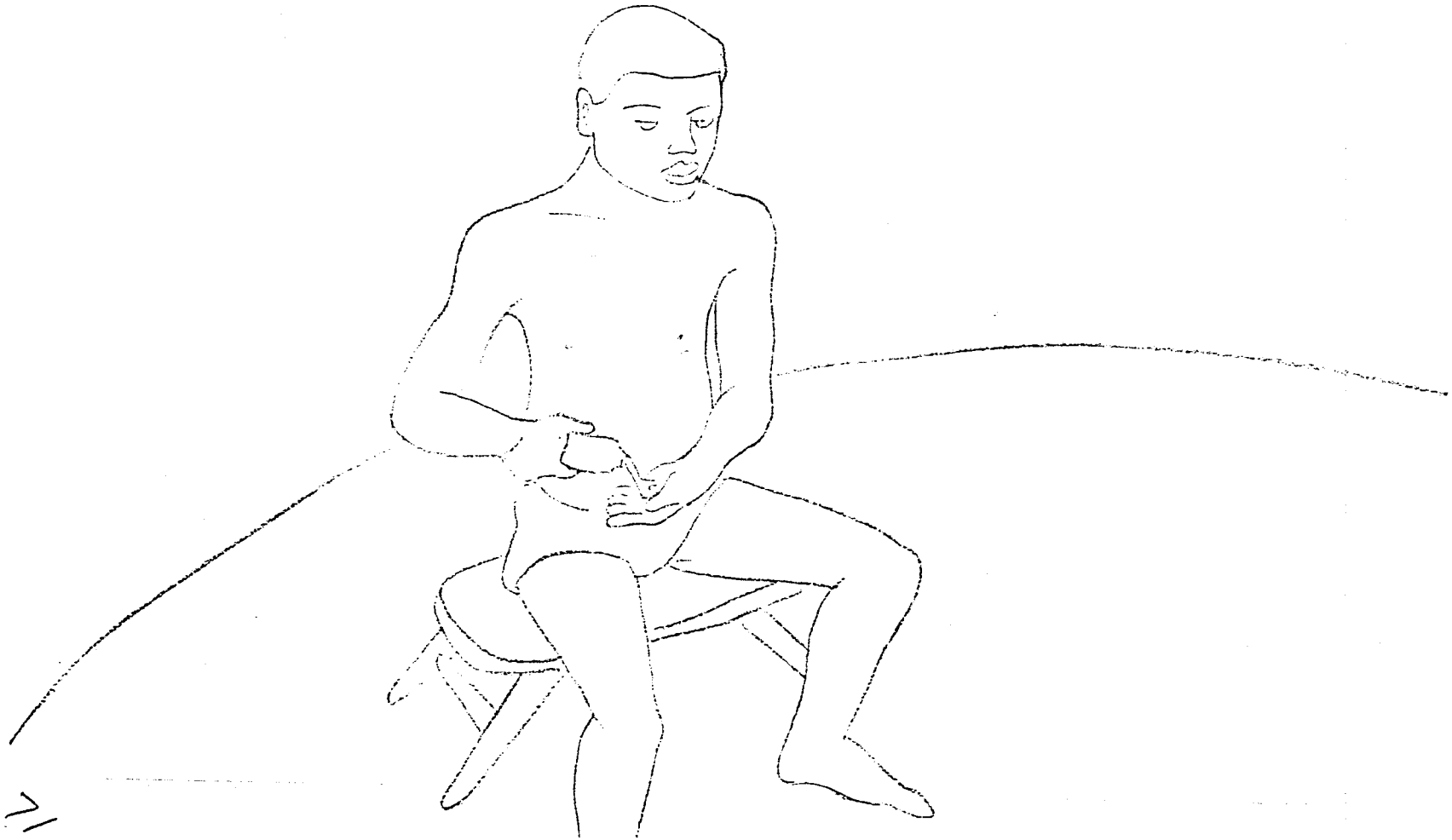
APPLY BENZYL BENZOATE TO THE WHOLE BODY.

Benzil
Benzoate

REAPPLY BENZYL BENZOATE THE NEXT MORNING.



BATHE COMPLETELY AGAIN ON THE SECOND DAY.

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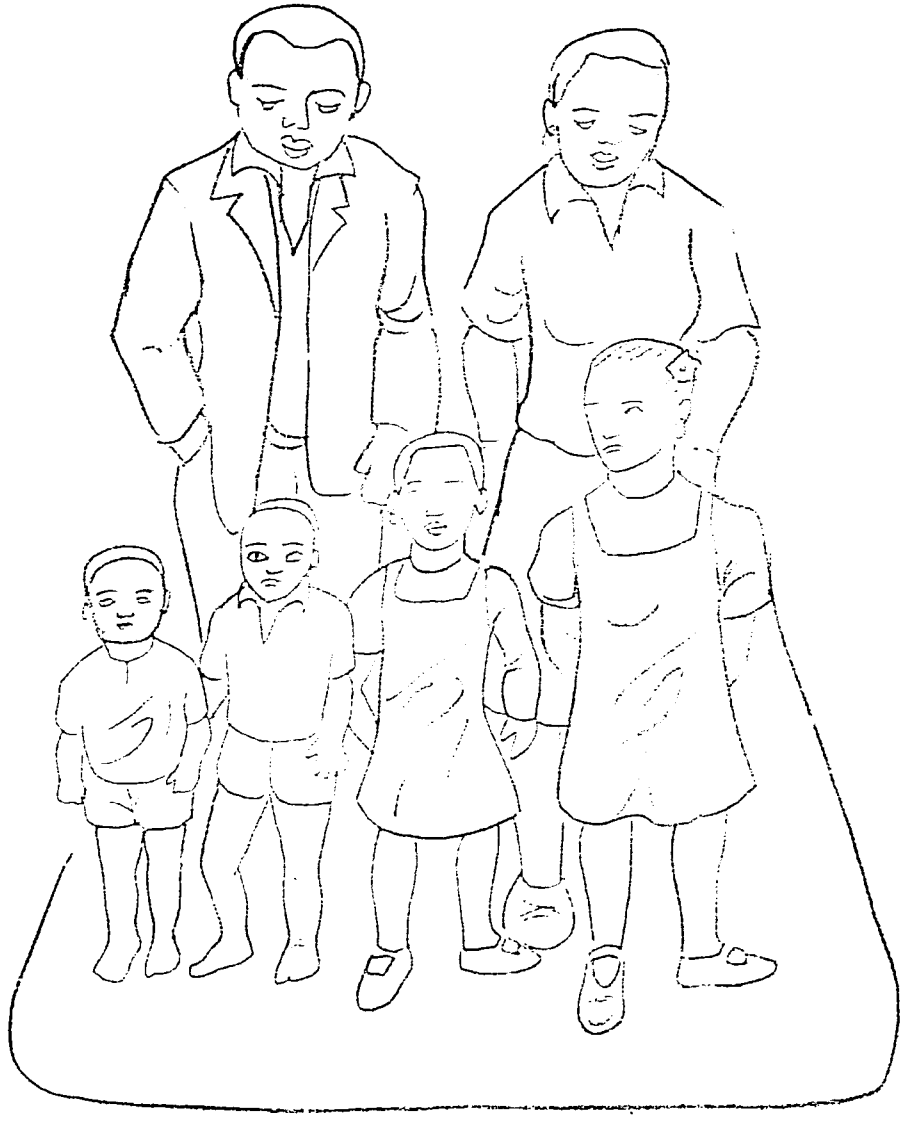
THE WHOLE FAMILY SHOULD BE TREATED AT THE SAME TIME.



ALL THE FAMILIES CLOTHES AND BEDDING SHOULD BE WASHED AND AIRED.

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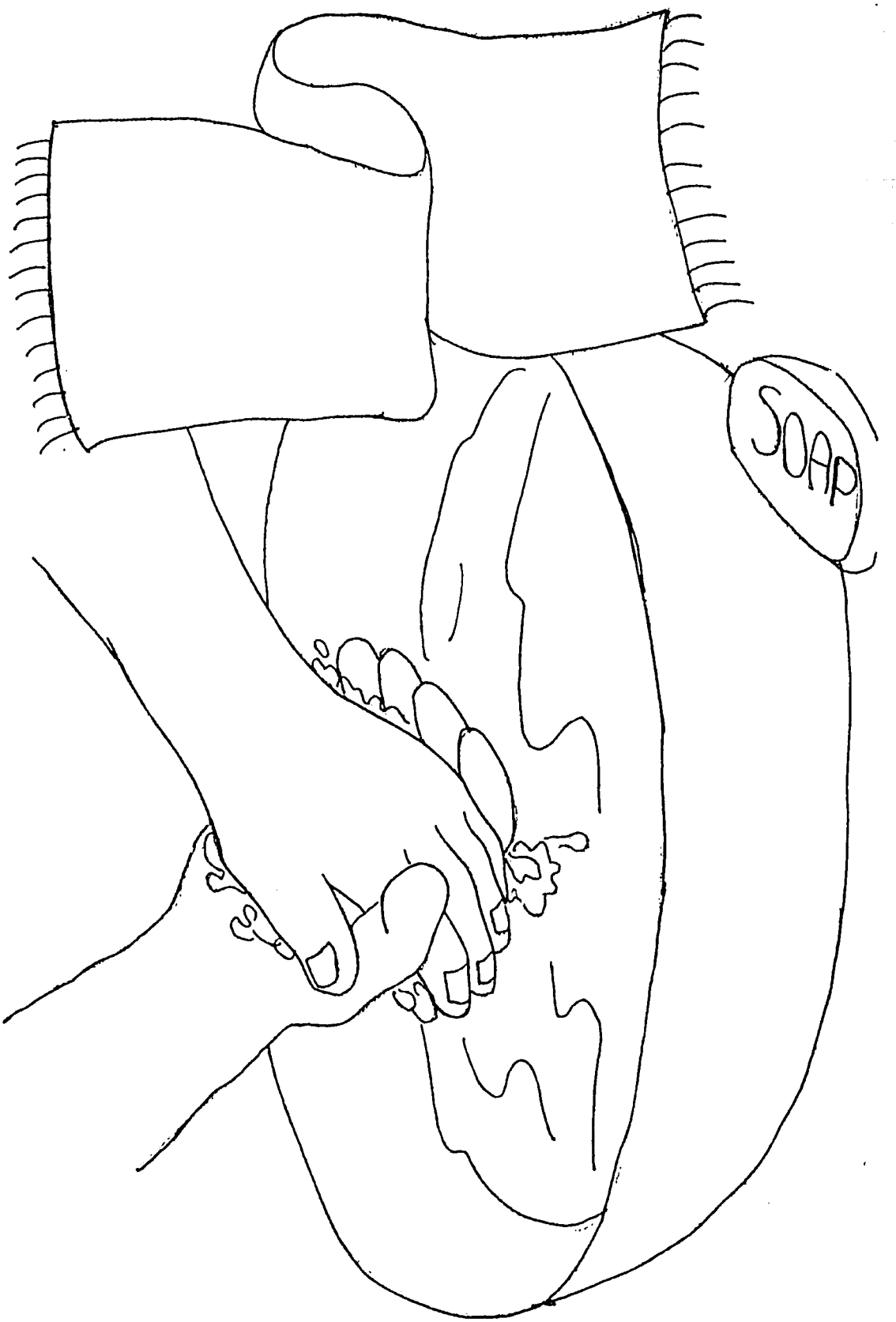
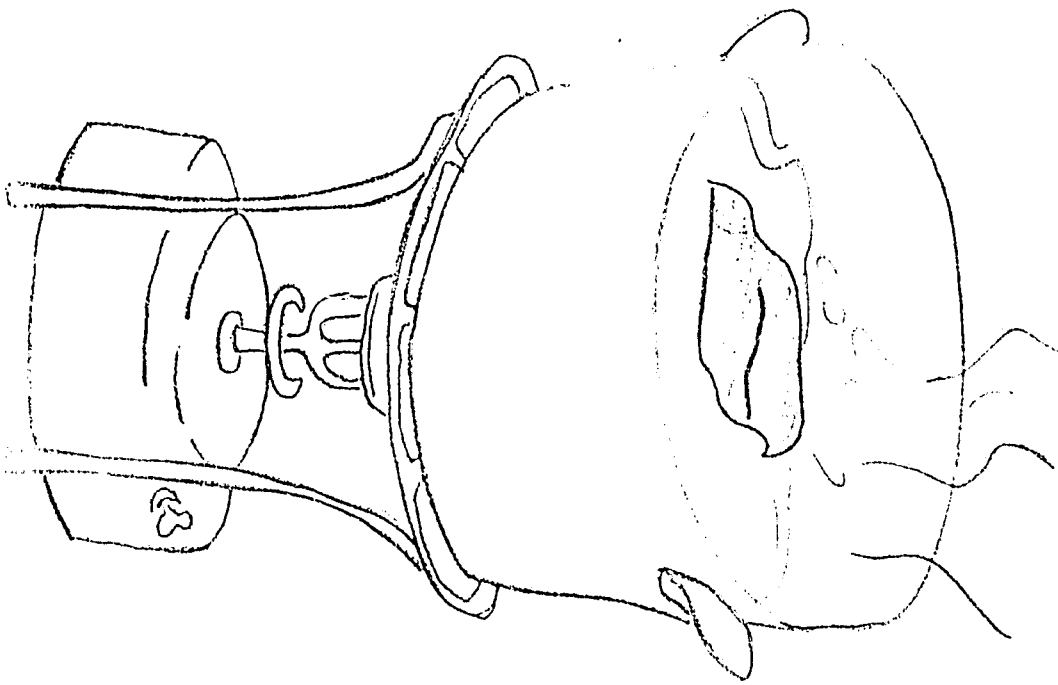
WASH HANDS BEFORE AND AFTER TOUCHING INFECTED SKIN LEISONS.


SOAP

BOIL WATER AND A CLOTH FOR 20 MINUTES. COOL THE WATER AND THE CLOTH UNTIL IT IS BEARABLE TO TOUCH. ADD 1 TSP. OF SALT FOR EVERY 2 CUPS WATER.

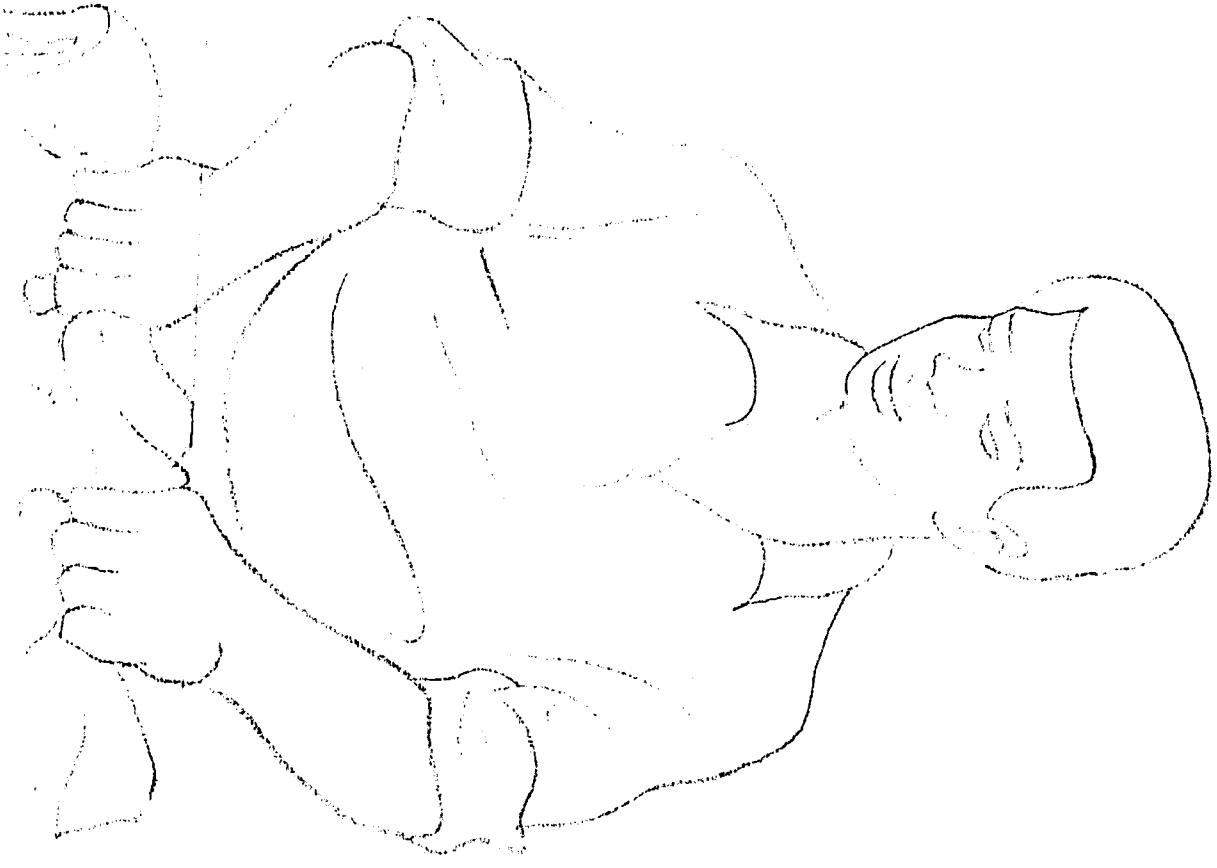
1b



WRING OUT THE CLOTH AND APPLY IT TO THE AFFECTED AREA FOR 15-20 MINUTES.

REFER TO THE NURSE CLINICIAN IF RED LINES APPEAR AROUND THE WOUND OR TENDER LUMPS APPEAR IN THE ARMPIT OR GROIN.

48



MANYOOA

45

GIVE PIPERAZINE AT THE EVENING MEAL:

ADULTS-8 TABLETS

CHILDREN-5 TABLETS

Programme

TEACH ALL PEOPLE TO WASH HANDS:

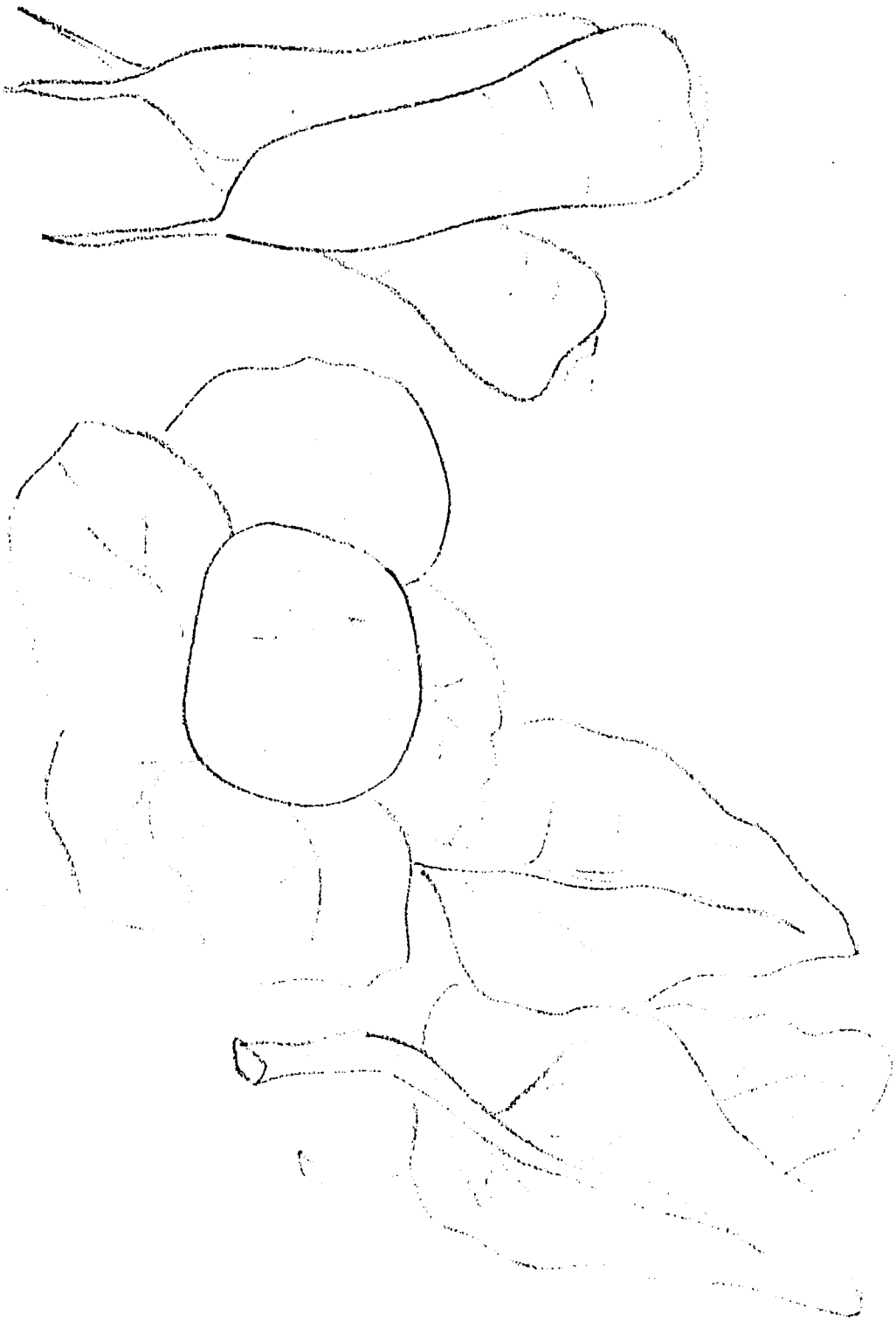
-BEFORE AND AFTER USING THE LATRINE

-BEFORE EATING

SOAP

WASH AND PEEL ALL VEGETABLES THAT WILL BE EATEN RAW.

16



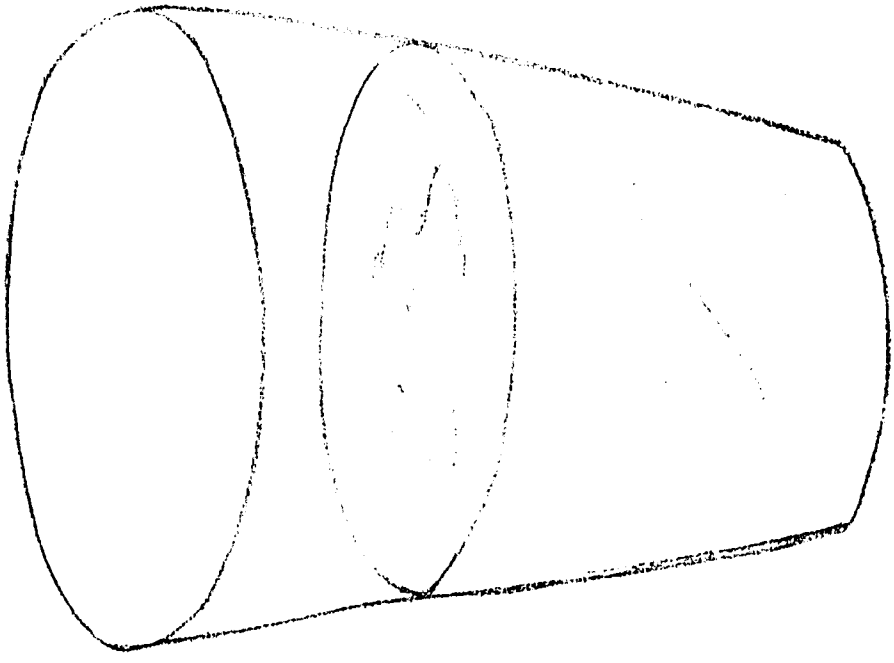
CLINIC

SEE THE PATIENT DAILY FOR AT LEAST THREE DAYS. IF HE GETS WORSE SEND HIM TO THE NURSE CLINICIAN.

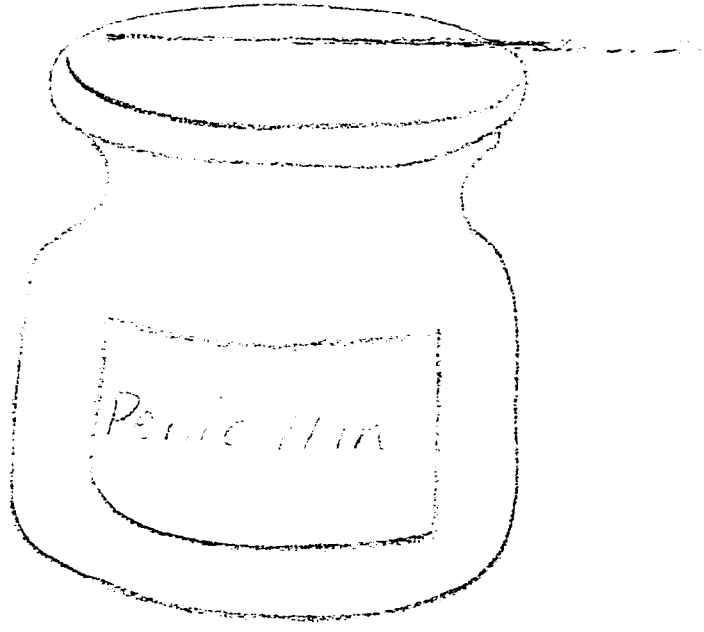
ANY SEVERELY ILL PATIENT WITH HIGH FEVER AND DIFFICULT CHEST BREATHING SHOULD BE SENT DIRECTLY TO THE NURSE CLINICIAN.

CONTINUE FEEDINGS, ESPECIALLY BREAST MILD.

9b



ENCOURAGE FLUIDS AND FOOD.


Penicillin

IF A PERSON HAS A FEVER, FAST BREATHING, A COUGH AND NASAL FLARING,

GIVE PENICILIN FOUR TIMES A DAY FOR 7 DAYS:

-FOR OLDER CHILDREN AND ADULTS, GIVE 2 TABLETS FOUR TIMES A DAY FOR 7 DAYS

-FOR CHILDREN 3-5 YEARS OLD, GIVE 1 TABLET FOUR TIMES A DAY FOR 7 DAYS

-FOR SMALL CHILDREN, GIVE ½ TABLET FOUR TIMES A DAY FOR 7 DAYS

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