# HONDURAS RXDD FIELD TEST:
# FEASIBILITY OF PRESCRIBING ANALYSIS OF DIARRHEA TREATMENTS IN PUBLIC SECTOR HEALTH FACILITIES AND DRUG SALES FOR DIARRHEA TREATMENT IN COMMERCIAL SECTOR PHARMACIES

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EXECUTIVE SUMMARY . . . . . v

I. BACKGROUND AND OVERVIEW . . . . . - 1 -
A. PROBLEMS WITH PRESCRIBING FOR DIARRHEAL DISEASE - 1 -
B. ROLE OF PRESCRIPTION ANALYSIS . . . . . - 2 -
C. ROLE OF RxDD . . . . . - 3 -
D. SCOPE OF WORK OF THIS CONSULTANCY . . . . . - 5 -

II. STUDY OF CLINICAL FACILITIES IN THE METROPOLITAN REGION . . . . . - 5 -
A. RATIONALE FOR THE STUDY . . . . . - 5 -
B. METHODOLOGY . . . . . - 6 -
C. ILLUSTRATIVE FINDINGS FROM THE HEALTH FACILITY STUDY . . . . . - 9 -
D. LESSONS OF THE HEALTH FACILITY STUDY . . . . - 13 -

III. PROSPECTIVE DATA COLLECTED IN COMMERCIAL PHARMACIES - 15 -
A. THE RATIONALE FOR THE PHARMACY STUDY . . . . - 15 -
B. METHODS OF THE COMMERCIAL PHARMACY STUDY . . - 16 -
C. ILLUSTRATIVE FINDINGS ON CURRENT SALES PRACTICES - 17 -
D. LESSONS LEARNED FROM THE PHARMACY STUDY . . . - 21 -

IV. RxDD'S TECHNICAL REQUIREMENTS . . . . . - 23 -

V. POSSIBILITIES FOR FOLLOW-UP ACTIVITIES . . . . . - 27 -

LIST OF ANNEXES

A. Scope of Work: Evaluation of Prescribing Practices for Diarrheal Disease in Honduras

B. Synopsis of the Objectives, Inputs, and Outputs of the RxDD Field Test

C. List of Metropolitan Region Health Facilities Included in the Prescribing Analysis Sample

D. Map of the Tegucigalpa-Comayaguela Area Showing Locations of the Health Facilities and Pharmacies Used in the Studies

E. Training Program for Enumerators Working on the Health Facilities Study

F. RxDD Honduras Field Test Health Problem Classification

G. RxDD Honduras Field Test Drug List

H. Prescribing Data Collection Form

I. Examples of Screens from the Translated RxDD Program

J. Examples of Reports Which Contrast Locations (Facilities) on Key Prescribing Parameters for: (1) All Cases; (2) Acute Diarrhea Only; and (3) Parasitic Infestation Only; and (4) ORS Use Among Cases of Acute Diarrhea

K. Examples of Reports Which Compare the Use of Drugs by Generic Category Among Subgroups of Cases for: (1) All Cases; (2) Acute Diarrhea Only; and (2) Parasitic Infestation Only

L. List of Pharmacies in the Tegucigalpa-Comayaguela Area Compiled From the Farmacias de Turno

M. Details of the Scenario Used by Enumerators During Pharmacy Visits

N. Pharmacy Study Data Collection Form

O. Comments on the Interactions Between Drug Sellers and Enumerators Selected from the Data Collection Forms

P. List of Drug Products Sold During the Pharmacy Study

Q List of Persons Who Attended Debriefing at Honduras Ministry of Health, 14/05/91

## EXECUTIVE SUMMARY

### OVERVIEW OF PRESCRIBING ANALYSIS

Diarrheal disease is among the leading causes of morbidity and mortality in many countries, especially in children under the age of five. Studies in a number of countries have shown that health providers frequently mismanage cases of diarrhea. Much of their time, and scarce pharmaceutical resources, are being wasted unnecessarily. In addition, children suffering from diarrhea are at risk of adverse health consequences.

Many countries have begun to experiment with interventions designed to improve prescribing behavior. Managers often find that their first problem is an inability to accurately describe current practices and the nature of the problem in a particular setting.

One technique that has been developed to meet this need is prescription analysis, which involves examining a sample of health encounters to see which health problems are being treated and whether the drugs used adequately address these problems. Such analyses can be useful in many contexts:

* Description of prevailing prescribing practices;
* Measuring trends in prescribing with repeated studies;
* Routine monitoring of prescribing behavior;
* Comparison of observed practices with standards.

### ROLE OF RxDD

To support efforts to improve prescribing practices for diarrheal disease, PRITECH has undertaken the development of the RxDD system. When completed in July, 1991, the system will consist of four basic parts:

* simple methods for selecting a minimum sample of locations and health facilties, and of diarrhea cases within health facilities;
* procedures for collecting data from medical records and recording them on forms;
* procedures for coding the information in these records and entering them into the computer;
* simple methods for producing standard reports and

graphics on prescribing practices.

## OBJECTIVES OF THIS CONSULTANCY

The primary goal of this consultancy was to field test the current version of the RxDD system in a setting in which it had never been implemented. In particular, the first objective was to test the feasibility of using the RXDD system in public sector health facilities in Honduras by:

* examining the availability and quality of historical data on drug use for diarrheal disease, and developing simplified methods for selecting a sample of cases during a one-year period using patient logs;

* describing local conventions for recording differential diagnosis of types of diarrhea and assembling and computerizing a list of the drugs commonly used in diarrhea cases in Honduras;

* observing the logistics required to collect and computerize the data needed to run RXDD;

* measuring a few key indicators of drug treatment for diarrheal disease in the sample of facilities studied.

In addition, a second objective was to learn what would be required to adapt the system to study diarrhea dispensing practices in pharmacies by:

* selecting a sample of pharmacies from a list of those in the Tegucigalpa area, and sending data collectors to these pharmacies with a fictitious case of diarrhea to see what was discussed and what they were sold;

* assembling and computerizing a list of the drugs commonly sold to treat diarrhea in pharmacies;

* measuring a few key indicators of drug sales in the sample of pharmacies studied.

## STUDY OF HEALTH FACILITIES IN METROPOLITAN REGION

For logistical reasons, the study of health facilities was carried out in the Metropolitan Region located in the Tegucigalpa area. The methods of this study were as follows:

1. Description of the sample:

   * 15 Cesamos, 11 Cesars, 1 hospital outpatient unit, 1 hospital emergency and inpatient unit;

   * sample drawn from all cases with at least one diagnosis of diarrhea or parasites during the period May 1, 1990 through April 30, 1991;

   * at least 2 cases of diarrhea selected each month, or more depending on the size of the facility, for a total of 1,080 cases.

2. Organization of the process:

   * initial approval of goals of the study by the Division of Maternal and Child Health;

   * briefing of the Director of Health of the Metropolitan Region on purposes of the study;

   * contact directors of health facilities to explain the study, and their medical records departments to adapt the timing of the data collection to meet their needs.

3. Data collection:

   * one physician to coordinate field work, organize the study logistics, and supervise coding;

   * data collected in health facilties by 4 persons with formal training in pharmacy and 1 former health program administrator, supported by 2 drivers and vehicles;

   * one day of team training, followed by 7 days of collecting data in health facilities.

4. Data sources:

   * the sample was drawn from cases of diarrhea recorded in the daily treatment registers completed by each physician or health worker;

   * enumerators prepared a list of cases containing medical record number, patient name, age, sex, diagnosis, and if possible, a code to identify the health worker;

   * family medical records were retrieved by record number and searched for the treatment record of the contact by

the sample member on the date indicated.

5. Processing of data:

   * a WHO health problem classification was adapted to meet local conventions, and a drug list organized by therapeutic category was compiled from the List of Basic Medications;

   * all drugs and health problems were coded by the data collectors, supervised by the physician coordinator;

   * data were entered by experienced computer personnel, and validated by the data collection team;

   * a total of 9 person-days was required to process, validate, and correct all health facility data.

SUMMARY OF KEY FINDINGS OF THE HEALTH FACILITIES STUDY

1. Patient group

   * 1.080 Cases were selected for the sample: 491 from 15 cesamos, 286 from 11 cesares, and 303 from 2 hospitals;

   * the overall population includes anyone with a diagnosis of diarrhea or parasites; 51.7% of cases were women, and 64.0% were under age five.

2. Type of drug treatments used

   * an average of 2.6 Drugs were prescribed per case, a number which is fairly stable across all facilities;

   * overall, 43.5% of patients received one or more antibiotics, but this number varied widely across facilities;

   * about 15% of diarrhea patients in CESAMOS, 9.4% in CESARES, and 13.2% of hospital outpatients receive an injection;

   * overall, 44.9% Of cases with a diarrhea-related diagnosis receive ORS: 49.7% in CESAMOS, 41.6% in CESARES, 47.7% In hospital outpatients, and 30.2% In more seriouly-ill emergency room or inpatients;

   * all levels of health facility and most individual facilities appear equally likely to use ORS to treat

diarrhea patients.

3. Identifying two diagnostic groups

   * in order to better understand how diarrhea is treated, two separate groups of diagnoses were identified:

     a. Acute diarrheas: cases diagnosed with diarrhea - viral, bacterial, or unspecified - or "diarrheal syndrome" with no other condition;

     b. Parasitic infestations: cases treated for parasites or "parasitic syndrome", again with no other diagnosis;

   * of the 1,080 cases in the overall sample, 424 (39.2%) were found to have acute diarrheas alone, while 255 had parasitic diagnoses only;

   * the ages of these two groups are very different: of the acute diarrheas, 81.0% are children under 5, while of the parasite cases, only 34.9% are under 5.

4. Different treatment patterns among children

   * among children under 5, both diagnosis groups receive about the same number of drugs per visit (acute diarrhea = 2.4, Parasites = 2.2);

   * an average of 47.9% of children with acute diarrheas receive antibiotics, while only 12.2 % of the parasite cases do so;

   * the use of antibiotics for acute diarrhea varies across facilities, with some treating 80-100% of children with antibiotics, while others treat only 0-20%;

   * injection use to treat diarrhea in children in non-hospital facilties is overall quite low;

   * 71.1% of children with acute diarrhea in CESAMOS and 78.8% in CESARES are treated with ORS, which is a very high rate in comparison to many other countries; only about 12% of cases of parasites are given ORS.

6. Drug use by therapeutic category among children

   * excluding hospital emergency room and inpatients, the "average" patient treated for these conditions receives:

| | acute diarrheas | parasites |
|---|---|---|
| ORS | 0.77 | 0.21 |
| Antibacterials | 0.42 | 0.16 |
| Antihelminthics | 0.15 | 0.74 |
| Antiprotozoals | 0.36 | 0.44 |
| Vitamins, minerals | 0.20 | 0.44 |
| Other drugs | 0.50 | 0.31 |
| TOTAL DRUGS | 2.4 | 2.3 |

7. Most frequently-used drugs for acute diarrhea, children vs. adults

   * focusing on acute diarrhea, ORS is the most widely used drug for children (76.7%), followed by metronidazole (35.7%) and trimethoprim-sulfa (34.5%); antidiarrheals have a low rate of use in children (0.8%);

   * for adults, the most widely-used product is metronidazole (58.3%), followed by ORS (36.7%); a third of adults receive antispasmodics (31.6%), one in five mabendazole (18.3%), and one in ten an antidiarrheal (10.0%).

8. Drug use in emergency rooms and to treat inpatients

   * among children under 5 with diarrhea seen as emergency patients or inpatients in one hospital, 62.3% received ORS while 10% were rehydrated intravenously; among adults, 5.0% received ORS while 25% received IV fluids;

   * every child and about 70% of adults seen receives an antibiotic; over half of diarrhea patients receive antibiotic injections, with the majority receiving gentamicine (26.8%); as with outpatients, trimethoprim-sulfa is the most widely-used oral antibiotic.

9. Cost of drug treatment for diarrhea

   * due to limitations in the data sources used for this study, the number of units of drugs dispensed is often missing completely (42% of all drugs), and when indicated, is of uncertain validity; cost is therfore impossible to compute accurately with this data set;

   * for example, 36.9% of medical records did not indicate

how many sachets of ORS were given, but this varies from 0% missing in many facilities to 100% missing in others;

* overall, for cases where the data appear, 8.5% receive 1 sachet, 45.5% receive 2, 40.9% receive 3, and 5.1% 4 or more;

* health facilities vary in dispensing habits for ORS; similar differences in pattern of dispensing for other drugs would lead to important differences in the cost and efficacy of treatment in different facilities.

LESSONS FROM THE HEALTH FACILTIY STUDY

1. Feasibility of the prescription analysis process

   * all health system personnel were very cooperative and interested in the goals and findings of the study;

   * in 27 of the 28 facilities, it was possible to reconstruct continuous records of patient visits during the 12-month study period;

   * when family records for particular visits were sought, an average of only about 5-15% of files could not be found in the medical record systems;

   * within the retrieved family folders, the treatment records of 90-95% of the episodes in question were able to be identified;

   * the information on drugs prescribed and other aspects of diagnosis and treatment was consistently recorded in visit records;

   * because a separate prescription form is sent to the pharmacy to be filled, health workers often will not record the number of units to be dispensed or the concentration of the drug in the medical record;

   * to complete a study of costs of treatment, it would be necessary to link to pharmacy records.

2. Reflections on current treatment practices

   * the use of ORS is appropriately high for the treatment of acute diarrhea, consistent across facilities, and weighted toward children;

* the use of antidiarrheals and antispasmotics is appropriately low among children, while somewhat higher among adults;

* antibiotic use is somewhat higher than desirable (although much lower than seen in other environments), varies across facilities, and is for the most part confined to oral products.

METHODS OF THE PHARMACY STUDY

1. Selection of sites and data collection

* from the calendar of all pharmacies in the community (Farmacias de Turno), 40 pharmacies were randomly selected;

* 9 enumerators, differing in sex and level of apparent affluence, pose as parents of children with diarrhea and visit pharmacies to seek treatment:

* one day of training was conducted on the purpose of the study and the fictitious case to be presented in all visits;

* each enumerator visits about 10 pharmacies, producing information for a total of 88 completed pharmacy visits;

* 2 visits were made to each sample pharmacy, separated by an average of two days, by persons of different sex or different apparent ability to pay;

* all medicines recommended by the sales attendants were purchased by the data collectors.

FINDINGS OF THE PHARMACY STUDY

1. Quantities of drugs sold

* pharmacy staff sell drugs on 82 (93%) of the visits;

* 6 visits (7%) result in no drugs sold; 55 visits (63%) result in 1 drug; 26 visits (30%) 2 drugs; 1 visit (1%) results in 3 drugs sold;

* average number of drugs sold for all visits was 1.3.

2. Types of drugs sold

* altogether pharmacy staff sell 43 different products in 8 categories: ORS (6 products); antidiarrheals with kaolin (8); antidiarrheals with antibiotics (14); antidiarrheals with antiinfectives (3); other antibiotic preparations (4); anthelmenthics (2); antiamoebics (3); vitamins (3);

* ORS is sold on 23 (26%) visits: for ORS sales, 19 are bottled premixed solutions and 4 are packeted salts;

* antidiarrheals are sold on 73 (83%) visits, while products containing antibiotics are sold on 51 (58%) visits

3. Costs of drugs sold

* for all visits, the average cost of drugs sold is 114.86: for female enumerators, the average cost is 115.29, for males, 114.28;

* for less-affluent appearing enumerators, the average cost is 111.32, while for more-affluent appearing enumerators, the average cost is 117.80;

* ORS accounts for 15% of the cost of all drugs sold, antidiarrheal products account for 75%, products containing antibiotics account for 53% of total cost.

POTENTIAL FOLLOW-UP ACTIVITIES

In discussion following the presentation of preliminary results of the field test to Ministry of Health officials, a number of ideas related to follow-up of the field test activities and possibilities for future uses of the RxDD system in Honduras were addressed. Some potential ideas include:

1. A meeting to communicate the results of this study to health facility directors;

2. Comparison studies in clinical facilities in other regions;

3. Implementation of RxDD as a monitoring tool in Metropolitan Region;

4. Study of costs of diarrhea treatment using pharmacy data sources;

5. Qualitative studies of the reasons for pharmacy behavior, and interventions to improve practice.

# I. BACKGROUND AND OVERVIEW

## A. PROBLEMS WITH PRESCRIBING FOR DIARRHEAL DISEASE

Diarrheal disease is among the leading causes of morbidity and mortality in many countries, especially in children under the age of five. In addition to the epidemiological significance of diarrhea-causing illnesses, visits for the treatment of diarrhea constitute a major category of service at public and private health facilities. A substantial proportion of the time of health providers, and a significant fraction of pharmaceutical expenditures, are devoted to this problem.

Studies in a number of countries have shown that health care providers frequently mismanage cases of diarrhea. Consequently much of their time, and scarce pharmaceutical resources, are being wasted unnecessarily. In addition, children suffering from diarrhea are at risk of adverse health consequences, due not only to the failure to effectively treat the dehydration that often results from diarrhea, but also to adverse reactions to many of the drugs that are commonly used to "treat" diarrhea. There are a number of common ways that diarrheal treatment has been found to be inappropriate.

### 1. Failure to adhere to norms of practice

Proper case management for diarrheal disease in children calls for administration of ORS or home fluids in all cases, and antibacterial or antiamoebic drugs only when their use is clearly indicated. In addition, the use of antidiarrheal drugs is discouraged, especially for children under five years.

The most serious form of mismanagement of diarrhea results from underuse of ORS. This can be due to failing to correctly prescribe oral rehydration therapy, providing inappropriate amounts of the product, or failing to explain to mothers how to use ORS safely and effectively.

In contrast to the underuse of ORS, many other drug treatments are often overused. Because of the health risks involved with using antidiarrheals and antispasmodics, their use is rarely justified. Although effective against bacterial causes of diarrhea, antibiotics are typically overused in relation to the prevalence of such causes. In addition, antibiotics are often dispensed in injectable form which carries additional health risks.

2. Unnecessarily high cost of treatment

Besides representing poor quality of medical care, the use of unnecessary products has serious financial consequences for health systems that are often severely constrained in their ability to provide services. In the case of antibiotics, even when their use is indicated, prescribing can be financially inappropriate if more expensive therapeutic alternatives are used when cheaper ones would be equally effective, for example, when injections are used instead of oral dose forms, when expensive antibiotic suspensions are given to adults, or when newer, more expensive antibiotics are used unnecessarily.

B. ROLE OF PRESCRIPTION ANALYSIS

In light of these potential proolems in therapy, many countries have begun to experiment with educational or managerial interventions designed to improve prescribing behavior. Managers and administrators who want to know if such efforts are needed or to whom they should be targeted often find that their first problem is an inability to accurately describe current practices and the nature of the problem in a particular own setting.

One technique that has been developed to meet this need is prescription analysis. Simply put, prescription analysis invclves examination of a sample of health encounters to see which health problems are being treated and whether the drugs that are recommended adequately address these problems. Such analyses can be useful in many contexts.

1. Description of prescribing practices

Analyses of prescriptions from a sample of health facilities or providers can be used to characterize and assess the overall patterns of drug treatment in a country or region. If they are designed for this purpose, such cross-sectional analyses can often identify substantial unexplained variations in drug use practices - among regions, among facilities or types of facility, and among individual prescribers.

These surveys of prescribing practice can be retrospective, if they rely on the historical records of prescribing that might exist in a health system, or prospective if the treatment records for current cases of diarrhea are collected over time.

2. Measuring trends with repeated studies

Repeating a well-designed prescription analysis survey after

a certain interval of time can be one way to measure changes in either morbidity profile - for example, the relative prevalence of diarrheal cases due to different etiologies - or more importantly, in pharmaceutical treatment practices. If an intentional effort was made to improve prescribing in the interval between these surveys, they can serve as a way to measure the impact of these interventions.

3. Routine monitoring of prescribing behavior

The use of prescription analysis as a routine monitoring tool offers a useful variation on the idea of repeated surveys. A monitoring application would be characterized by the regular collection of a minimum set of prescriptions for a limited number of health problems from a specific group of facilities and prescribers, perhaps on a regional basis. The process of collecting and analyzing these data would be integrated into existing reporting and supervisory systems. The reports resulting from such a system could serve as a means for targeting specific problems in drug treatment, and supervisory visits or educational interventions could be tailored to those most in need.

4. Comparison of observed practices with standards

In addition to providing information about quality of drug treatment, prescription analysis provides a means to contrast actual drug use patterns with theoretical requirements. In this way, it is possible to address issues like how much is being spent on treating specific conditions versus how much would be spent if all prescribers followed standards, or how much the consumption of particular products would change. The use of prescription analysis for this purpose requires that explicit population-based standards of treatment be defined for the health problems in question.

C. ROLE OF RxDD

To support efforts to improve prescribing practices for diarrheal disease, PRITECH has undertaken the development of the RxDD system. The development of this system has been carried out primarily in Indonesia in collaboration with the CDD Programme of the Indonesia Ministry of Health, where an earlier version of the system was tested and installed for use as a management tool. The current version of RxDD expands greatly on the flexibility of that system, and on its adaptability to new country environments.

When completed in July, 1991, the system will consist of four basic parts:

1. Strategies for sampling

In order to help people undertaking prescription analysis gain the benefit of the most amount of information for the least cost, the RxDD system will describe a number of concrete alternative strategies for drawing a sample of:

a. Locations, or health facilities, including guidance on how to determine the optimum number to include in a sample in order to obtain a desired degree of precision in estimates, and recommendations for selecting facilities to obtain reliable contrasts on key indicators;

b. Cases, or prescribing contacts, including simple methods for selecting cases under a variety of record-keeping circumstances, the minimum numbers needed to estimate key parameters of interest, and methods for spreading the sample of cases over the entire time period under study. Alternatives for both retrospective and prospective sampling of cases will be included.

2. Data collection

The system will describe procedures for collecting data from medical records or pharmacy records, and for recording them on standardized forms. Procedures for training data collectors to do this task reliably and for supervising the data collection process will also be included.

3. Conventions for coding and data entry

Because of the complex nature of medical information and of pharmaceutical products, there are many possibilities for errors to be introduced into a systematic data collection process. The RxDD system will also include descriptions and suggested solutions of many of the common problems in recording data on drug prescribing, and procedures for validating data before and after they have been entered on a computer.

4. Computerized data analysis and reporting

Finally, the RxDD system will contain pre-programmed procedures for producing standard reports and graphics on key elements of prescribing for diarrheal disease, and will also contain more flexible routines for defining tables to contrast practices among locations, categories of patients, or types of health provider.

## D. SCOPE OF WORK OF THIS CONSULTANCY

As a part of the process of development of the current version of RxDD, PRITECH felt that it was important to introduce the system in a completely new environment where the adaptability of many of the planned procedures could be tested in a field setting. In addition, this field test could provide an opportunity to introduce the system to Ministry of Health decision-makers to elicit their input on ways it might be usefully applied in their own national setting. The Ministry of Health of Honduras expressed interest in the goals of such a consultancy, and a scope of work was developed (Annex A) which included the following objectives:

1. Provide for appropriate and detailed briefing for MOH and USAID staff on the utility of prescription analysis for supporting CDD and other health care activities;

2. Carry out a prescription analysis for a sample of health facilities, including collection of data on site, data entry, and production of illustrative tales and graphic reports;

3. Carry out an analysis of drugs sold for diarrhea at retail pharmacies to test procedures for prospective data collection and adaptability to private sector pharmaceuticals;

4. Make a formal presentation of findings for MOH and USAID staff, and seek input on whether and how such a system might be used in Honduras;

5. Prepare a report documenting the work carried out and making recommendations for follow-up activities.

The following sections describe the methods and key findings of the two studies which were completed under this scope of work, and discuss potential applications of prescription analysis and related activities that were raised in meetings with MOH officials. A synopsis of the objectives, inputs, and outputs of the RxDD field test is included in Annex B.

# II. STUDY OF CLINICAL FACILITIES IN THE METROPOLITAN REGION

## A. RATIONALE FOR THE STUDY

The applicability of the proposed RxDD methodologies for data collection and prescription analysis to the situation in public sector facilities in Honduras was the principal question to be addressed in this consultancy. The specific objectives of carrying out such a study were to see if it was possible to:

* gain necessary administrative and political support to conduct a prescribing analysis in a single region;

* identify the sources of data needed to draw a sample of cases and specify diagnosis and treatment;

* train enumerators to reliably collect the data on prescribing episodes;

* translate the RxDD software to Spanish, and have local personnel input and verify the data;

* produce illustrative tables and graphics to demonstrate the types of prescribing analysis possible with the system;

* following presentation of results, gain input from MOH officials on ways such a system might be installed and used in Honduras.

## B. METHODOLOGY

The methods that were used to carry out the prescribing analysis in health facilities are detailed below. Many of these methods represent modifications on basic ideas in RxDD that were developed during the course of this work.

During initial contacts with the MOH, it was planned to collect data for this study in two different regions, but due to logistical reasons, it was decided to limit the focus of the study to all facilities in the Metropolitan Region.

### 1. Description of the sample

Included in the sample were all the public health facilities in the Metropolitan Region: 15 CESAMO, 11 CESARS, 1 Hospital outpatient unit, and 1 Hospital emergency and inpatient unit. A list of these facilities is included in Annex C, and they are located on a map of the region in Annex D.

The universe from which the sample was drawn included all cases with a diagnosis of diarrhea or parasites during the period May 1, 1990 through April 30, 1991. For each facility, 2 cases in which either diagnosis was present were selected from each month to be included in the sample, with more per month chosen in larger facilities depending on the size of the facility.

A total of 1,080 cases were collected in all facilities.

2. Preparation Phase

The first step in carrying out the prescribing analysis was a briefing for the Division of Maternal and Child Health, MOH, and their initial approval of the goals of the study.

Next, a briefing was held with the Director of the Metropolitan Region to inform him about the purpose of the study, and to ask for permission to examine medical records in all regional health facilities. Subsequent meetings were conducted with the Directors of each health facility to explain the study and to assure them that the results would be confidential.

Directors of statistics and medical records departments within each facility were contacted to explain the study, and to adapt the timing of the data collection to meet their needs.

3. Data collection

One physician was responsible for coordination of the field work, organization of the study logistics, and supervising of data coding.

A team of 4 persons with formal training in pharmacy and one former health program administrator were hired to collect the data. These individuals were supported in this work by 2 drivers and vehicles. As much as possible, the process was structured to encourage team effort, including cooperation by the staff of the health facilities.

A one-day training session was conducted with all personnel involved in the study. An outline of the issues covered in the training, and the time allotted to each is included in Annex E. Following the training, all enumerators worked together for two days in a single large CESAMO and one of the sample hospitals in order to learn together the methods for identifying and selecting cases to be included in the sample under different circumstances, and to work out details of the recording and coding of data.

Following these joint efforts, team members generally worked alone or in pairs to gather the data in individual facilities. Including the days of joint work, the collection of data in the 28 health facilities lasted 7 work days.

4. Data sources

The sample was drawn from cases of diarrhea recorded in the

daily treatment registers completed by each physician or health worker. These logs are collected and bound each month by the person responsible for statistics at each facility, and they are used to compile the monthly statistics that are reported to the Regional office.

Initially, it was planned to draw the sample from the patient registration logs at each facility, which provide a more uniform chronological record of all visits, but it was found that these logs did not contain, as expected, a record of the health problem for which the patient was visiting the facility. Since treatment logs are not necessarily bound chronologically within the month, it became necessary to alter the method for spreading cases temporally. Enumerators were instructed to draw a case at the beginning and halfway through the bound treatment logs, if two cases were to be selected, and at appropriate intervals if more were to be chosen.

From the treatment logs, a list of cases was compiled which contained medical record number, patient name, age and sex, diagnosis, and if possible, a code to identify the prescribing health worker. For each sample case chosen, the next case of diarrhea or parasites in the treatment log was also selected as an alternate in case the sample case record could not be found. Family medical records were retrieved by record number and searched for the treatment recorded for each sample member (or alternate) on the date indicated.

In a few centers, if the records were not available to follow the specified sampling procedures exactly, these procedures were modified by the enumerators in order to draw a sample of cases covering as much of the study period as possible. Enumerators proved to be very flexible in appropriately adapting the procedures when this proved necessary, while consistently maintaining the intent of the data collection process.

5. Processing of data

A basic health problems classification used by the WHO was adapted to meet the local conventions for describing diarrhea. The list was translated and incorporated into the system (Annex F).

A drug list organized by therapeutic category was compiled from the List of Basic Medications, adapted to the required structures of the program, then computerized. Additional drugs were added to the master file as they were found during the data collection process (Annex G).

The adaptation of the drug list proved to be among the most difficult tasks in implementing the system. The organization of the list of basic medications is not strictly hierarchical, and some of the codes used to identify drugs on this list are not specific to a single concentration and package size as required by the program in order to be able to calculate costs accurately.

In addition, it was found that many of the drug prescriptions recorded in the medical records refer to a drug in general terms, such as "ASA" for acetasalicylic acid, instead of a particular concentration or dose form, such as "ASA 100 tabs". The data coding procedures needed to be adapted to accept information in this form, and still allow reports to group products into appropriate categories. The experience suggested a basic modification in the data structures expected by the system.

The reference lists were used by enumerators to codify data on the data collection form (Annex H).

Data processing was handled by experienced computer personnel associated with the MSH field project. They first translated the program into Spanish using the translation utility integrated into the software (see examples of screens in Annex I). Coded data from the data collection forms were then entered, printed for validation, validated by the data collection team, and errors were corrected accordingly. The level of effort required to translate the program, process, validate, and correct all health facility data was 9 person-days.

## C. ILLUSTRATIVE FINDINGS FROM THE HEALTH FACILITY STUDY

In order to demonstrate the types of analysis possible with the RxDD system, examples of the two basic reports structures were generated from the prescribing encounters database. These report structures contrast locations (facilities) on key prescribing parameters (Annex J), and compare the use of drugs by generic category among subgroups of cases (Annex K). Each of these report types is prepared for different subsets of cases based on location and/or diagnosis.

From the reports, examples were prepared of graphics that can be generated in a standard way by RxDD and printed using Harvard Graphics; these examples are incorporated in the discussion below.

The goal of the field test was not to produce an exhaustive analysis of the prescribing data set. When the final version of

the software is supplied to the MOH, further reports and graphic analyses will be possible. Until then, the database files can be accessed using standard dBase compatible software.

A discussion of the basic findings of the health facilities study follows.

1. Patient group

A total of 1,080 cases were selected for the sample: 491 from 15 CESAMOS, 286 from 11 CESARS, and 303 from 2 Hospitals.

The sampling criteria were to include anyone with a diagnosis of diarrhea, parasites, or a specific diarrhea etiology (for example, amebiasis or giardiasis) whether or not they were treated for another health problem (Annexes J-1, K-1).

51.7% of cases were women, and 64.0% were under age five (69.1% in CESAMOS, and 51.7% in CESARES).

2. Type of drug treatments used in entire sample

An average of 2.6 drugs per case were prescribed, a number which is fairly stable across all the facilities.

Overall, 43.5% of patients with the target conditions received one or more antibiotics, but this number varied widely across facilities, with a low of 12.5% and a high of 90.3% in two CESARS.

Approximately 15% of diarrhea patients in CESAMOS, 9.4% in CESARES, and 13.2% of hospital outpatients (Hospital A) receive an injection.

3. ORS use in the entire sample

Overall, 44.9% of cases with a diarrhea-related diagnosis received ORS: 49.7% in CESAMOS, 41.6% in CESARES, 47.7% in Hospital outpatients units, and 30.2% among the more seriously ill emergency room patients or inpatients (Hospital B).

Use of ORS to treat diarrhea patients appeared equally likely at all levels of health facility and within facilities at each level.

4. Stratification by diagnosis groups

In order to better understand how diarrhea is treated, two separate groups of diagnoses were identified from the sample:

* acute diarrheas: cases diagnosed with diarrhea - viral, bacterial, or unspecified - or "diarrheal syndrome" who were not indicated as having any other condition except for dehydration or malnutrition (Annexes J-2, K-2, K-4).

* parasitic infestations: cases treated for parasites or "parasitic syndrome", either generally or where specific helminths or protozoa were mentioned, and again with no other diagnosis (Annexes J-3, K-3).

From 1,080 cases in the overall sample, 424 (39.2%) were found to have acute diarrhea alone, while 255 had parasitic diagnoses only.

The ages of these two groups were very different: the proportion of children under five was 81.0% in the acute diarrhea groups and only 34.9% in the parasites group.

5. Different treatment patterns among children by diagnosis

Among children under 5, both diagnosis groups received about the same number of drugs per visit (acute diarrhea = 2.4, parasites = 2.3).

An average of 47.9% of children with acute diarrhea received antibiotics, while only 12.2 % of the parasite cases did so.

The use of antibiotics for acute diarrhea varied across facilities, with some facilities treating 80-100% of children with antibiotics, while others treat only 0-20% (see Figure 1).

The use of injections to treat diarrhea in children attended in non-hospital facilities is overall quite low.

Overall, 71.1% of children with acute diarrhea in CESAMOS and 78.8% in CESARES are treated with ORS, which is a very high rate in comparison to many other countries; only about 12% of cases of parasites in children are given ORS.

6. Drug use among children by therapeutic category

Children treated either for diarrhea or parasites received more than two drugs per visit. Examining differences in the drugs used to treat these conditions by therapeutic class provides an indication of whether the classes represent useful "diagnostic groupings" by prescribers, or whether the terms are actually used interchangeably in the medical records.

Excluding hospital emergency room patients and inpatients, the classes of drugs which the "average" child treated for either diarrhea alone, or for parasites alone, receives are presented in Table 1. (See also Figure 2, which presents these data in graphic format.) Note that the data are expressed as average drugs per case, since it is possible for children to have received more than one drug in a given class; in most instances, however, these figures can be directly converted to percentages.

TABLE 1: DRUGS BY THERAPEUTIC CLASS USED TO TREAT DIARRHEA ALONE OR PARASITES ALONE IN CHILDREN UNDER 5 IN OUTPATIENT SETTINGS

| DRUG CLASS | ACUTE DIARRHEA | PARASITES |
|---|---|---|
| ORS | 0.77 | 0.21 |
| Antibacterials | 0.47 | 0.17 |
| Antihelminthics | 0.15 | 0.74 |
| Antiprotozoals | 0.36 | 0.44 |
| Vitamins, minerals | 0.20 | 0.44 |
| Other drugs | 0.45 | 0.30 |
| TOTAL DRUGS PER VISIT | 2.4 | 2.3 |

7. Most frequently-used drugs for acute diarrhea

Within these therapeutic categories, what are the most frequently-used products, and are different products used for children and adults?

Focusing on acute diarrhea (see Figure 3), ORS is by far the most widely used drug for children (76.7%), followed by Metronidazole (35.7%) and Trimethoprim-sulfamethoxazole (34.5%); antidiarrheals (0.8%) and antispasmodics (7.8%) have a low rate of use in children (0.8%).

For adults, the most widely-used product was Metronidazole (58.3%), followed by ORS (36.7%); nearly a third of adults received antispasmodics (31.6%), one in five received Mebendazole (18.3%), and one in ten was prescribed an antidiarrheal product (10.0%)

8. Drug use in emergency rooms and to treat inpatients

Cases seen in the Hospital Rehydration Unit, Observation ward, or as inpatients have more complicated conditions, and would be expected to have different drug use patterns (Annex K-4).

Among children under 5 with any diagnosis of diarrhea seen in one Hospital, 62.3% received ORS while 10% were rehydrated intravenously; among adult cases, 5.0% received ORS while about 25% received IV fluids.

Antibiotics are of particular interest because of cost and the potential for the development of resistance; nearly every child and about 70% of adults seen received an antibiotic.

Over half of diarrhea patients received antibiotic injections (see Figure 4), with the majority receiving Gentamicin (26.8%); as was found for outpatients, Trimethoprim-sulfamethoxazole was the most widely-used oral antibiotic.

9. Cost of drug treatment for diarrhea

Due to limitations in the data sources used for this study (discussed below), the number of units of drugs dispensed was often missing completely from the medical records (41% of all drugs), and even when indicated, was of uncertain validity. For this reason, it is impossible to accurately estimate the true cost of drug treatment for diarrhea in regional health facilities.

Data for ORS give a useful illustration of the overall quality of the data on quantity dispensed (see Annex J-4); 36.9% of medical records did not indicate how many sachets of ORS were given, but this figure varies from 0% missing in many facilities to 100% missing in others.

For cases where the data are available, 8.5% received 1 sachet, 45.5% received 2 , 40.9% received 3 , and 5.1% received 4 or more sachets.

Health facilities seem to vary in their dispensing habits for ORS, some providing more sachets on average and some providing fewer; if there are similar differences in pattern of dispensing for other drugs, this might lead to important differences in the cost and efficacy of treatment among different facilities.

D. LESSONS OF THE HEALTH FACILITY STUDY

The principal lesson of the study of health facilities was that it

is possible to use the RxDD methodology and analysis system to carry out a one-year retrospective study of prescribing practices in public health facilities in the Metropolitan Region of Honduras. Particular aspects of the process of conducting this study that are of note include:

1. Feasibility of the process

   a. all health system personnel were very cooperative and expressed much interest in the goals and findings of the study;

   b. in 27 out of the 28 facilities, it was possible to reconstruct continuous records of patient visits during the 12-month study period;

   c. when family records for particular visits were sought, only 5-15% of the files could not be found in the medical record system of the facilities sampled;

   d. within the retrieved family folders, the treatment records for 90-95% of the sample episodes could be identified;

   e. information on prescribed drugs and other aspects of diagnosis and treatment was consistently recorded in visit records, with only a small number of illegible drug names;

   f. clear indications of the concentration, product package size (where relevant), and number of units prescribed were often missing from the records, presumably because a separate prescription form is sent to the pharmacy to be filled which contains this information;

   g. to complete a study of costs of drug treatment, it would be necessary to link the visit records to pharmacy records, and such linkage seems possible if done prospectively.

2. Reflections on current treatment practices

The conclusions about prescribing practices that can be drawn from a sample of this size seem quite reliable at a regional level, and also among groups of health facilities (for example, all CESAMOS or all CESARES).

However, given the sampling method used, almost equal weight was given to cases of diarrhea and parasites. As a result, the number

of single-diagnosis cases of either condition is relatively small at the facility level (usually between 6-15), which can lead to unstable estimates. For this reason, care should be taken in drawing any conclusions about the practices in single facilities for either of these two conditions considered separately.

Some general reflections on treatment practices are:

a. the use of ORS is appropriately high for the treatment of acute diarrhea, apparently consistent across facilities, and weighted toward children;

b. the use of antidiarrheals and antispasmodics is appropriately low among children, while somewhat higher among adults;

c. antibiotic use is somewhat higher than desirable (although much lower than seen in other environments), seems to vary across facilities, and is for the most part confined to oral products;

d. the use of injections to treat diarrhea is overall quite low, particularly in the CESARES.

## III. PROSPECTIVE DATA COLLECTED IN COMMERCIAL PHARMACIES

### A. THE RATIONALE FOR THE PHARMACY STUDY

In many countries, pharmacies are primary locations for the treatment of diarrheal disease. Diarrhea is a health problem that must be faced on a frequent basis, especially by parents of young children. Pharmaceuticals have come to be seen as the most appropriate solution to correct this problem.

Pharmacies are often used as the location to treat diarrhea because they are convenient, can offer quick service where waiting in long queues is not necessary, and can provide a reliable supply of drugs. Some countries have begun to explore ways to improve the diarrhea treatment practices of drug sellers, and in particular, to see if there are methods to encourage pharmacies to sell ORS to customers with diarrhea, and to offer these customers reliable advice about the need for medical advice and prevention.

A study of sales practices in private pharmacies was included as part of the field test of RxDD for two reasons:

1. The technique of using simulated purchase visits to pharmacies to seek diarrhea treatment has been used successfully in a number of settings. Such a study offered the possibility to

test the adaptability of RxDD to be able to handle prospective information collected from the private sector, where much of the sales were expected to be proprietary products not included on the list of basic medicines.

2. It would be possible in this way to compare the types of drugs that would typically be offered for sale in the private sector with those that were observed to be in common use in health facilities.

B. METHODS OF THE COMMERCIAL PHARMACY STUDY

The methods used in the study of private sector commercial pharmacies were as follows:

1. Selection of sites

From the calendar of all 155 pharmacies in the Tegucigalpa-Comayaguela area (the Farmacias de Turno, Annex L), 50 pharmacies were randomly selected. These pharmacies were located on maps to assist enumerators in finding them (Annex D).

2. Data collectors and visits

Enumerators were hired to pose as parents of a two year-old children with a simple, uncomplicated case of diarrhea who would visit the pharmacies in the sample to seek treatment. A standard scenario that the enumerators were to follow was prepared, which detailed the responses they were to give to common questions that might be asked by sales attendants (Annex M).

Enumerators were selected from both sexes, and in addition, they were chosen to represent persons who would appear more affluent when entering a pharmacy, and persons who would appear less affluent. In this way, it would be possible to see if sales practices would vary according to the sex of the customer or apparent ability to pay for medicines.

A summary of the distribution of enumerators and visits according to these characteristics is presented in Table 2.

TABLE 2: SUMMARY OF THE DISTRIBUTION OF ENUMERATORS AND VISITS IN THE PHARMACY STUDY BY SEX AND LEVEL OF AFFLUENCE

| | FEMALE | MALE | TOTAL |
|---|---|---|---|
| APPEAR LESS AFFLUENT | Number = 2<br>Visits = 20 | Number = 2<br>Visits = 20 | Number = 4<br>Visits = 40 |
| APPEAR MORE AFFLUENT | Number = 3<br>Visits = 30 | Number = 2<br>Visits = 20 | Number = 5<br>Visits = 50 |
| TOTAL | Number = 5<br>Visits = 50 | Number = 4<br>Visits = 40 | Number = 9<br>Visits = 90 |

One day of training with all enumerators was conducted on the purposes of the study, the details of the fictitious case to be presented in all visits, and the techniques for filling out the data collection instrument (Annex N). Following this training, each enumerator visited a pharmacy not in the sample to conduct a pilot visit, and to practice filling in the data collection form.

During a one week period, 2 visits were made to each sample pharmacy. The enumerators assigned to each pharmacy were either persons of different sex, or persons of the same sex but with different apparent ability to pay. The visits to each pharmacy were separated by an average of two days.

All medicines recommended by the sales attendants were purchased by the data collectors. If they were asked how much they were willing to pay for medicines, enumerators were instructed to replay with an amount that varied by apparent ability to pay, but even the amount mentioned by the relatively less-affluent enumerators was far in excess of the average price of the medicines sold in the study. The issue of willingness to pay was discussed in only 8 of the 88 completed pharmacy visits.

## C. ILLUSTRATIVE FINDINGS ON CURRENT SALES PRACTICES

As with the health facility retrospective study, the principal purposes for conducting the pharmacy study were to test aspects of the RxDD methodology. However, a presentation of illustrative findings from the study follows.

### 1. Quantities of drugs sold

The average number of drugs sold during a visit to a commercial pharmacy was 1.3. The distribution of number of drugs sold during these visits is presented in Table 3. (The same data are presented in graphic form in Figure 5.)

TABLE 3: DISTRIBUTION OF NUMBER OF DRUGS SOLD DURING PHARMACY VISITS

| NUMBER OF DRUGS SOLD | NUMBER OF VISITS | PERCENT OF VISITS |
|---|---|---|
| 0 | 6 | 7% |
| 1 | 55 | 63% |
| 2 | 26 | 30% |
| 3 | 1 | 1% |
| TOTAL | 88 | 100% |

It is of note that in 6 visits, no drugs were sold. Some of the reasons for this described by enumerators include:

* "Bring urgently the child to a physician. He could die from dehydration. You must know the cause."

* "We don't have drugs for children."

* "A child with 2 days of diarrhea could have dehydration. It is better to visit a physician."

Other comments of note taken from the data collection forms are included in Annex O.

2. Types of drugs sold

A total of 48 different pharmaceutical preparations were sold by the 50 pharmacies visited. A list of the trade name and principal ingredients of all the products is included in Annex P. A summary of the different types of preparation sold, and the percent of visits during which each type of product was sold, is presented in Table 4. (These data are also presented in Figure 6, with grouping of antibiotics containing antidiarrheals into both the "antibiotic" and the "antidiarrheal" categories.)

TABLE 4: NUMBER OF DIFFERENT TRADE NAME PRODUCTS SOLD BY TYPE, AND PERCENT OF VISITS ON WHICH PRODUCTS OF THESE TYPES WERE SOLD

| | NUMBER OF PRODUCTS | PERCENT OF VISITS SOLD |
|---|---|---|
| ORS | 6 | 26% |
| ANTIDIARRHEALS WITH KAOLIN | 8 | 18% |
| ANTIDIARRHEALS WITH ANTIBIOTICS | 14 | 51% |
| ANTIDIARRHEALS WITH OTHER ANTIINFECTIVES | 3 | 14% |
| TRIMETHOPRIM-SULFA COMBINATION ANTIBIOTICS | 4 | 6% |
| ANTIHELMINTHICS | 2 | 2% |
| ANTIAMOEBICS | 3 | 5% |
| VITAMIN PREPARATIONS | 3 | 3% |
| TOTAL OF ALL PREPARATIONS | 43 | -- |

ORS, the basis for appropriate treatment of diarrheal disease, was sold during 23 (26%) of the visits. This percentage is substantially higher than has been reported in similar studies in other environments. Of these ORS products, 19 were bottled premixed solutions and 4 were packeted salts. It is worth noting that bottled forms of ORS are many times more expensive than packeted preparations to which water is added.

Antidiarrheal products were sold on 73 (83%) of the pharmacy visits. Some of these antidiarrheals were kaolin-pectin mixtures containing antibiotics, principally neomycin and streptomycin, while others contained kaolin and pectin alone or were mixtures of a variety of other ingredients.

Products containing antibiotics alone, or antibiotics mixed with antidiarrheal products, were sold on 50 (57%) of the visits.

3. Costs of drugs sold

The average drug cost per visit for enumerators of all types was 114.86; this figure includes the 6 visits where no drug was sold. Table 5 (and Figure 7) summarizes the average cost of the drugs sold to enumerators of different types.

TABLE 5: AVERAGE COST OF DRUGS SOLD DURING PHARMACY VISITS BY ENUMERATOR TYPE

| | FEMALE | MALE | TOTAL |
|---|---|---|---|
| APPEAR LESS AFFLUENT | 111.43 | 111.22 | 111.32 |
| APPEAR MORE AFFLUENT | 117.45 | 118.02 | 117.80 |
| TOTAL | 115.29 | 114.18 | 114.86 |

Males (114.18) and females (115.29) appeared to pay approximately the same amount per visit for drugs to treat the fictitious case. However, enumerators who appeared more affluent paid 57% more for drugs than those who appeared less affluent (117.80 vs. 111.32). These differences held true for enumerators of different appearance from both sexes.

ORS accounts for 15% of the total cost of all drugs sold, while antidiarrheal products account for 75% of total cost (Figure 8). Products which contain an antibiotic, including both those which contain antidiarrheals and those which do not, account for 53% of total cost.

4. Communication between drug sellers and customers

Data were collected about three aspects of communication between pharmacy personnel and customers: questions about symptoms and history of the fictitious episode of diarrhea: explanations provided about medications sold; and other advice concerning treatment or prevention of diarrhea.

In 68 (77%) of the pharmacy visits, store personnel asked at least one question about the child's symptoms before medicine was recommended. The three most frequently asked questions were about the presence of vomiting (38%), the presence of a fever (35%), and whether the child had abdominal pains (34%). The tendency of pharmacy personnel in Tegucigalpa to enquire about important aspects of the illness appears considerably higher than has been found in other studies of this type.

In 88% of the pharmacies, some explanation about the medicines was provided. In 60 visits (73%), customers were told how to use the medicine. Another 26% of sales attendants described what the medicine was, while 13% reported on precautions or

possible side effects.

Over half of the pharmacy attendants spontaneously mentioned other important aspects of treatment. These recommendations included continuing or increasing liquids (36%), or urging the customer to visit a doctor if the diarrhea persisted (33%) or if the child began to run a fever (20%).

## D. LESSONS LEARNED FROM THE PHARMACY STUDY

It proved to be feasible to conduct a rapid study of a sizeable sample of private sector pharmacies, which both validated the technique of using simulated purchases to collect data in Honduras, and which also yielded a number of interesting results.

Foremost among the results is the apparent finding that drug sellers indeed adjust their sales practices to the perceived ability of customers to pay. Since the principal group at high risk for adverse outcomes of diarrhea are the very poor, and since ORS is potentially an inexpensive product (although currently not widely available in inexpensive forms in Honduran pharmacies), there would seem to be some possibility of encouraging drug sellers to increase sales of this product preferentially to those most in need.

From the perspective of the development of RxDD methodologies, there were also a number of lessons learned:

### 1. Feasibility of pharmacy studies using simulated purchases

Enumerators of all socioeconomic groups were easily recruited, were trained quite rapidly, and all very easily grasped the purposes and techniques of the study. However, since many of the enumerators were involved in other occupations, it proved more difficult to coordinate their schedules than the health facility data collection team.

The training process, which was much simpler than the training for the health facility study, needed to be repeated a number of times since not all enumerators were able to begin together. Better coordination of the training process would lead to higher assurance of uniform results. The training program would benefit from the use of already completed encounter forms, and role-playing to model the simulated purchase visit to a pharmacy.

Enumerators appear to have been very conscientious in filling in the data collection forms. The sections on drugs sold, which are potentially the most difficult, were consistently

clear and complete. All enumerators included many useful comments on their forms about questions that were asked by sales attendants during the encounters.

It was found that supervision of the consistency and quality of the interactions between enumerators and drug sellers was very difficult to achieve, because of the difficulty in actually observing any of the visits taking place. There is no guarantee that same process was actually followed in each encounter.

One key methodological issue was whether certain enumerators had a tendency to lead or prompt certain types of questions. For example, one less-affluent appearing enumerator reported being asked about how much he was able to pay for drugs 6 of the 8 total times this question was asked of any enumerator.

2. Adaptability of the RxDD system

The data structures for this type of study proved simple enough that they lent themselves easily to spreadsheet tabulation. A model spreadsheet could be distributed with the RxDD system as an alternative to use of the main program if only analyses similar to those presented in this report are required, and if someone in the local environment is able to manage such a task.

The data structures of the RxDD program can easily handle the data on drugs sold, but the program would need to be adapted to incorporate the quantity of data per visit collected on communication between drug sellers and enumerators. This adaptation could be part of the final phase of development of the system, to be completed before the end of the year.

The incorporation of the large number of branded products into the drug files proved to be a cumbersome task, since a large number of decisions needed to be made on their correct classification. Many of the medicines were difficult to classify because of multiple ingredients. Since the Honduras list of basic medicines includes no antidiarrheals, an entire therapeutic category had to be added to accommodate those products. Antibiotics combined with antidiarrheals also posed problems because of their dual nature.

However, despite the difficulties, it proved readily possible to define a simplified sampling and data collection methodology for studying "prescribing" practices of pharmacy attendants in the private sector. The potential also exists for similar studies of the prescribing practice of private

sector physicians, although the methodologies to collect these data would be more challenging. Another application that is suggested by the results is the development of methods and standard report structures for using the RxDD system to evaluate the impact of retailer training activities.

## IV. RxDD'S TECHNICAL REQUIREMENTS

There are certain types of data and specific hardware, software, and personnel capabilities required to implement the RxDD prescribing analysis system. These requirements are reviewed briefly below, and some difficulties that might be expected in introducing and maintaining the system are highlighted.

### 1. Elements of the basic prescribing visit

The essential element around which the RxDD system is organized is the prescribing encounter. The accurate recording of these encounters involves the collection of specific information about:

a. Location: The system expects each record to include coded information about where the encounter occurred. Although not required, the use of location codes allows the comparison of data from different facilities or geographic areas.

If codes are assigned systematically and in a hierarchical way, it is possible to group information from related locations to obtain summaries (see tables in Annex J). Information about the population of locations can be also stored in a separate location file, and analyses of population-specific rates can be conducted.

b. Patient: The information on each patient visit includes a required identifying code, and optionally the date of the visit, sex, and age. The identifying code for each visit must be unique within a single location to prevent multiple entry of the same cases, and to allow retrieval and correction of information. For each study, a system of assigning unique identifying codes needs to be developed.

In this study, each enumerator was assigned a number, and the patient identifying number was developed by appending an arbitrary sequence number for each case within a location to the enumerator's number. In this way, the possibility of duplicate numbers was avoided.

c. Prescriber: The system can accept a prescriber identifying code that is optionally input with each case. In this way prescriber-specific analyses and the monitoring of practices at the prescriber level is possible. Additional data on the type of prescriber (for example, physician, nurse, pharmacist, etc.), level of training, or other characteristics of individual prescribers can be input into a separate provider file and used to group cases for analysis.

In this study, prescribers were generally able to be identified from the daily treatment logs. Identification numbers were assigned as cases from a new prescriber were selected. A note of caution should again be inserted about the need to sample a sufficient number of cases (at least 15-20) from each prescriber before drawing conclusions about quality of practice.

d. Health problems: Up to three separate code numbers which identify diagnoses or symptoms can be accepted for each case. Enumerators in this study coded problems directly from a health problem list, but it is also possible for problems or drugs to be coded after the data are collected from text written on the data collection forms.

Cases in hospital, which often have complex combinations of diagnoses, can exceed the three-problem capacity of the program. In general, however, practices for complex problems are harder to analyze because they are difficult to classify. The program is better used to perform analyses on single-diagnosis episodes, or episodes where a common multiple-problem syndrome is presented, for example, diarrhea and acute respiratory illness.

e. Drugs: Up to 10 drugs can be coded for each case. The code number is assigned based on information about product ingredients, concentration, package size, and route of delivery (for example, oral or injectable). Optionally, the number of units (pills, milligrams, bottles, depending on the medication) prescribed or dispensed can also be coded. Data on units permits the system to be used to carry out analyses of cost of treatment, units of product prescribed, or defined daily doses consumed.

2. Health problem classifications and drug lists

Before the system can be used, information on health problems and available drug products must be organized into lists, and

a coding scheme established to identify individual diagnoses or drugs. This can be a very difficult process, particularly for pharmaceuticals, and is in fact probably the most difficult procedure during installation of RxDD.

The system is distributed with master lists for both health problems and drugs. When the system is installed, it is possible to accept the basic organization of these lists, and also to accept one of the sets of coding conventions used to identify problems or drugs. Alternatively, users can assign their own alphabetic or numeric codes. Finally, it is possible to enter a completely new system for organizing and coding problems and drugs.

As mentioned above, RxDD expects certain conventions to be followed in the identification of drugs. For example, the drug list should be developed so that each code identifies a single product unique in ingredient, concentration, package size, and route of delivery. Such specificity is necessary to allow detailed analysis by RxDD of costs, or of product utilization. Unfortunately, the lists of basic drugs in many countries have not been developed to follow such conventions.

During this field test, a number of modifications were made to the coding schemes of the Honduras List of Basic Drugs to allow them to be accepted by the program. The program will now be modified to be more flexible in certain areas to better accommodate such problems in the future. In addition, the Honduras List is currently undergoing revision by the Pharmaceuticals Unit. If the MOH decides that they would like to install the finished RxDD system for future use, the coding schemes used in the field test would need to be revised, and the Metropolitan database updated accordingly.

## 3. Hardware needs

The hardware requirements of RxDD are similar to many other software products currently on the market. The system requires an IBM-compatible PC with at least 512K of memory. The program will run on older 8086-based PCs, but program operations are quite slow without access to a 286 or 386 microprocessor.

The program files occupy about 700K of disk space. The database and reference files for the Metropolitan sample of 1,080 cases occupy approximately 1 megabyte. To be safe, the system should have available at least as much free disk space as the size of the current data and reference files to write temporary files during execution, or in this case, another 1

megabyte.

Although the program runs from diskette, the execution speed is very slow because the program reads and writes data to the disk quite frequently. In addition, the number of cases able to be stored on the data and reference file disk when run from a diskette should be limited to a few hundred in order to avoid running out work space.

4. Staffing and training needs

The staffing for the field test is described in detail above in the sections on the health facility and pharmacy studies. For the health facility study in particular, the training level of personnel used was very high, since the time line for the work was short, and the purpose of the field test was to determine the feasibility of prescribing analysis under the best of circumstances.

When the system is implemented as part of the routine operations of a Ministry of Health, there are certain functional staffing needs that must be met to allow successful operations. These needs include:

a. a medical advisor or coordinator having general familiarity with pharmaceutical therapies and with the classification of health problems;

b. one or more persons familiar with the classification of pharmaceuticals and the organization of drug lists, including identification of appropriate therapeutic categories, recognition of generic equivalencies among products, and categorization of pharmaceuticals by concentration of active ingredient and dose form;

c. data collectors with either previous training or general aptitude in the recognition of pharmaceutical names, medical diagnoses, and associated abbreviations that are commonly used on medical records or prescriptions;

d. data entry personnel who have basic understanding of computer terminology, but no special expertise in programming, and with the capacity to be trained to recognize obvious errors in the coding of drug information;

e. a person familiar with the administrative and technical objectives of the prescribing analysis process of and the use to which the information coming from the system will

be put, to supervise data collection, coding, and report preparation.

f. optionally, a person familiar with dBaseIII-compatible file structures and modest ability to program in the dBase language, who would be able to manipulate files, correct data problems, and prepare analyses in ways that are not permitted by the program.

## V. POSSIBILITIES FOR FOLLOW-UP ACTIVITIES

In discussion following the presentation of preliminary results of the field test to Ministry of Health officials (see attendance list in Annex Q), a number of ideas related to follow-up of the field test activities and possibilities for future uses of the RxDD system in Honduras were addressed. The feasilibity of these ideas, and their place within the general program of the Ministry of Health, is clearly the subject for further discussion and decision within the Ministry.

The ideas below are noted here as reference points for those who sponsored or participated in this study, and for the MOH officials who attended the debriefing.

1. <u>A meeting to communicate the results of this study to health facility directors</u>

The level of interest in this study by personnel in the MOH facilities where data were collected, and their cooperation in assembling treatment logs and locating medical records was exceptional. Many individuals went far beyond the requirements of their job to assist the enumerators to do their work effectively.

A meeting to communicate the results of the study to the directors of the CESAMOS was mentioned as one way of capitalizing on the interest that it raised. Such a meeting could begin to focus attention on the treatment practices in the region for which there is still substantial need for improvement.

It would seem important to approach the issue of changing inappropriate prescribing behaviors in a positive, participatory manner. Experiences in other countries suggest that when medical personnel have the chance to discuss among themselves the need for specific standards of treatment, and when they are actively involved in the development of these standards, that the process of change occurs much more quickly and lastingly.

2. Comparison studies in clinical facilities in other regions

One question raised during the discussion was whether the generally favorable results related to prescribing for diarrhea in Metropolitan Region health facilities would be found in other regions of Honduras. One way to answer this question that was proposed would be to design a similar study of health facilities in another region.

Such a study would involve essentially the same activities as described above. If the record-keeping systems in the region chosen were be as organized as those found in Metropolitan Region, it would again be possible to examine a year of retrospective prescribing episodes.

Key decisions that would be faced in designing such a study would be:

a. Who would be responsible for coordinating the effort on an operational level, including supervising of data collection, coding, design and preparation of reports?

b. What level of personnel would be used to collect the data, and how would their speed and reliability differ from the very well-trained enumerators used in this study?

c. Where would the software be installed, and who would enter the data and maintain the system?

d. How would the drug list used in the field test be updated?

e. Would the sample focus on acute diarrhea alone, or would it also include parasitic diseases as did the field test?

3. Implementation of RxDD as a monitoring tool in Metropolitan Region

Consid rable interest was expressed during the debriefing about the possibility of using RxDD as a tool for monitoring prescribing behavior over time, and also for targeting different conditions besides diarrheal disease. The benefit of using RxDD in such a capacity is that it would be possible to integrate actual data on adherence to norms into regular supervisory activities on a regional basis.

Before discussion of other issues that would need to be considered in such an application, there is an important point

to make about the difference between the type of samples needed for monitoring and the design used for the field study.

The sample for the field test was designed to be able to characterize prescribing patterns in the Metropolitan Region as a whole, and also to contrast these patterns between CESAMOS and CESAREC. Since both acute diarrhea and parasitic disease cases were included in the sample, and since no restriction was put on multiple diagnosis cases (which are more difficult to analyze), the number of simple cases per facility of either acute diarrhea or parasites was somewhat small.

An application of RxDD for monitoring would need to collect a sufficient number of homogeneous cases at the level to be monitored to get representative estimates of practice. If CESAMOS or CESARES are to be the unit monitored, this would imply that at least 15-20 cases of the type of interest would need to be collected during each monitoring cycle. If the individual prescriber were to be the unit monitored, the data needs would rise accordingly. The ability of the data processing component of such a monitoring system would be an important factor to determine its size and feasibility.

Other issues to consider in using RxDD as a monitoring system include:

a. Which diagnoses are to be considered, and how can a possible tendency to shift diagnoses to an unmonitored category be avoided?

b. On what cycle would the monitoring be done? Monthly? Quarterly? Yearly? Again, the capability of the data processing component is a limiting factor.

c. How would data be collected? Would it be retrospectively, using treatment logs as in the current study, or prospectively, using a method of gathering information on current episodes of care? Who would be available to retrieve the data in either case?

d. Would there be an interest in examining issues such as dosing of drugs, or cost of treatment? If so, the comments in the next section on the need to link to pharmacy data would apply.

e. What standards for determining inappropriate practice would be set? What percentage of cases not following the norms of practice would result in a supervisory contact?

Setting this standard too low would result in an excessive number of contacts about cases where the data were simply coded wrong, or where there were extenuating circumstances. This would be an issue that might be addressed through analysis of the first wave on monitoring data.

f. How would factors like stockouts of key products, or donations of therapeutic alternatives to the pharmaceuticals on the standard treatments, be handled in evaluating practices?

4. Study of costs of diarrhea treatment

Because data on quantity prescribed were not recorded in medical records in a reliable way, it was not possible to estimate the costs of treatment for cases of diarrhea or parasite infestation from the data collected during the field study. In addition, even if data on amount prescribed were present, there would be no assurance that the drug was actually in stock at the pharmacy, and dispensed in the amount indicated.

In the Metropolitan Region, an analysis of costs, and of the difference between prescribing and dispensing of drugs, would require linking the data from the treatment log with prescriptions filled and collected at the pharmacy. The situation may prove to be different in other regions, where the structure of record-keeping may be different.

Particular issues to consider in planning a study linking pharmacy records and treatment logs would include:

a. Could enough data be linked retrospectively to make such an approach worthwhile? Although pharmacies save the blanks from filled prescriptions, they are not organized in retrievable way, but rather are bound together on a daily basis. How long would it take to find in the daily stacks the proper prescriptions to be linked with a randomly selected case? What would be the proportion of prescriptions that cannot be found?

b. Who would be responsible for collecting the prescription data? Personnel at the pharmacy? Personnel from the medical staff? From the regional office?

c. If it is determined that data would be collected prospectively, how would the process be structured? Would an enumerator search the prescribers' treatment

logs for appropriate cases, and then try to link to the prescription in the pharmacy? Could prescribers be encouraged to indicate diagnosis on the prescription? Could randomly selected patients waiting to receive drugs at pharmacies be interviewed and their prescriptions examined?

d. Are there potential areas of conflict that might arise between the pharmacy and the medical staff as a result of the monitoring of prescriptions?

e. What time period would the study cover? If done retrospectively, the longer the period, the costlier would be the process of linking records.

5. Follow-up activites for the pharmacy study

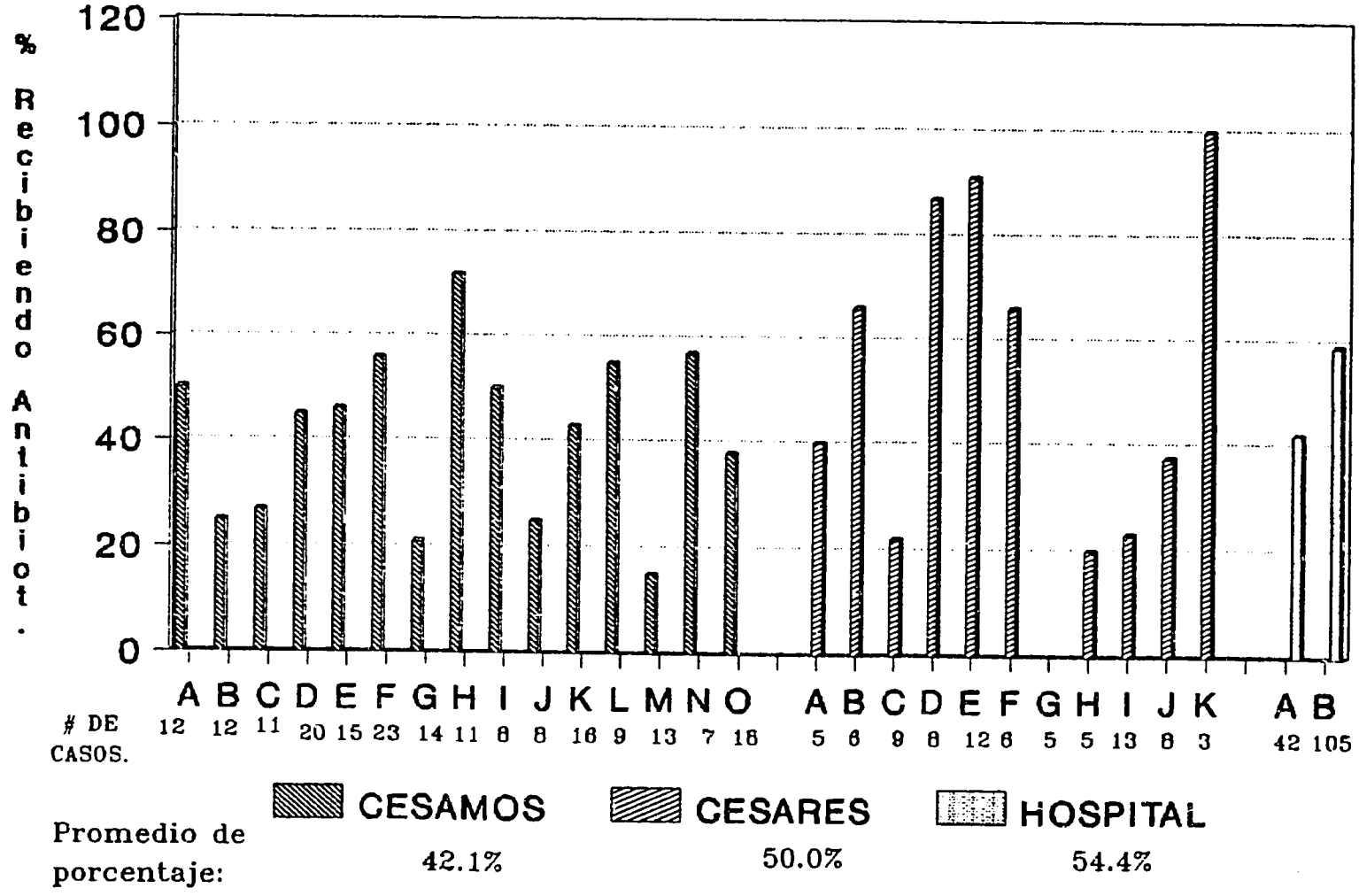
The discussion of the results of the pharmacy study was abbreviated because other commitments required the debriefing to end. The only option for a follow-on activity that was discussed was trying to find out whether both pharmacists and untrained pharmacy attendants had similar behavior patterns.

Although there were many problems with the observed drug sales behavior of pharmacy personnel in the area, the results were far more encouraging than similar studies in other countries. There were a significant number of visits where drugs were not sold for the correct reasons. ORS was sold in over 25% of visits, even if it was primarily in a form too expensive for most individuals at risk. There was a good deal of appropriate questioning of the customers about symptoms, and explanations about the products sold.

Two possible activites could be considered, depending on MOH interest in pursuing activities in the private sector and on available resources. The first would be to carry out a qualitative study on why drug sellers behave the way they do. There is certainly reason in the study results to believe that profit motivation is not their only motivating factor. Following this activity, if there appeared to be a base of good diarrhea treatment practice upon which to build, a program to carry out pharmacy staff training might be a worthwhile undertaking. The methods used in this field test to select a sample and collect data could be appropriately used in the evaluation of such an activity.

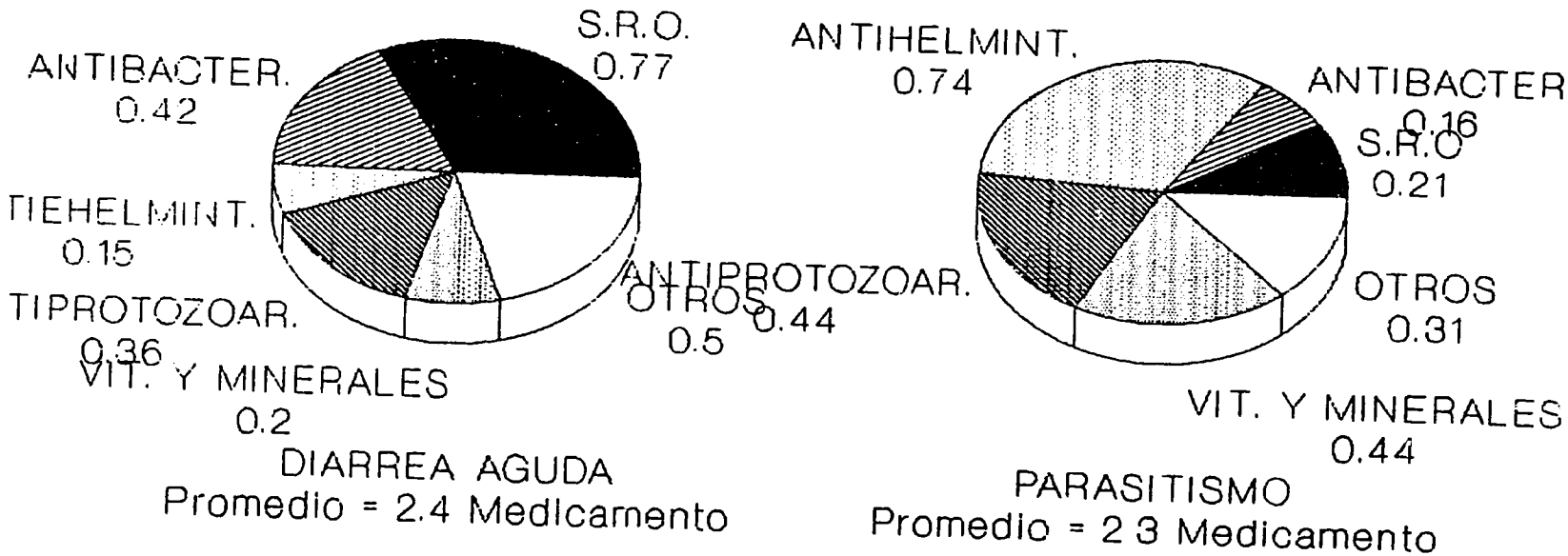
USO DE ANTIBIOTICOS EN CASOS DE DIARREA AGUDA SIN DIAGNOSTICO DE PARASITISMO U OTRAS CONDICIONES. COMPARACION DE LOS ESTABLECIMIENTOS DE SALUD EN LA REGION METROPOLITANA.

*FIGURA 1*



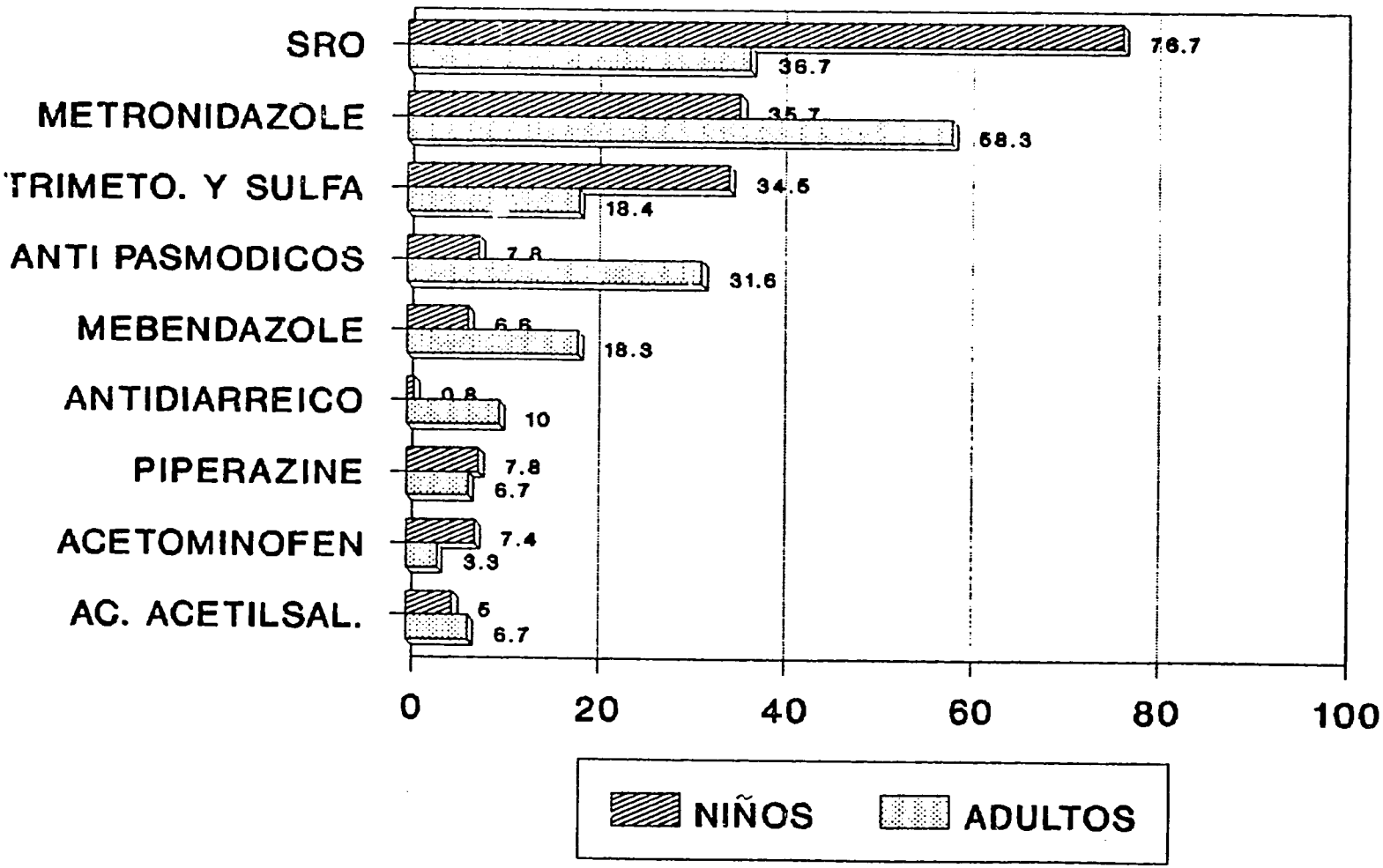
GRUPOS TERAPEUTICOS USADOS PARA EL TRATAMIENTO DE DIARREA
EN NIÑOS MENORES DE 5 AÑOS EN TODA LA REGION METROPOLITANA:
CMO, CSR, CONSULTA EXTERNA DE HOSPITALES.
PROMEDIO DEL NUMERO DE MEDICAMENTOS POR CASO

*FIGURA 2*



*GUIA DE PRODUCTOS UTILIZADOS PARA EL TRATAMIENTO DE DIARREA POR EDAD EN LOS ESTABLECIMIENTOS DE LA REGION METROPOLITANA CESARES, CESAMOS, CONSULTA EXTERNA DE LOS HOSPITALES CASOS AGUDOS DE DIARREA SIN OTRO DIGNOSTICO.*

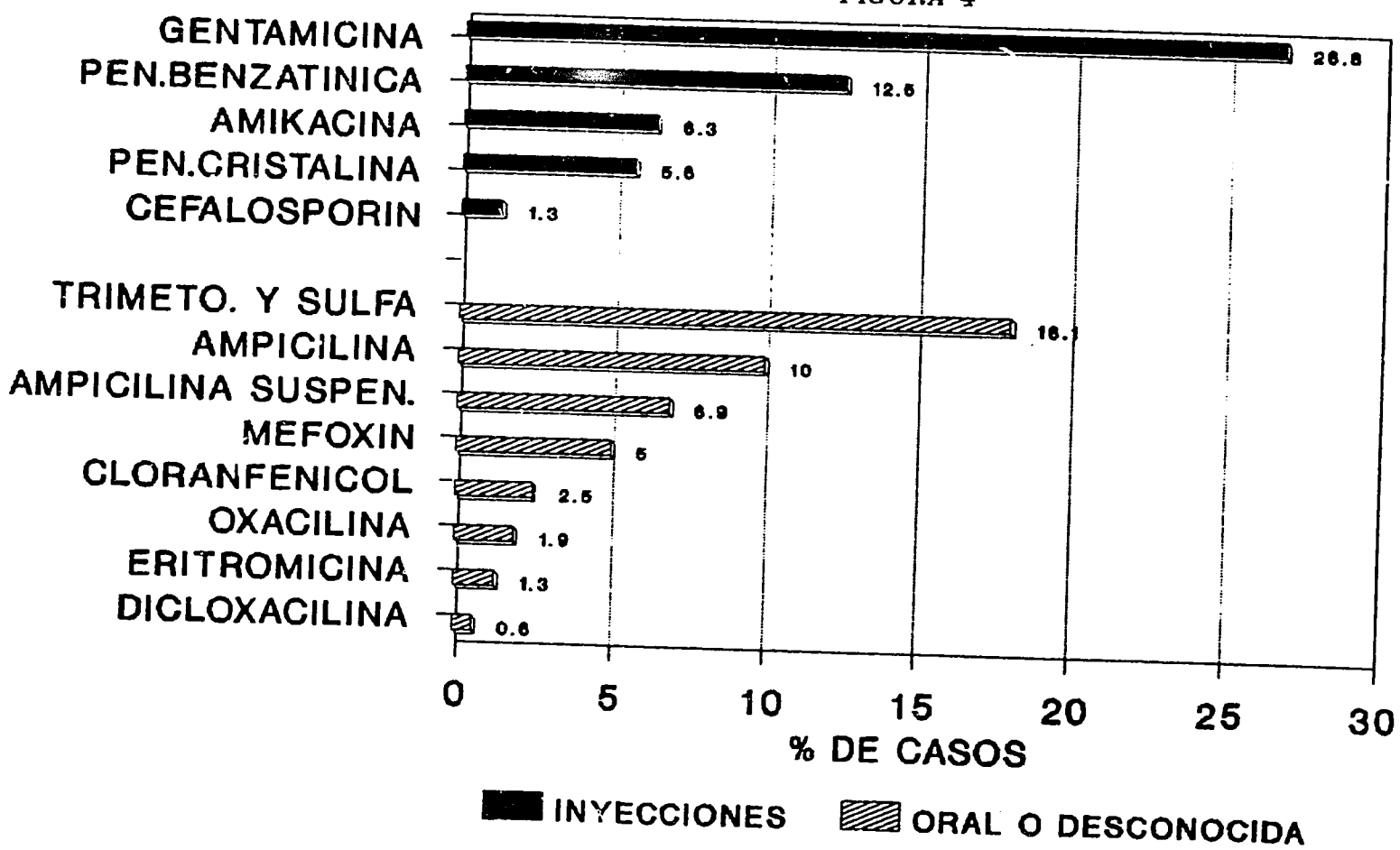
*FIGURA 3*



USO DE ANTIBIOTICOS EN CASOS DE DIARREA EN LA EMERGENCIA Y PACIENTES HOSPITALIZADOS.

% DE CASOS RECIBIENDO EL PRODUCTO.

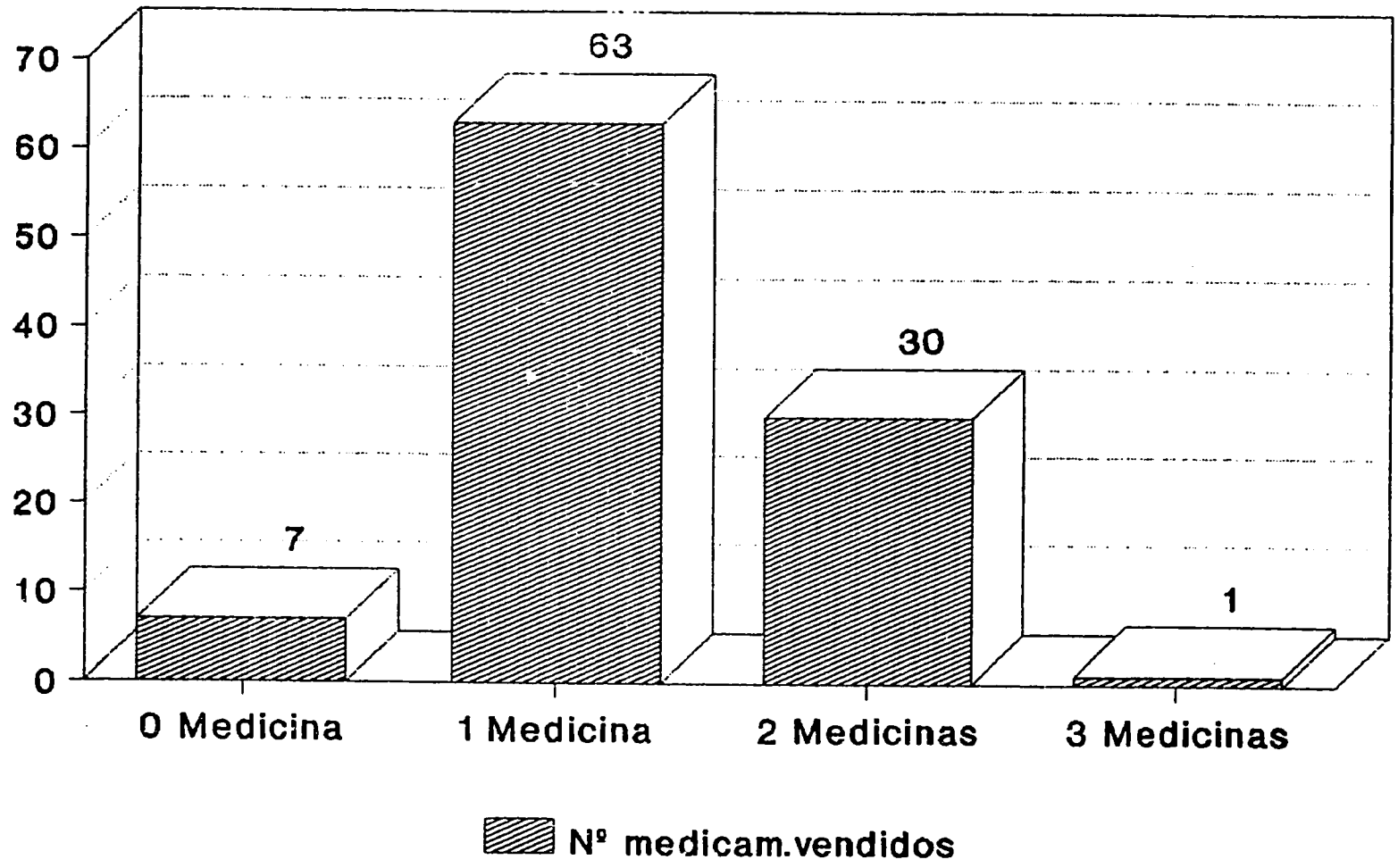
*FIGURA 4*



# NUMERO DE MEDICAMENTOS VENDIDOS

## % de ventas de 1 a 3 medicamentos

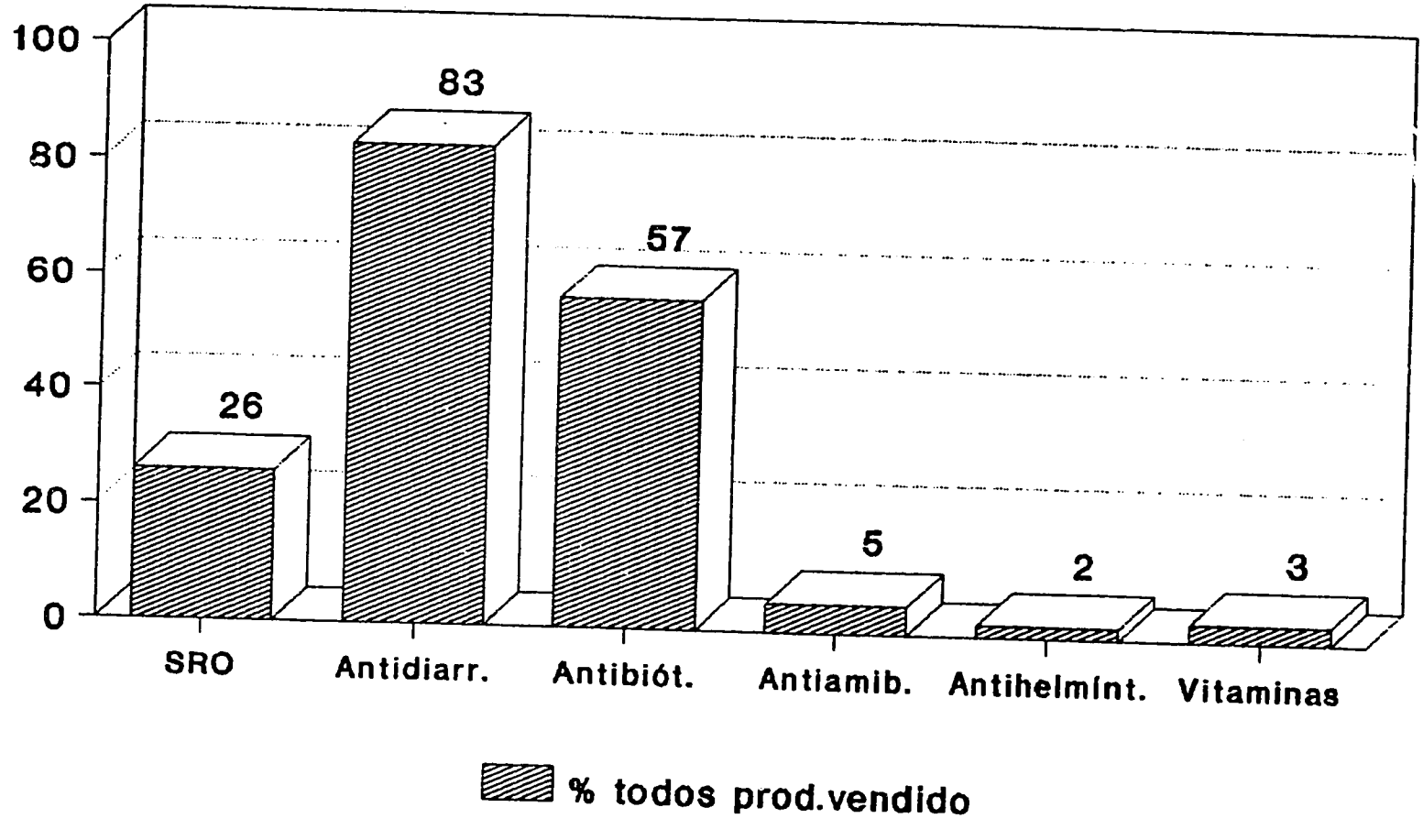
*FIGURA 5*



# TIPO DE MEDICAMENTOS VENDIDOS

**% de todos los productos vendidos por categoría.**

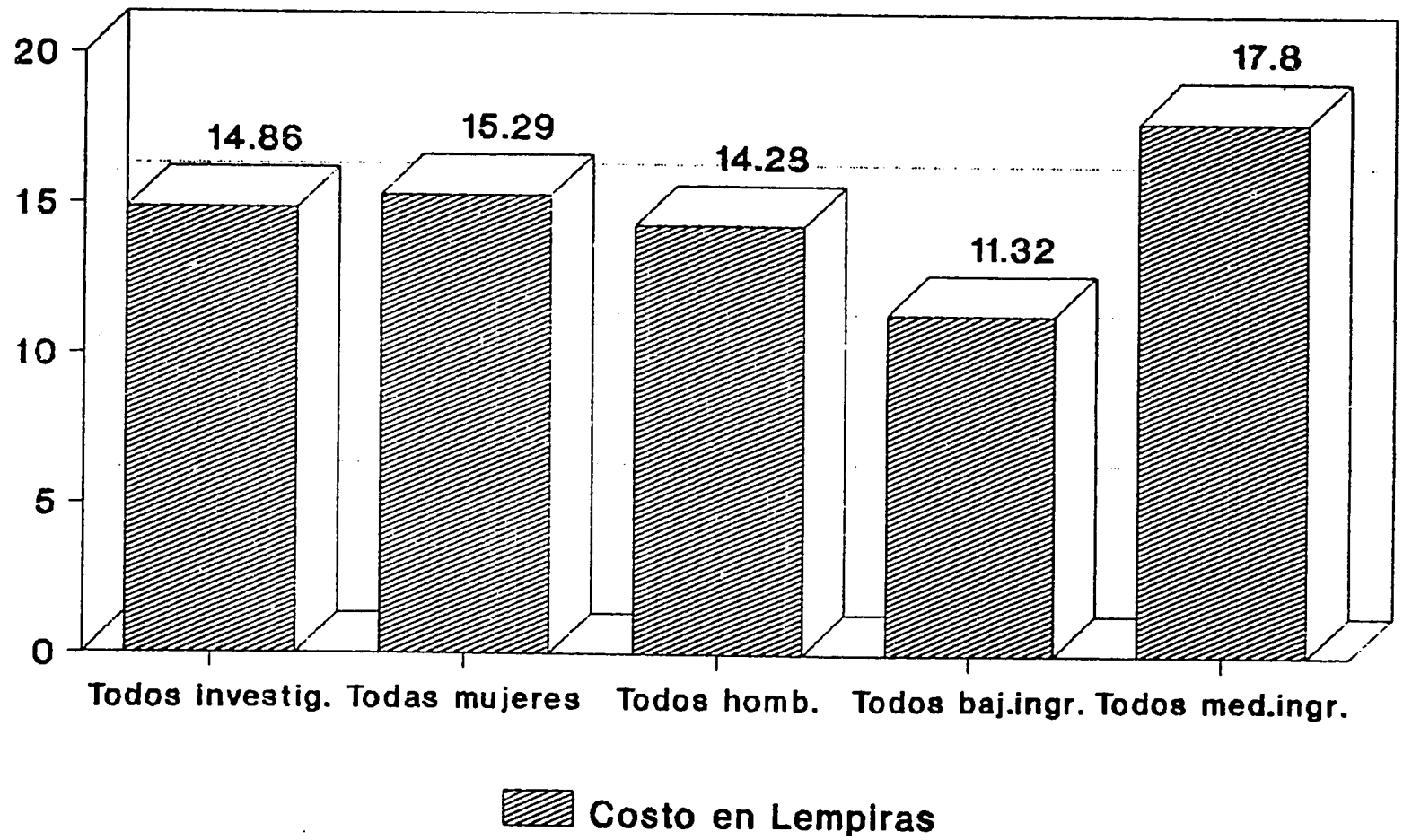
*FIGURA 6*




**Antidiarréicos y antibióticos se sobre imponen.**

# COSTO PROMEDIO DE MEDICAMENTOS VENDIDOS
## por Tipo de Investigador

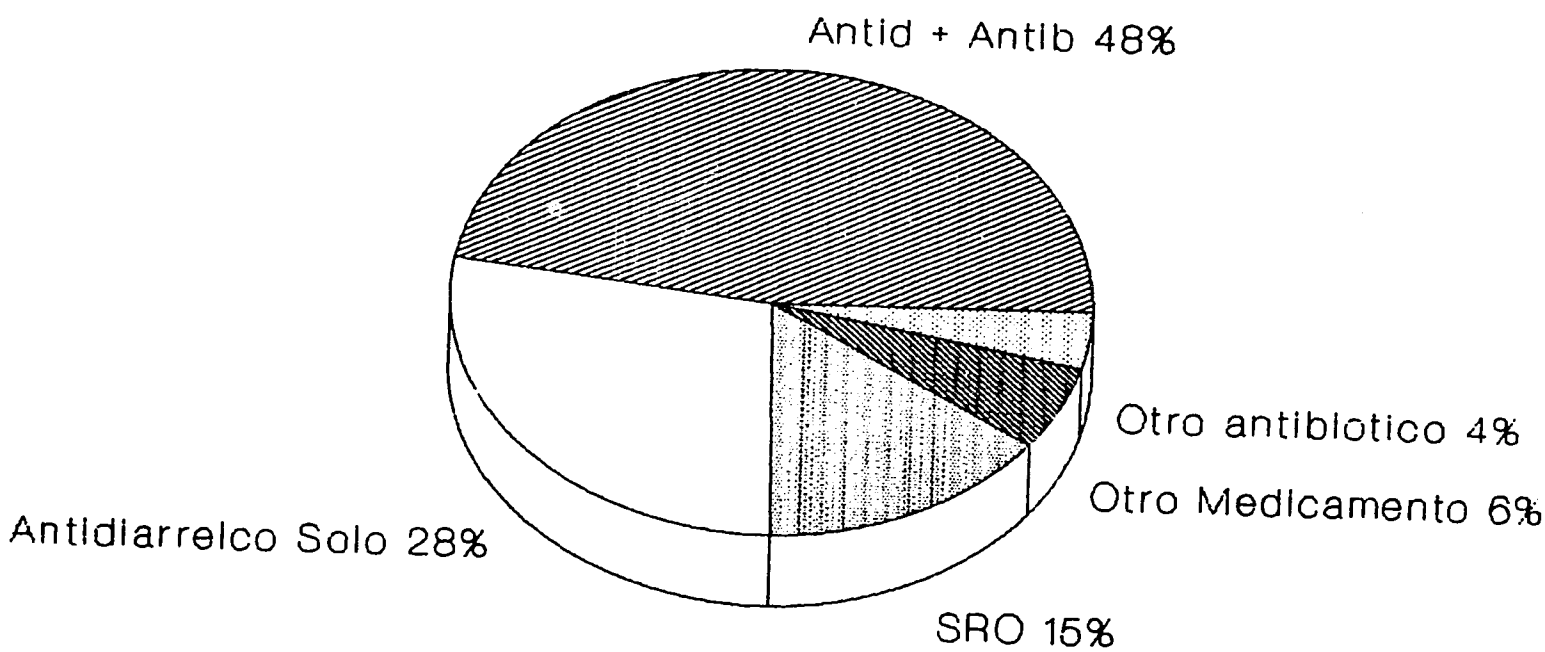
*FIGURA 7*




Cambio $ 1= L 5.40 (Honduras CA)
Mayo 1991.

# % DEL COSTO TOTAL DE MEDICAMENTOS
## por categoría terapéutica

*FIGURA 8*




**65% de antidiarréicos son antibióticos**

A. Scope of Work: Evaluation of Prescribing Practices for Diarrheal Disease in Honduras

# SCOPE OF WORK

## EVALUATION OF PRESCRIBING PRACTICES FOR DIARRHEAL DISEASE IN HONDURAS

### BACKGROUND

Proper case management of diarrheal disease calls for administration of ORS or home fluids for all cases and antibiotic and antiamoebic drugs only in the minority of cases where their use is clearly indicated. In addition, use of antidiarrheal drugs is discouraged, especially for children in the five years and younger age group. Information gathered in a number of countries shows that health care providers frequently do not follow these guide lines, often failing to prescribe ORS and indiscriminantly prescribing antibiotic, antiamoebic and antidiarrheal drugs. These practices often persist among care provider populations with high degrees of awareness of the dangers of dehydration and the role of ORT and ORS in treating dehydration. These irrational practices are life threatening in some cases and result in substantial waste of limited pharmaceutical resources.

Many countries are beginning to experiment with training and communications interventions designed to change prescribing behavior. Managers who sponsor these efforts find that their first problem is to be able to describe the inappropriate behavior that takes place. For example, a sample of patients with simple diarrhea in health centers in Indonesia generated the following profile of problems

* Only 46% of under fives received ORS
* 88% of all patients received Enteroviaform
* 40% of under fives received tetracycline
* The average patient received 1.7 antibiotic/anti-amoebic products
* Altogether, the average patient received 4.7 drugs

This information is useful in that it describes precisely, by product, a number of general problem behaviors such as under use of ORS; over use of antibiotics; use of antidiarrheals; and use of too many drugs. Collecting and analyzing the data required for producing such summaries is a complex task. When done manually, this work is time consuming and highly susceptible to error.

SOFTWARE FOR PRESCRIPTION ANALYSIS

To support efforts to improve prescribing practices, PRITECH is developing and testing computer software programs that quantify prescribing practices and produce graphic summaries of important trends. This work began in Indonesia in 1989 with the introduction of ORSMAP, a program designed to focus on prescribing practices for diarrheal disease. (This program produced the information summarized above.) Work with the ORSMAP was so promising that PRITECH has launched a follow on project to modify and enhance the program for world wide use. The output will be "RXDD," which will be ready for field application in the near future. RXDD accepts data on prescribing practices for diarrhoeal disease, organizes it into data base files, and then produces twelve graphic reports on:

* Frequencies of different drugs prescribed, by product and by therapeutic category;

* Costs of drugs prescribed, again by product and therapeutic category.

Examples of these graphics are appended.

As RXDD becomes ready for use, it should be noted that this second iteration program has been set up to serve as a platform for still another and more versatile program which will be ready in about August 1991. This next program, to be called simply RX, will have features not found in the earlier iterations. These include capacity to analyze data for all disease categories, and not just diarrhea; capacity to analyze other health care variables such as type of provider or types of services given; and capacity to produce a far wider range of reports than RXDD can produce. In addition, care will be taken to make RX as user friendly as possible, so that it will be useful in settings where skill levels for computer operations are modest.

In the near future, PRITECH will request AID's approval for developing a proposal to produce, test and apply the RX program. This will form part of a broader program to improve health worker prescribing patterns, not only for diarrhea, but for other priority problems, such as, acute respiratory infections and skin diseases. The very next step in the sequence of events, however, is the immediate application and testing of the RXDD program. PRITECH is proposing to undertake this step in collaboration with the Honduras CDD Program.

RXDD'S UTILITY FOR HONDURAS

PRITECH feels that the RXDD program is of great potential value to the Honduras CDD Program. The eruption of cholera in South America brings with it the possibility of outbreaks this year in Honduras and other Central American countries. Should this occur, it will

be essential to optimize use of the pharmaceutical products used in treating diarrhoea. By applying RXDD, it will be possible to uderstand how care providers are prescribing for diarrhoeal disease. Should corrective measures be required, it would be possible to develop and communicate precise messages for improvement, in advance of any large scale outbreaks. Such an approach has the potential to improve management of drug supplies, not only for outbreaks, but also for routine situations. It should be noted that RXDD is so designed that it can be quickly set up in Spanish, or any other language that may be displayed with Latin characters.

Based on experience in Indonesia, it is clear that the program can be used flexibly in the following ways:

* For carrying out baseline studies of prescribing practices. RXDD provides precise quantitative descriptions of how care providers use ORS and other drugs for treating diarrhea. The program can summarize findings by province, district or facility, enabling national CDD program managers to present findings to local managers on a locality by locality basis. Such baselines are useful for assessing the extent to which case management policy is respected and as starting points for measuring change.

* For evaluating the effectiveness of communications for improving prescribing practices. There are several options for intervening to improve inappropriate prescribing practices. Examples include conventional training sessions, prescription auditing plus feed back, detailing approaches, and distribution of technical bulletins. In order to know whether or not any of these work it is necessary to precede interventions with baseline studies and follow them up with comparable assessments to measure change.

* For routine monitoring of prescribing practices. Periodic samples of patient contacts for diarrhea can be taken from clinical facilities and forwarded to higher levels for analysis. This would provide district, provincial and national managers with time series records of prescribing practices. Such information would permit managers to systematically follow up with problem locations.

A principal aim of the proposed consultancy would be to introduce RXDD to CDD Program managers and explore with them ways in which efficient analysis of prescribing practices could be used to (a) improve quality of care and (b) reduce waste.

Accordingly, it is proposed that a two person team visit Honduras in the near future to demonstrate the program and make a formal presentation of their findings.

PERSONNEL/LEVEL OF EFFORT/DATES

Drug Management Specialists: James Bates and Dennis Ross-Degnan, working 18 Person days each, between April 21 and May 10, 1991.

Public Health Physician: Dr. Lilian Dominguez, working 18 person days between April 21 and May 10, 1991.

WORK TO CARRY OUT

1. Provide for appropriate Ministry of Health and USAID Staff a detailed briefing on the utility of prescription analysis for supporting CDD and other health care activities. This can be illustrated with a slide show of work recently carried out in Indonesia.

2. Carry out a prescription analysis for a sample of dispensaries and health centers. This activity will require the following tasks

* Either retrospective or prospective data collection;

* Coding the data collected;

* Entering the data into the program;

* Running the program and producing graphic reports of findings.

3. Carry out an analysis of drugs sold for diarrhea at a sample of retail pharmacies. In general, this requires the same steps listed for the previous activity. Most likely, data will be collected prospectively using a simulated purchase survey.

4. Make a formal presentation of findings for MOH and USAID staff. The presentation should include the results of two applications of RXDD and recommendations about how the program could be used to support CDD activities in Honduras.

5. Prepare a report documenting the work carried out and making recommendations for follow on activities.

ILLUSTRATIVE SCHEDULE

Scheduling the work for this three week consultancy depends on circumstances in Honduras. It should, however, break down approximately as follows:

* First Week: Introductory briefing, review of information available in public and private sectors; engagement and training of survey enumerators and data input personnel.

* Second Week: Data collection; coding and input into the RXDD Program; running the program to produce summaries of prescribing/sales practices.

* Third Week: Assessment of appropriate applications for Honduras; formal presentation of results; and production of final report.

B. Synopsis of the Objectives, Inputs, and Outputs of the RxDD Field Test

# RXDD'S HONDURAS FIELD TEST:

## NOTES ON OBJECTIVES, INPUTS, AND OUTPUTS

### I. ANTECEDENTS

PRITECH has been supporting development of computer software programs to analyze drug prescribing for diarrhoeal disease since 1989. The first program, called ORSMAP, was developed, field tested and installed in Indonesia during the period February to March, 1989. Based on apparent success in Indonesia, PriTech decided to develop a second generation program incorporating a number of modifications and enhancements which would make the product suitable for worldwide use. PRITECH tested the new program, called RXDD, in Honduras during a three week period in April and May 1991.

The Indonesia field test of ORSMAP in 1989 had been carried out with two national CDD Program staff persons. Both of these individuals had previously worked as data collectors and coders on major drug prescription analysis studies. Furthermore, the Ministry unit where they worked was well endowed with computer equipment and both staffers were proficient Lotus 123 and had limited capacity to use dBaseIII+.

### II. OBJECTIVES OF RXDD'S FIELD TEST

The field test of ORSMAP was played out with a well-stacked deck:

- Much was already known about the types of data available and how to recover them;
- The CDD staff who participated had already acquired key skills necessary to operate the program effectively.

Testing ORSMAP with experienced CDD Program staff was acceptable, however, because that bureau was the program's intended home.

Field testing RXDD was seen as a different matter. PRITECH views RXDD not just as a computer program, but rather as a complete prescription analysis system, which embraces routines for

- Sample selection
- Data collection
- Coding
- Data processing and graphics production

Additionally, RXDD has been developed with an eye toward worldwide applicability. This means that the processes required for carrying

out the tasks summarized above must be designed to be adaptable to the realities of data availability and personnel capacities in a wide variety of settings.

The general objective of RXDD's field test was to take the product into a new environment and attempt to carry out all of the system's basic routines. Within this overall objective, there was a further objective to test the feasibility of both public sector and private sector interventions. Achieving these objectives would require quickly completing a number of activities. The logical sequence for this work would be:

- Briefing Ministry of Health decision-makers;
- Formulating study designs;
- Developing data collection formats;
- Developing approaches for identifying cases and collecting data;
- Recruiting and training data collectors;
- Collecting and coding data;
- Recruiting and training data input personnel;
- Entering the data and producing tables and graphic reports.

## III. HOW THE WORK WAS CARRIED OUT

### A. Funding

PRITECH provided an adequate budget for the Honduras field test, including funds for:

- Three consultants to work eighteen person-days each;
- Local data collection and input personnel;
- Transportation for all parties.

## B. Dates

The Honduras field test took place from April 28 to May 16, 1991. The consultants worked full time throughout this three-week period. Data collection and data input personnel were hired on an as-needed basis.

## C. Ministry of Health Support

The Ministry of Health was very quick to approve the RXDD field test when PRITECH proposed it. Interest in diarrhoeal disease management issues was stimulated to some extent by concern about a possible eruption of cholera in the country. The Division of Maternal and Child Health was the direct sponsor. Division staff showed special interest in RXDD's potential use as an on-going monitoring tool.

Despite their apparent interest, Division staff were unable to participate directly in the field test. This was because they had prior commitments for a national vaccination campaign. Division staff were, however, very punctual about arranging in and out briefings, and they also asked about the possibility of financial support for follow-on work with RXDD.

## D. Health Sector II Project Support

PRITECH'S parent organization, Management Sciences for Health, manages a long term USAID funded project in Honduras called the Health Sector II Project. Health Sector II has offices adjacent to the Ministry and employs a large support staff. Health Sector II provided the RXDD team with the following support:

- Office space for the duration of the field test;
- Help with recruiting data collectors and renting cars;
- Use of two experienced computer data processing staff persons (totaling about 9 person days);
- Use of computers and printer;
- Photo copy services.

## E. Study Designs and Work Schedule

The RXDD team designed two studies on which to base the field test. The first study analyzed prescribing practices in a sample of 2 hospitals, 15 physician-staffed health centers and 11 health posts staffed by auxiliary nurses in the Metropolitan Region of Tegucigalpa. This study analyzed data on samples of patient contacts collected retrospectively from facility records.

The second study analyzed drug sales practices for diarrhoea in a sample of 50 commercial pharmacies also located in Tegucigalpa. Data were collected prospectively by enumerators posing as parents of children with diarrhoea. Data collectors were given a scenario describing a child's episode of diarrhoea, and instructed to purchase the drugs recommended by drug sellers. To assess the effects of customers appearance on drug sales, the enumerators were divided into four groups: males and females who appeared less affluent; and more affluent-appearing males and females.

Outlines of the two studies are appended as Enclosure Two.

Work on these studies was distributed as follows over the three week duration of the field test:

- Week One: Set Up, including such activities as formulating study designs; making contact at the Ministry; arranging clearance letters; translating RXDD into Spanish; adapting local drug and health problem lists for use with RXDD; printing data collection forms; and recruiting and training enumerators for the clinics study.

- Week Two: Data Collection, including collecting data for the clinics study; recruiting and training enumerators for the pharmacy study; collecting data for the pharmacy study; cleaning and coding of data for both studies; coordinating and troubleshooting the work of the two data collection teams; continued work on drug and health problem lists; training data input personnel; carrying out data input; and data validation and correction.

- Week Three: Analysis and write up, including analyzing data for both studies with RXDD; briefing MOH staff on the results; and preparing the final report.

F. Data Collection Personnel

The two studies collect data in very different settings using very different methods. The clinics study was by far the more labor intensive of the two because it collected information on 1,080 patient contacts distributed among 28 clinical facilities. Data for this study were recovered from practitioners' daily registers and patients' medical records. Efficiently sifting through all this paper required the technical background to understand pharmaceutical and diagnostic terminology, plus the patience to decipher hand written entries.

For this work, the study team recruited five enumerators. Four of them were graduate pharmacists and the fifth had worked as an administrator on a public health project. One of the pharmacists had worked as a sales representative for a drug wholesaler. In sum, this group was especially well qualified. Furthermore, they were paid generously by local standards, that is, L70.00 or $13.00 per day for 1 training day and 8 data collecting days plus a bonus of 1 day's pay for satisfactory completion of all work on time. This amounts to a total of L 631.00 or $117.00 per enumerator.

The study team recruited 9 data collectors for the pharmacy study. The data collection for pharmacy study was light work compared with the clinic study. The only qualifications required were ability to role play the parent of a child with diarrhea; ability to fill out the pharmacy visit form and more affluent or less affluent appearance. The outward indicators of class-based appearance were clothing styles and dental work. The pharmacy study data collectors were paid L35.00 or $6.50 for attending a half day training session, and then L14.00 or $2.60 for each visit performed. On average, each data collector visited 8 pharmacies, so that the total compensation per collector was L176.00 or $32.50.

Transportation support for the two data collection teams was arranged as follows: For the clinic study team, 2 rented cars were assigned full-time to shuttle enumerators between sites throughout the data collection period. Members of the pharmacy study team were given cash advances for purchase of drugs and taxis in L100.00 or $19.00 increments, and so they paid for transportation on an as needed basis.

A summary of the expenses actually incurred for data collection is appended as Enclosure Three.

SUMMARY OF OUTPUTS

The study team was able to accomplish the following within the framework of time and resources described above:

- Design and testing of data collection forms for organizing data collected retrospectively from clinical records and data collected prospectively from visits to retail pharmacies;
- Development of approaches to training enumerators for both retrospective and prospective data collection;
- Development of strategies for drawing samples of patient contacts from clinical records and for drawing samples of retail pharmacies.

- Adaption of MOH drug list (Cuadro Basico) into format suitable for use with RXDD.

- Adaption of the WHO Health Problems list for use with both local primary records and RXDD.

- Organized collection of data from clinical facilities (1,080 patient contacts from 28 sites) and pharmacies (90 purchase encounters from 40 pharmacies).

- Entry of clinical facility data into RXDD and production of tables and graphic reports.

- Separate analysis of pharmacies data and production of graphic reports.

- Generation of a list of specific "problems" or "points for refinement" that must be covered in order to the RXDD system suitable for worldwide use. These topics concern most of the points touched upon above, including sampling, enumerator training, data collection, data input, report generation and specific deficiencies in RXDD's current programming.

ENCLOSURE ONE

## SUMMARY OF STUDY DESIGNS

### 1. PRESCRIBING PRACTICES IN MOH CLINICAL FACILITIES

* Sample of sites included 15 CESARS (doctor staffed clinics), 11 CESAMOS (axillary staffed health posts) and 2 hospitals in the Metropolitan Region;

* Sample of patient contacts was 24 contacts over a 12-month period for most sites; for the hospitals and larger CESAMOS, the samples were larger;

* Sample of patient contacts drawn randomly from treatment registers, and spaced over the period of study based on the number of cases included at each site;

* Data collected consists of patients name, age, and sex; type of care provider; diagnosis and diagnostic code; drug name, unit and number of units given.

* Data collected by five enumerators familiar with diagnostic and pharmaceutical terminology; most of the enumerators were pharmacists; time for data collection was 7 days.

### 2. DRUG SALES FOR DIARRHOEA IN COMMERCIAL PHARMACIES

* Sample of sites was 50 commercial pharmacies located in Tegucigalpa, selected randomly from the list of duty pharmacies, each of which was visited twice over a five-day period;

* Nine enumerators were used, that is, "more affluent-appearing" male and female, and "less affluent-appearing" appearing males and females;

* These enumerators posed as parents seeking help for a two year-old child with diarrhoea according to a defined scenario;

* Data collected included the names and numbers of units of drugs sold plus other information on drug sellers' responses to requests for help with a child's diarrhoea;

* This study analyzed 1) the types and costs of drugs sold; and 2) whether customers' appearance (male/female and more/less affluent) had any effect on drug sellers' responses.

ENCLOSURE TWO

SUMMARY OF EXPENSES FOR DATA COLLECTION

CAR RENTAL

| | | |
|---|---|---|
| * Rental fee for 2 cars for a total of 3 weeks @ $200/week | | $600 |
| * Drivers for 18 days @ $7/day | | $126 |
| * Gasoline averaging $40/week per car for 3 weeks | | $120 |
| | Sub Total | $846 |

CLINICAL FACILITY STUDY

| | | |
|---|---|---|
| * 5 Enumerators for 9 days each @ $13/day | | $585 |
| * Incidental expenses @ $19/enumerator | | $ 95 |
| | Sub Total | $680 |

PHARMACY STUDY

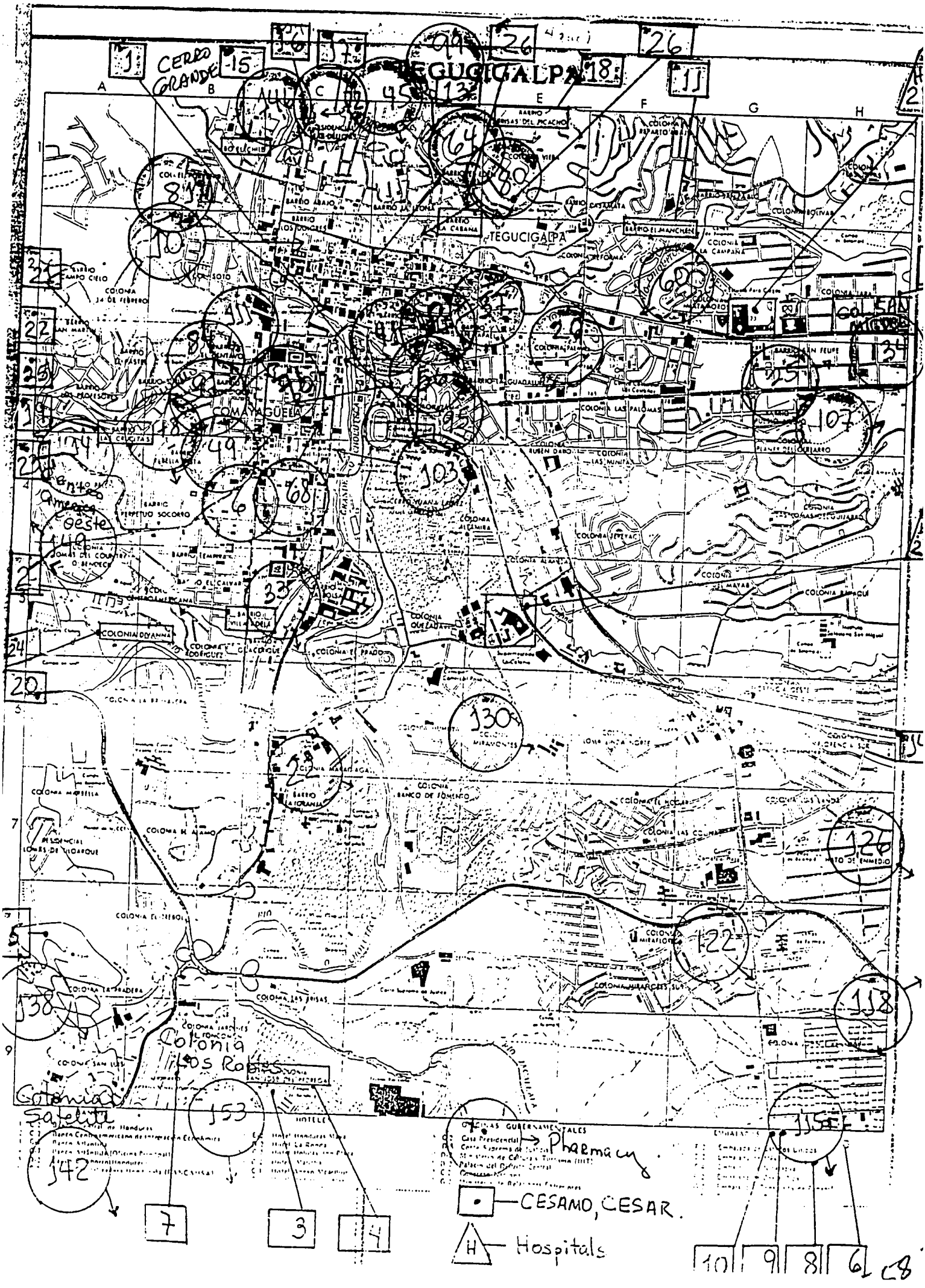
| | | |
|---|---|---|
| * 9 Enumerators for 1/2 training day each @ $13/day | | $ 59 |
| * 90 Pharmacy visits @ $2.60/visit | | $234 |
| * 90 drug purchases @ $3.70/purchase | | $333 |
| * Taxi fares for 9 enumerators @ $19/enumerator | | $171 |
| | Sub Total | $797 |
| | Total | $2323 |

C. List of Metropolitan Region Health Facilities Included in the Prescribing Analysis Sample

ESTABLECIMIENTOS EN LA MUESTRA DE PRUEBA DE RXDD
REGION SANITARIA METROPOLITANA

| ESTABLECIMIENTO | TIPO |
|---|---|
| ALONSO SUAZO | CESAMO |
| VILLA ADELA | CESAMO |
| MONTERREY | CESAMO |
| PEDREGAL | CESAMO |
| FLOR DEL CAMPO | CESAMO |
| SAN BENITO | CESAMO |
| YAGUACIRE | CESAR |
| AGUACATE | CESAR |
| SANTA ELENA | CESAR |
| SAN JUAN RANCHO | CESAR |
| EL MANCHEN | CESAMO |
| SAN MIGUEL | CESAMO |
| EL BOSQUE | CESAMO |
| NUEVA SUYAPA | CESAMO |
| EL CHILE | CESAMO |
| RIO HONDO | CESAR |
| MONTE REDONDO | CESAR |
| JUTIAPA | CESAR |
| LAS CRUCITAS | CESAMO |
| SAN FRANCISCO | CESAMO |
| TRES DE MAYO | CESAMO |
| ALEMANIA | CESAMO |
| LA CUESTA | CESAR |
| DIVANNA | CESAR |
| SOROGUARA | CESAR |
| EL EDEN | CESAR |
| ESCUELA | HOSPITAL |
| SAN FELIPE | HOSPITAL |

D. Map of the Tegucigalpa-Comayaguela Area Showing Locations of the Health Facilities and Pharmacies Used in the Studies


TEGUCIGALPA
CERRO GRANDE
COMAYAGUELA
TEGUCIGALPA
Colonia Los Robles
Colonia Satelita
Pharmacy
CESAMO, CESAR.
Hospitals

E. Training Program for Enumerators Working on the Health Facilities Study

## TRAINING PROGRAM FOR CLINICAL STUDY DATA COLLECTORS

| TOPIC | TRAINING AIDS | TIME REQUIRED |
|---|---|---|
| 1. Overview of the project:<br>* What RXDD is;<br>* Ministry's interest in RXDD;<br>* Role of the data collectors. | RXDD Briefing Package | 30 minutes |
| 2. Terms of employment:<br>* Work to be carried out;<br>* Start and finish dates;<br>* Days to work and compensation. | Letter of Engagement | 15 minutes |
| 3. Need for committment:<br>* Each data collector will visit about 7 clinics;<br>* Need for punctuality and efficiency;<br>* Importance of being available for entire data collection period. | None | 15 minutes |
| 4. How data is entered into RXDD:<br>* Show patient contact screen;<br>* There are fields for location, provider, patient demographics, health problems and drugs;<br>* Point out how the fields require coded data. | RXDD | 15 minuters<br>15 minutes |
| 5. The data collection form:<br>* Before data may be entered into RXDD, they must be organized in a standard manner;<br>* The sections of the form correspond to the fields of RXDD's patient encounter screens;<br>* The data collection form has space for both original names and codes;<br>* The data collector's role is to locate in clinical records, information on patient demographics, diagnoses, and drug prescribed and enter it into the data collection form. | Data Collection Form | 15 minutes |

TRAINING PROGRAM FOR CLINICAL STUDY DATA COLLECTORS

| TOPIC | TRAINING AIDS | TIME REQUIRED |
|---|---|---|
| 6. Diagnostic codes and drug codes:<br><br>* The study focuses on diarrhoeal disease, so the list of diagnoses is relatively short;<br>* The Ministry's drug list is long, but number of products prescribed for diarrhoea is also relatively short | List of Diagnoses for Diarrhoea<br><br>Drug List | 15 minutes |
| 7. Practice session to enter data into data collection forms:<br><br>* The first 10 entries are problem free;<br>* The second 10 entries illustrate various problems likely to be encountered. | Blank Data Collection Forms<br><br>Sample Data for Entry | 60 minutes |
| 8. How to draw the sample of patient contacts:<br><br>* Listing sample cases & alternates 1st case each month; 2nd case half-way through month<br>* Finding family folders in archive<br>* Finding specific encounters in family folders | Check List for Drawing Patient Contact Sample | 60 minutes |
| 9. Important information:<br><br>* Individuals' schedules for clinic visits;<br>* How to get started in a clinic;<br>* Transportation arrangements;<br>* Communications information in case of problems. | Schedules for Clinic Visits<br><br>Letters of Introduction | 30 minutes |

F. RxDD Honduras Field Test Health Problem Classification

## *HONDURAS RxDD LISTA DE ENFERMEDADES*

| CODIGO DE ENFERMEDAD | DESCRIPCION DE ENFERMEDAD | PARA AGRUPAR | CODIGO DE GRUPO |
|---|---|---|---|
| ***CLASE 1.00: INFECCIOSO Y PARASITARIO*** | | | |
| 1.00 | ENFERMEDAD DIARREICA | 1 | 1.00 |
| 1.00 | DIARREA CON/SIN DESHIDRATACION | 0 | 1.00 |
| 1.00 | MALABSORCION INTESTINAL | 0 | 1.00 |
| 1.00 | SINDROME DIARREICA | 0 | 1.00 |
| 1.01 | COLERA | 0 | 1.00 |
| 1.02 | DESINTERIA BACILAR | 0 | 1.00 |
| 1.03 | AMEBIASIS, DESINTERIA | 0 | 1.00 |
| 1.04 | DIARREA AGUDA | 0 | 1.00 |
| 1.04 | ENTERITIS AGUDA | 0 | 1.00 |
| 1.04 | GASTRO-ENTERITIS | 0 | 1.00 |
| 1.05 | TIFOIDEA Y PARATIFOIDEA | 0 | 1.00 |
| 1.06 | ENVENAMIENTO POR COMIDA | 0 | 1.00 |
| 1.06 | INTOXICACION ALIMENTARIA | 0 | 1.00 |
| 1.07 | DIARREA, VIRAL OTRO/NO SPECIFICADO | 0 | 1.00 |
| 1.08 | DIARREA, BACTERIANA OTRO/NO SPECIF. | 0 | 1.00 |
| 1.08 | DISENTERIA, NO SPECIFICADO | 0 | 1.00 |
| 1.08 | SALMONELOSIS | 0 | 1.00 |
| 1.10 | ENFERMEDADES POR MICOBACTERIAS | 1 | 1.10 |
| 1.11 | TUBERCULOSIS PULMONAR | 0 | 1.10 |
| 1.15 | LEPRA | 0 | 1.10 |
| 1.19 | OTRA INFECC. POR MICOBACTERIA | 0 | 1.10 |
| 1.20 | ENFERMEDAD TRANSMISIBLE INFANT | 1 | 1.20 |
| 1.21 | VARICELA | 0 | 1.20 |
| 1.22 | SARAMPION | 0 | 1.20 |
| 1.23 | PERTUSIS | 0 | 1.20 |
| 1.29 | OTRA ENFERMED.INFECCIOSA INF. | 0 | 1.20 |
| 1.30 | MALARIA | 1 | 1.30 |
| 1.40 | ENFERMEDAD VENEREA | 1 | 1.40 |
| 1.41 | SIFILIS | 0 | 1.40 |
| 1.42 | GONORREA | 0 | 1.40 |
| 1.43 | OFTALMIA NEONATO | 0 | 1.40 |
| 1.44 | CHANCRO | 0 | 1.40 |
| 1.49 | OTRAS ENFERMEDADE VENEREAS | 0 | 1.40 |
| 1.50 | INFECCIONES DE HONGOS | 1 | 1.50 |
| 1.51 | INFECCIONES DE LA PIEL | 0 | 1.50 |
| 1.52 | CANDIDIASIS VAGINAL | 0 | 1.50 |
| 1.59 | OTRA INFECCION DE HONGOS | 0 | 1.50 |
| 1.60 | INFECCIONES HELMINTICAS | 1 | 1.60 |
| 1.60 | DIARREA PARASITARIA | 0 | 1.60 |
| 1.60 | PARASITISMO INTESTINAL | 0 | 1.60 |
| 1.61 | ESQUISTOSOMIASIS HAEMATOBIA | 0 | 1.60 |
| 1.62 | ESQUISTOSOMIASIS MANSONI | 0 | 1.60 |
| 1.63 | ESQUISTOSOMIASIS JAPONESA | 0 | 1.60 |
| 1.64 | SOLITARIA | 0 | 1.60 |
| 1.65 | ANCILOSTOMIASIS | 0 | 1.60 |
| 1.66 | ASCARIDIASIS | 0 | 1.60 |
| 1.67 | GIARDIASIS | 0 | 1.60 |
| 1.69 | LAMBLIASIS | 0 | 1.60 |
| 1.69 | OTRA INFECCION HELMINTICA | 0 | 1.60 |
| 1.69 | OXIUROS | 0 | 1.60 |
| 1.69 | TRICOCEFALOS | 0 | 1.60 |

| CODIGO DE ENFERMEDAD | DESCRIPCION DE ENFERMEDAD | PARA AGRUPAR | CODIGO DE GRUPO |
|---|---|---|---|
| 1.70 | FILARIASIS | 1 | 1.70 |
| 1.71 | ONCOCERCOSIS | 0 | 1.70 |
| 1.79 | OTRA INFECCION PARASITARIA | 0 | 1.70 |
| 1.80 | INFECCION SUPERFICIAL | 1 | 1.80 |
| 1.81 | TRICOMONIASIS VAGINAL | 0 | 1.80 |
| 1.82 | PIOJOS | 0 | 1.80 |
| 1.83 | SARNA (ESCABIASIS) | 0 | 1.80 |
| 1.90 | OTRA INFECCION NO ESPECIFICADA | 1 | 1.90 |
| ***CLASE 2.00:*** | ***ENDOCRINE, NUTRITIONAL, METABOLICO*** | | |
| 2.10 | DIABETES MELLITUS | 1 | 2.10 |
| 2.20 | DESNUTRICION | 1 | 2.20 |
| 2.21 | MARASMO | 0 | 2.20 |
| 2.22 | KWACHORKO | 0 | 2.20 |
| 2.30 | DEFICIENCIA DE VITAMINA | 1 | 2.30 |
| 2.31 | DEFICIENCIA DE VITAMINA A | 0 | 2.30 |
| 2.39 | OTRA DEFICIENCIA DE VITAMINA | 0 | 2.30 |
| 2.40 | SIDA | 1 | 2.40 |
| 2.90 | OTRO TRASTORNO ENDOCRINO | 1 | 2.90 |
| ***CLASE 4.00:*** | ***SANGRE Y ORGANOS SANGUINES*** | | |
| 4.10 | ANEMIA, POR DEFICIENCIA HIERRO | 1 | 4.10 |
| 4.20 | DREPANOCITOSIS | 1 | 4.20 |
| 4.90 | OTRA ENFERMEDAD DE LA SANGRE | 1 | 4.90 |
| ***CLASE 5.00:*** | ***DESORDINES MENTALES*** | | |
| 5.10 | PSICOSIS | 1 | 5.10 |
| 5.20 | NEUROSIS, ANSIEDAD | 1 | 5.20 |
| 5.30 | NEUROSIS DEPRESIVA | 1 | 5.30 |
| 5.40 | ALCOHOLISMO, SIDROMA ALCOHOL | 1 | 5.40 |
| 5.90 | OTRO TRASTORNO MENTAL | 1 | 5.90 |
| ***CLASE 6.00:*** | ***SISTEMA NERVIESO Y ORGANES SENSIT.*** | | |
| 6.10 | EPILEPSIA | 1 | 6.10 |
| 6.20 | INFECCION EN LOS OJOS | 1 | 6.20 |
| 6.21 | CONJUNTIVITIS | 0 | 6.20 |
| 6.25 | TRACOMA | 0 | 6.20 |
| 6.29 | OTRA INFECCION DEL OJO | 0 | 6.20 |
| 6.30 | OTITIS EXTERNA | 1 | 6.30 |
| 6.40 | OTITIS MEDIA | 1 | 6.40 |
| 6.50 | ENCEFALITIS, MENINGITIS | 1 | 6.50 |
| 6.90 | OTRO SN Y ORGANOS SENSORIALES | 1 | 6.90 |
| ***CLASE 7.00:*** | ***SISTEMA CIRCULATORIO*** | | |
| 7.10 | ENFERMEDAD DEL CORAZON REUMAT. | 1 | 7.10 |
| 7.20 | HIPERTENSION | 1 | 7.20 |
| 7.30 | ENFERMEDAD DEL CORAZON | 1 | 7.30 |
| 7.50 | CONMOCION | 1 | 7.50 |
| 7.51 | CONMOCION ANAFILACTICA | 0 | 7.50 |
| 7.60 | EDEMA NO ESPECIFICADO | 1 | 7.60 |
| 7.90 | OTRA ENFERMEDAD SISTEMA CIRCUL | 1 | 7.90 |

| CODIGO DE ENFERMEDAD | DESCRIPCION DE ENFERMEDAD | PARA AGRUPAR | CODIGO DE GRUPO |
|---|---|---|---|
| ***CLASE 8.00: SISTEMA RESPIRATORIO*** | | | |
| 8.10 | IRA | 1 | 8.10 |
| 8.11 | IRA, ALTA | 0 | 8.10 |
| 8.12 | IRA, BAJA | 0 | 8.10 |
| 8.20 | AMIGDALITIS | 1 | 8.20 |
| 8.30 | BROQUITIS AGUDA | 1 | 8.30 |
| 8.40 | BRONQUITIS CRONICA | 1 | 8.40 |
| 8.50 | NEUMONIA | 1 | 8.50 |
| 8.50 | BRONCONEUMONIA | 0 | 8.50 |
| 8.60 | ASMA | 1 | 8.60 |
| 8.90 | OTRAS ENFERMEDADES SIST.RESP. | 1 | 8.90 |
| ***CLASE 9.00: SISTEMA DIGESTIVO*** | | | |
| 9.10 | CARIES, DOLOR DE MUELAS | 1 | 9.10 |
| 9.20 | ABSCESO DENTAL | 1 | 9.20 |
| 9.30 | MALESTAR BUCAL | 1 | 9.30 |
| 9.40 | GASTRITIS, INDIGESTION | 1 | 9.40 |
| 9.50 | CONSTIPADO | 1 | 9.50 |
| 9.60 | HEMORROIDES | 1 | 9.60 |
| 9.90 | OTRA ENFERMED. SISTEMA DIGEST. | 1 | 9.90 |
| ***CLASE 10.00: SISTEMA GENITO-URINARIO*** | | | |
| 10.10 | CISTITIS | 1 | 10.10 |
| 10.20 | ENFERMEDAD INFLAMA. PELVICA | 1 | 10.20 |
| 10.30 | COLICO RENAL | 1 | 10.30 |
| 10.90 | OTRA ENFERMEDAD GENITOURINARIA | 1 | 10.90 |
| ***CLASE 11.00: COMPLICACIONES EMBAREZO Y NASCIMEN.*** | | | |
| 11.10 | ABORTO | 1 | 11.10 |
| 11.20 | PARTO NORMAL | 1 | 11.20 |
| 11.30 | ENTREGA ANORMAL | 1 | 11.30 |
| 11.40 | HEMORRAGIA POST-PARTO | 1 | 11.40 |
| 11.50 | INFECCION PUERPERAL | 1 | 11.50 |
| 11.55 | SEPSIS NEONATAL, OTRAS INFECCIONES | 1 | 11.55 |
| 11.60 | ABSCESO DEL PECHO, MASTITIS | 1 | 11.60 |
| 11.90 | OTRAS COMPLICACIONES DE EMBAR. | 1 | 11.90 |
| ***CLASE 12.00: PIEL Y TEJIDO SUECUTANEO*** | | | |
| 12.10 | ABSCESO | 1 | 12.10 |
| 12.20 | INFECCION BACTERIANA DE PIEL | 1 | 12.20 |
| 12.30 | ECZEMA | 1 | 12.30 |
| 12.40 | ALERGIA EN LA PIEL | 1 | 12.40 |
| 12.50 | PICAZON | 1 | 12.50 |
| 12.60 | ULCERA TROPICAL, ULCERA CRONIC | 1 | 12.60 |
| 12.90 | OTRAS ENFERMEDADES DE LA PIEL | 1 | 12.90 |
| ***CLASE 13.00: MUSCULOESQUELITICO Y TEJIDO CONECT.*** | | | |
| 13.10 | ARTRITIS Y ARTROSIS | 1 | 13.10 |
| 13.20 | LUMBAGO DE ESPALDA | 1 | 13.20 |

| CODIGO DE ENFERMEDAD | DESCRIPCION DE ENFERMEDAD | PARA AGRUPAR | CODIGO DE GRUPO |
|---|---|---|---|
| 13.30 | PIOMIOCITIS | 1 | 13.30 |
| 13.90 | OTRA ENFERMEDAD MUSCULAR | 1 | 13.90 |
| | ***CLASE 16.00: SIGNES Y SIMTOMES*** | | |
| 16.10 | CONVULSIONES, FIEBRE | 1 | 16.10 |
| 16.20 | INSOMNIO | 1 | 16.20 |
| 16.30 | FIEBRE | 1 | 16.30 |
| 16.40 | CANSANCIO | 1 | 16.40 |
| 16.50 | DOLOR DE CUERPO EN GENERAL | 1 | 16.90 |
| 16.51 | DOLOR DE CABEZA | 1 | 16.50 |
| 16.60 | TOS | 1 | 16.60 |
| 16.70 | VOMITOS | 1 | 16.70 |
| 16.80 | TENSION ABDOMINAL | 1 | 16.80 |
| 16.81 | DOLOR ABDOMINAL | 0 | 16.80 |
| 16.82 | ASCITIS | 0 | 16.80 |
| 16.83 | COLITIS | 0 | 16.80 |
| 16.90 | DESHIDRATACION, NO SPECIFICADO | 1 | 16.90 |
| 16.91 | DESHIDRATACION, LEVE O MODERADA | 0 | 16.90 |
| 16.92 | DESHIDRATACION, SEVERA | 0 | 16.90 |
| | ***CLASE 17.00: LESION Y ENVINENAMIENTO*** | | |
| 17.10 | FRACTURAS | 1 | 17.10 |
| 17.20 | DISLOCACION | 1 | 17.20 |
| 17.30 | TORCEDURA, ESGUINCE | 1 | 17.30 |
| 17.40 | CONMOCION CEREBRAL | 1 | 17.40 |
| 17.50 | HERIDAS Y LACERACIONES | 1 | 17.50 |
| 17.51 | HERIDA ABIERTA, LACERACION | 0 | 17.50 |
| 17.52 | MORETES, HERIDA MENOR | 0 | 17.50 |
| 17.53 | HERIDA COMPLICADA,MORDIDA ANIM | 0 | 17.50 |
| 17.60 | CUERPO EXTRANO EN LOS OJOS | 1 | 17.60 |
| 17.70 | QUEMADURA | 1 | 17.70 |
| 17.80 | ENVENENAMIENTO | 1 | 17.80 |
| 17.85 | MORDIDA DE CULEBRA,OTRA PICAD. | 0 | 17.80 |
| 17.90 | OTRA HERIDA O ENVENENAMIENTO | 1 | 17.90 |
| | ***CLASE 18.00: VISITAS REPETIDAS, MISMO PROBLEMA*** | | |
| 18.10 | INYECCIONES | 1 | 18.10 |
| 18.20 | VENDAJES | 1 | 18.20 |
| 18.30 | MEDICACION ORAL | 1 | 18.30 |
| 18.40 | VISITA SUBSIGUIENTE | 1 | 18.40 |
| 18.50 | SUTURACION O VENDAJE DE HERIDA | 1 | 18.50 |
| 18.90 | CONSULTA Y SERVICIO SUBSIGUIEN | 1 | 18.90 |
| | ***CLASE 19.00: CONTACTO CON OTRO SERVICIO DE SALUD*** | | |
| 19.10 | VACUNACION | 1 | 19.10 |
| 19.20 | CUIDADO PREVENTIVO,< 5 ANOS | 1 | 19.20 |
| 19.30 | CUIDADO PRENATAL | 1 | 19.30 |
| 19.40 | PLANIFICACION FAMILIAR | 1 | 19.40 |
| 19.50 | EXAMEN MEDICO SIN ENFERMEDAD | 1 | 19.50 |

| CODIGO DE ENFERMEDAD | DESCRIPCION DE ENFERMEDAD | PARA AGRUPAR | CODIGO DE GRUPO |
|---|---|---|---|
| *CLASE 20.00: OTROS PROBLEMAS, NO ESPECIFICADO* | | | |
| 20.00 | OTRO PROBLEMA NO ESPECIFICADO | 1 | 20.00 |
| *CLASE 99.00: PROBLEMA DE SALUD DESCONOCIDO* | | | |
| 99.00 | PROBL. DE SALUD DESCONOCIDO | 1 | 99.00 |

EGISTROS IMPRESADOS: 173

G. RxDD Honduras Field Test Drug List

## *HONDURAS RxDD LISTA DE MEDICAMENTOS*

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| ***CLASE 10.00: ANALGESICOS: ANTIPIRETS. Y ANTIINFLAM.*** | | | | |
| 1 | 100002 | AC.ACETILSALICILICO:100 MG:TAB | ORAL | 0 |
| 2 | 100003 | AC.ACETILSALICILICO:500 MG:TAB | ORAL | 0 |
| 3 | 100002G | AC.ACETILSALICILICO:CONTR.DESC. | ORAL | 1 |
| 4 | 100000A | ACETAMINOFEN:24 MG/ML:120 ML FC | ORAL | 0 |
| 5 | 100000 | ACETAMINOFEN:24 MG/ML:60 ML FC | ORAL | 0 |
| 6 | 100001 | ACETAMINOFEN:500 MG:TAB | ORAL | 0 |
| 7 | 100000G | ACETAMINOFEN:CONTR.Y FORM.DESC. | DESC | 1 |
| 8 | 100004G | DEXAMETASONA INY:CONTR.DESC. | INY | 1 |
| 9 | 100004 | DEXAMETASONA:4 MG/ML:1 ML AMP | INY | 0 |
| 10 | 100004A | DEXAMETASONA:4 MG/ML:2 ML AMP | INY | 0 |
| 11 | 100005 | DIPIRONA:1 GM/ML:2 ML AMP | INY | 0 |
| 12 | 100005G | DIPIRONA:CONTR.DESC. | INY | 1 |
| 13 | 100006G | FENILBUTAZONA TAB:CONTR.DESC. | ORAL | 1 |
| 14 | 100006 | FENILBUTAZONA:200 MG:TAB | ORAL | 0 |
| 15 | 100011 | HIDROCORT.INY:100 MG:1 AMP FC | INY | 0 |
| 16 | 100012 | HIDROCORT.INY:500 MG:1 AMP FC | INY | 0 |
| 17 | 100011G | HIDROCORT.INY:CONTR.DESC. | INY | 1 |
| 18 | 100008A | INDOCID:25 MG:CAP | ORAL | 0 |
| 19 | 100008 | INDOMETACINA:25 MG:CAP | ORAL | 0 |
| 20 | 100008G | INDOMETACINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 21 | 100009G | NAPROXEN TAB:CONTR.DESC. | ORAL | 1 |
| 22 | 100009 | NAPROXEN:250 MG:TAB | ORAL | 0 |
| 23 | 100013G | NONESTER.ANTIINFL.TAB:CONTR.DESC. | ORAL | 1 |
| 24 | 100010G | PREDNISONA TAB:CONTR.DESC. | ORAL | 1 |
| 25 | 100010 | PREDNISONA:5 MG:TAB | ORAL | 0 |
| 26 | 100013 | TABALON 200 MG TAB | ORAL | 0 |
| ***CLASE 10.01: ANALGESICOS, NARCOTS. Y ANTAGONS.*** | | | | |
| 27 | 100100 | FENTANYL INY: ? MG/ML:10 ML FC | INY | 0 |
| 28 | 100100G | FENTANYL INY:CONTR.DESC. | INY | 1 |
| 29 | 100101G | MEPERIDINA INY:CONTR.DESC. | INY | 1 |
| 30 | 100101 | MEPERIDINA:50 MG/ML:1 AMP | INY | 0 |
| 31 | 100102G | MORFINA (SULFATO) INY:CONTR.DESC. | INY | 1 |
| 32 | 100102 | MORFINA :2 MG/ML:1 ML AMP | INY | 0 |
| | 100103 | NALOXONA: MG/ML:1 ML AMP | INY | 0 |
| | 100103A | NALOXONA: MG/ML:2 ML AMP | INY | 0 |
| 35 | 100103G | NALOXONA:CONTR.DESC. | INY | 1 |
| ***CLASE 10.02: ANALGESICOS DE USO TOPICO*** | | | | |
| 36 | 100200 | ANTIPIR.+BENZ.+HIDROX.:15 ML FC | TOP | 0 |
| 37 | 100200G | ANTIPIR.+BENZ.+HIDROX.:CONTR.DESC. | TOP | 1 |
| 38 | 100201 | SALICILATO DE METILO:5 %: GM | TOP | 0 |
| 39 | 100201G | SALICILATO DE METILO:CONTR.DESC. | TOP | 1 |
| ***CLASE 10.03: ANTIACIDOS Y ANTIULCEROSOS*** | | | | |
| 40 | 100301G | CIMETIDINA INY:CONTR.DESC. | INY | 0 |
| 41 | 100301 | CIMETIDINA:150 MG/ML:2 ML AMP | INY | 0 |

## *HONDURAS RxDD LISTA DE MEDICAMENTOS*

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAI |
|---|---|---|---|---|
| 42 | 100300 | CIMETIDINA:300 MG: GG | ORAL | 0 |
| 43 | 100300G | CIMETIDINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 44 | 100302G | HIDRO.AL.Y MAGN.+DIMET.:CONTR.DESC. | ORAL | 1 |
| 45 | 100302 | HIDRO.ALUM.Y MAGN.+DIMETILPOL.: ML | ORAL | 0 |
| 46 | 100303 | PEPTO BISMOL:30 ML FC | ORAL | 0 |
| 47 | 100303G | PEPTO BISMOL:CONTR.DESC. | ORAL | 1 |
| 48 | 100304G | RANITIDINA INY:CONTR.DESC. | INY | 1 |
| ***CLASE 10.04: ANTIARRITMICOS*** | | | | |
| 49 | 100400 | AMIODARONA:200 MG:TAB | ORAL | 0 |
| 50 | 100400G | AMIODARONA:CONTR.DESC. | ORAL | 1 |
| 51 | 100401 | PROPRANOLOL:10 MG:TAB | ORAL | 0 |
| 52 | 100402 | PROPRANOLOL:40 MG:TAB | ORAL | 0 |
| 53 | 100401G | PROPRANOLOL:CONTR.DESC. | ORAL | 1 |
| 54 | 100404 | VERAPAMIL INY:2.5 MG/ML:2 ML AMP | INY | 0 |
| 55 | 100404G | VERAPAMIL INY:CONTR.DESC. | INY | 0 |
| 56 | 100403 | VERAPAMIL:80 MG: GG | ORAL | 0 |
| 57 | 100403G | VERAPAMIL:CONTR.Y FORM.DESC. | DESC | 1 |
| ***CLASE 10.05: ANTIBACTERIANOS*** | | | | |
| 58 | 100527D | ALFA-PRIM: 120ML: FC | ORAL | 0 |
| 59 | 100501 | AMIKACINA INY:250 MG/ML:2 ML AMP | INY | 0 |
| 60 | 100500 | AMIKACINA INY:50 MG/ML:2 ML AMP | INY | 0 |
| 61 | 100500G | AMIKACINA INY:CONTR.DESC. | INY | 1 |
| 62 | 100506 | AMPICILINA INY:1 GM AMP | INY | 0 |
| 63 | 100505 | AMPICILINA INY:250 MG AMP | INY | 0 |
| 64 | 100505G | AMPICILINA INY:CONTR.DESC. | INY | 0 |
| 65 | 100502 | AMPICILINA SU.ORAL:50 MG/ML:60ML FC | ORAL | 0 |
| 66 | 100502G | AMPICILINA SUSP.ORAL:CONTR.DESC. | ORAL | 1 |
| 67 | 100503 | AMPICILINA:250 MG:CAP | ORAL | 0 |
| 68 | 100504 | AMPICILINA:500 MG:CAP | ORAL | 0 |
| 69 | 100503G | AMPICILINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 70 | 100527E | ANDIPRIN: 120ML: FC | ORAL | 0 |
| 71 | 100508G | CEFALOSPOR.INY:CONTR.DESC. | INY | 1 |
| 72 | 100508 | CEFALOSPOR.TERCERA GEN.INY:1 GM FC | INY | 0 |
| 73 | 100509 | CEFOXITINA INY:1 GM FC | INY | 0 |
| 74 | 100509G | CEFOXITINA INY:CONTR.DESC. | INY | 1 |
| 75 | 100531G | CLINDAMICINA :CONTR.DESC. | INY | 1 |
| 76 | 100531 | CLINDAMICINA:150 MG/ML:2 ML AMP | INY | 0 |
| 77 | 100531A | CLINDAMICINA:150 MG/ML:4 ML AMP | INY | 0 |
| 78 | 100510 | CLORANFEN.SUS.OR.:25 MG/ML:60ML FC | ORAL | 0 |
| 79 | 100511G | CLORANFENICOL CAP:CONTR.DESC. | ORAL | 0 |
| 80 | 100512 | CLORANFENICOL INY:1 GM | INY | 0 |
| 81 | 100512G | CLORANFENICOL INY:CONTR.DESC. | INY | 0 |
| 82 | 100511 | CLORANFENICOL:250 MG:CAP | ORAL | 0 |
| 83 | 100510G | CLORANFENICOL:CONTR.Y FORM.DESC. | DESC | 1 |
| 84 | 100514G | DICLOXACILINA CAP:CONTR.DESC. | ORAL | 0 |
| 85 | 100513 | DICLOXACILINA S.O.:13MG/ML:60 ML FC | ORAL | 0 |
| 86 | 100514 | DICLOXACILINA:250 MG:CAP | ORAL | 0 |
| 87 | 100513G | DICLOXACILINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 88 | 100534G | DICLOXACILINA:CONTR.Y FORM.DESC. | DESC | 1 |

*HONDURAS RxDD LISTA DE MEDICAMENTOS*

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| 89 | 100516 | ERITROMICINA S.ORL.:40MG/ML:60ML FC | ORAL | 0 |
| 90 | 100517G | ERITROMICINA TAB:CONTR.DESC. | ORAL | 0 |
| 91 | 100517 | ERITROMICINA: 500 MG:TAB | ORAL | 0 |
| 92 | 100516G | ERITROMICINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 93 | 100518G | GENTAMICINA INY:CONTR.DESC. | INY | 1 |
| 94 | 100518 | GENTAMICINA:20 MG/ML:2 ML AMP | INY | 0 |
| 95 | 100518A | GENTAMICINA:30 MG/ML:2 ML AMP | INY | 0 |
| 96 | 100519 | GENTAMICINA:40 MG/ML:2 ML AMP | INY | 0 |
| 97 | 100527F | LIDAPRIM: 50ML: FC | ORAL | 0 |
| 98 | 100535G | MEFOXIN:CONTR.Y FORM.DESC. | DESC | 1 |
| 99 | 100532 | METICILINA INY:1 GM FC | INY | 0 |
| 100 | 100532G | METICILINA INY:CONTR.DESC. | INY | 1 |
| 101 | 100520G | NITROFURANTOINA TAB:CONTR.DESC. | ORAL | 1 |
| 102 | 100520 | NITROFURANTOINA:50 MG:CAP | ORAL | 0 |
| 103 | 100533 | OXACILINA 130 MG TAB | ORAL | 0 |
| 104 | 100533G | OXACILINA TAB:CONTR.DESC. | ORAL | 1 |
| 105 | 100516A | PANTOMICINA:CONTR.Y FORM.DESC. | DESC | 0 |
| 106 | 100521 | PENIC.CRIST.INY:1,000,000U AMP FC | INY | 0 |
| 107 | 100522 | PENIC.CRIST.INY:10,000,000U AMP FC | INY | 0 |
| 108 | 100524G | PENICILINA BENZATIN.INY:CONTR.DESC. | INY | 1 |
| 109 | 100524 | PENICILINA BENZATINICA INY:1 AMP FC | INY | 0 |
| 110 | 100521G | PENICILINA CRISTAL.INY:CONTR.DESC. | INY | 1 |
| 111 | 100523G | PENICILINA PROCAIN.INY:CONTR.DESC. | INY | 1 |
| 112 | 100523 | PENICILINA PROCAINICA INY: 1 AMP FC | INY | 0 |
| 113 | 100530 | PIPERACILINA INY:2 GM:1 AMP FC | INY | 0 |
| 114 | 100530G | PIPERACILINA INY:CONTR.DESC. | INY | 1 |
| 115 | 100527C | SULBRON SOL.OR.:CONTR.DESC. | ORAL | 0 |
| 116 | 100528A | SULMEPRIM TAB:CONTR.DESC. | ORAL | 1 |
| 117 | 100527B | SULMEPRIM: 60ML: FC | ORAL | 0 |
| 118 | 100525G | TETRACICLINA CAP:CONTR.DESC. | ORAL | 1 |
| 119 | 100525 | TETRACICLINA:250 MG:CAP | ORAL | 0 |
| 120 | 100526 | TETRACICLINA:500 MG:CAP | ORAL | 0 |
| 121 | 100529G | TRIMET.+SULFAMETOX.INY:CONTR.DESC. | INY | 0 |
| 122 | 100527G | TRIMETO+SULFAMET:CONTR.Y FORM.DESC. | ORAL | 1 |
| 123 | 100529 | TRIMETO.+SULFAMETOX.:3 ML AMP | INY | 0 |
| 124 | 100528 | TRIMETO.+SULFAMETOX.:80+400 MG:TAB | ORAL | 0 |
| 125 | 100527A | TRIMETO.+SULFAMETOX.SOL.O.:100ML FC | ORAL | 0 |
| 126 | 100527 | TRIMETO.+SULFAMETOX.SOL.O.:50ML FC | ORAL | 0 |
| 127 | 100528G | TRIMETO.+SULFAMETOX.TAB:CONTR.DESC. | ORAL | 0 |

***CLASE 10.06: ANTIBACTERIANOS LOCALES***

| | | | | |
|---|---|---|---|---|
| 128 | 100600G | BACIT+NEOM+POL.UNG.OFT.:CONTR.DESC. | OFT | 1 |
| 129 | 100600 | BACIT+NEOMIC+POLIM.UNG.OFT:4GM TUBO | OFT | 0 |
| 130 | 100600A | BACIT+NEOMIC+POLIM.UNG.OFT:5GM TUBO | OFT | 0 |
| 131 | 100606G | CLORANFENICOL GOT.OFT.:CONTR.DESC. | OFT | 1 |
| 132 | 100601A | GENTAMICINA GOT.OFT.:3MG/ML:15ML FC | OFT | 0 |
| 133 | 100601 | GENTAMICINA GOT.OFT.:3MG/ML:5ML FC | OFT | 0 |
| 134 | 100601G | GENTAMICINA GOT.OFT.:CONTR.DESC. | OFT | 1 |
| 135 | 100607G | OXITET.+POLIM.UNG.OFT.:CONTR.DESC. | OFT | 1 |
| 136 | 100602G | OXITET.CLORHIDR.UN.OFT.:CONTR.DESC. | OFT | 1 |
| 137 | 100602 | OXITET.CLORHIDR.UNG.OFT.:5GM TUBO | OFT | 0 |
| 138 | 100603G | POLIM+NEO+ESTER.UNG.OF.:CONTR.DESC. | DESC | 1 |

## *HONDURAS RxDD LISTA DE MEDICAMENTOS*

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPA |
|---|---|---|---|---|
| 139 | 100604G | POLIM+NEO+HIDRO.GOT.OT.:CONTR.DESC. | OTIC | 1 |
| 140 | 100603 | POLIM+NEOMIC+ESTER.UNG.OFT:4GM TUBO | OFT | 0 |
| 141 | 100603A | POLIM+NEOMIC+ESTER.UNG.OFT:5GM TUBO | OFT | 0 |
| 142 | 100604A | POLIM+NEOMIC+HIDROC.GOT.OTI:10GM FC | OTIC | 0 |
| 143 | 100604 | POLIM+NEOMIC+HIDROC.GOT.OTI:5GM FC | OTIC | 0 |
| 144 | 100605 | SULFADIAZINA DE PLATA:400 GM TUBO | TOP | 0 |
| 145 | 100605G | SULFADIAZINA DE PLATA:CONTR.DESC. | TOP | 1 |
| 146 | 100607 | TERRAMYCIN UNG.OFT.:5 GM TUBO | OFT | 0 |
| 147 | 100608G | WHITFIELD UNG.TOPIC.:CONTR.DESC. | TOP | 1 |
| | | ***CLASE 10.07: ANTICOAGULANTES Y SUS ANTAGONIST*** | | |
| 148 | 100700G | HEPARINA SODICA INY:CONTR.DESC. | INY | 1 |
| 149 | 100700 | HEPARINA SODICA:5,000 U/ML:5 ML AMP | INY | 0 |
| 150 | 100701G | PROTAMINA (SULFATO DE):CONTR.DESC. | INY | 1 |
| 151 | 100701 | PROTAMINA :10 MG/ML:5 ML AMP | INY | 0 |
| 152 | 100702G | WARFARINA SODICA TAB:CONTR.DESC. | ORAL | 1 |
| 153 | 100702 | WARFARINA SODICA:5 MG:TAB | ORAL | 0 |
| | | ***CLASE 10.08: ANTICONVULSIVANTES*** | | |
| 154 | 100800G | CARBAMAZEPINA TAB:CONTR.DESC. | ORAL | 1 |
| 155 | 100800 | CARBAMAZEPINA:200 MG:TAB | ORAL | 0 |
| 156 | 100801G | DIAZEPAM INY:CONTR.DESC. | INY | 1 |
| 157 | 100801 | DIAZEPAM:10 MG:2 ML AMP | INY | 0 |
| 158 | 100802G | ETOSUXIMIDA CAP:CONTR.DESC. | ORAL | 1 |
| 159 | 100802 | ETOSUXIMIDA:250 MG:CAP | ORAL | 0 |
| 160 | 100805G | FENITOINA CAP:CONTR.DESC. | ORAL | 0 |
| 161 | 100804G | FENITOINA INY:CONTR.DESC. | INY | 0 |
| 162 | 100803 | FENITOINA SUSP.OR:25 MG/ML:120ML FC | ORAL | 0 |
| 163 | 100805 | FENITOINA:100 MG:CAP | ORAL | 0 |
| 164 | 100804 | FENITOINA:50 MG/ML:5 ML AMP | INY | 0 |
| 165 | 100803G | FENITOINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 166 | 100806G | FENOBARBITAL TAB:CONTR.DESC. | ORAL | 1 |
| 167 | 100807 | FENOBARBITAL:100 MG:TAB | ORAL | 0 |
| 168 | 100806 | FENOBARBITAL:32 MG:TAB | ORAL | 0 |
| 169 | 100808G | PRIMIDONA TAB:CONTR.DESC. | ORAL | 1 |
| 170 | 100808 | PRIMIDONA:250 MG:TAB | ORAL | 0 |
| 171 | 100809 | SULFATO DE MAGNESIO:10 %:10 ML AMP | INY | 0 |
| 172 | 100809G | SULFATO DE MAGNESIO:CONTR.DESC. | INY | 1 |
| | | ***CLASE 10.09: ANTIEMETICOS*** | | |
| 173 | 100903G | BONODOXINA GOT.:CONTR.DESC. | ORAL | 1 |
| 174 | 100904G | DIMENHIDRANATA INY:CONTR.DESC. | INY | 0 |
| 175 | 100905G | DIMENHIDRANATA:CONTR.Y FORM.DESC. | DESC | 1 |
| 176 | 100905A | DRAMAMINE:CONTR.Y FORM.DESC. | DESC | 0 |
| 177 | 100902 | MECLIZINA GOT.PED.:30 ML FC | ORAL | 0 |
| 178 | 100902G | MECLIZINA GOT.PED.:CONTR.DESC. | ORAL | 1 |
| 179 | 100901G | METOCLOPRAMIDA INY:CONTR.DESC. | INY | 0 |
| 180 | 100900 | METOCLOPRAMIDA:10 MG:TAB | ORAL | 0 |
| 181 | 100901 | METOCLOPRAMIDA:5 MG/ML:5 MG AMP | INY | 0 |
| 182 | 100900G | METOCLOPRAMIDA:CONTR.Y FORM.DESC. | DESC | 1 |

## *HONDURAS RxDD LISTA DE MEDICAMENTOS*

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| ***CLASE 10.10: ANTIESPASMODICOS*** | | | | |
| 183 | 101000G | ANTIESPAS.+ANALG.ADULTO:CONTR.DESC. | ORAL | 1 |
| 184 | 101000 | ANTIESPASM.+ANALG.ADULTO:TAB | ORAL | 0 |
| 185 | 101002 | ANTIESPASM.+ANALG.INY:1 AMP | INY | 0 |
| 186 | 101002G | ANTIESPASM.+ANALG.INY:CONTR.DESC. | INY | 1 |
| 187 | 101001 | ANTIESPASM.INFANT.:0.5 MG/ML:ML | ORAL | 0 |
| 188 | 101001G | ANTIESPASM.INFANT.:CONTR.DESC. | ORAL | 1 |
| 189 | 101003 | ATROPINA SULFATO INY:1 MG:1 AMP | INY | 0 |
| 190 | 101003G | ATROPINA SULFATO INY:CONTR.DESC. | INY | 1 |
| ***CLASE 10.11: ANTIHELMINTICOS*** | | | | |
| 191 | 101106G | ALBENDAZOL SOL.OR.:CONTR.DESC. | ORAL | 1 |
| 192 | 101105 | ALBENDAZOLE 100 MG TAB | ORAL | 0 |
| 193 | 101105G | ALBENDAZOLE TAB:CONTR.DESC. | ORAL | 1 |
| 194 | 101101B | HELI-6: 6TAB: CJ | ORAL | 0 |
| 195 | 101106 | HELI2: 20ML: FC | ORAL | 0 |
| 196 | 101100A | HELMES SUSP OR:CONTR.DESC. | ORAL | 0 |
| 197 | 101101A | HELMES TAB:CONTR.DESC. | ORAL | 0 |
| 198 | 101100 | MEBENDAZOLE S.ORAL:30 ML FC | ORAL | 0 |
| 199 | 101100G | MEBENDAZOLE SUSP OR:CONTR.DESC. | ORAL | 1 |
| 200 | 101101G | MEBENDAZOLE TAB:CONTR.DESC. | ORAL | 1 |
| 201 | 101101 | MEBENDAZOLE:100 MG:TAB | ORAL | 0 |
| 202 | 101102G | NICLOSAMIDA TAB:CONTR.DESC. | ORAL | 1 |
| 203 | 101102 | NICLOSAMIDA:500 MG:TAB | ORAL | 0 |
| 204 | 101103A | OXIURIL:CONTR.Y FORM.DESC. | ORAL | 0 |
| 205 | 101103G | PIPERAZINA CITR.:CONTR.Y FORM.DESC. | ORAL | 1 |
| 206 | 101103 | PIPERAZINA CITRATO:100 MG/ML: ML | ORAL | 0 |
| 207 | 101104G | PRAZICUANTEL TAB:CONTR.DESC. | ORAL | 1 |
| 208 | 101104 | PRAZICUANTEL:500 MG:TAB | ORAL | 0 |
| 209 | 101102A | YOMESAN:500 MG:TAB | ORAL | 0 |
| ***CLASE 10.12: ANTIHIPERTENSIVOS*** | | | | |
| 210 | 101200G | ALFAMETILDOPA TAB:CONTR.DESC. | ORAL | 1 |
| 211 | 101200 | ALFAMETILDOPA:250 MG:TAB | ORAL | 0 |
| 212 | 101201 | ALFAMETILDOPA:500 MG:TAB | ORAL | 0 |
| 213 | 101202G | DIAZOXIDO INY:CONTR.DESC. | INY | 1 |
| 214 | 101202 | DIAZOXIDO:15 MG/ML:20 ML AMP | INY | 0 |
| 215 | 101205 | HIDRALAZINA INY:20 MG/ML:1 AMP | INY | 0 |
| 216 | 101205G | HIDRALAZINA INY:CONTR.DESC. | INY | 0 |
| 217 | 101203 | HIDRALAZINA:10 MG:TAB | ORAL | 0 |
| 218 | 101204 | HIDRALAZINA:50 MG:TAB | ORAL | 0 |
| 219 | 101203G | HIDRALAZINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 220 | 101206 | NIFEDIPINA (CAP.GEL.):10 MG:CAP | ORAL | 0 |
| 221 | 101206G | NIFEDIPINA (CAP.GEL.):CONTR.DESC. | ORAL | 1 |
| ***CLASE 10.13: ANTIHISTAMINICOS*** | | | | |
| 222 | 101300A | ALERGIL:CONTR.Y FORM.DESC. | DESC | 1 |
| 223 | 101302G | DIFENHIDRAMINA CAP:CONTR.DESC. | ORAL | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUP |
|---|---|---|---|---|
| 224 | 101301 | DIFENHIDRAMINA INY:10 MG/ML:10ML FC | INY | 0 |
| 225 | 101301G | DIFENHIDRAMINA INY:CONTR.DESC. | INY | 0 |
| 226 | 101300 | DIFENHIDRAMINA:3 MG/ML: ML | ORAL | 0 |
| 227 | 101302 | DIFENHIDRAMINA:50 MG:CAP | ORAL | 0 |
| 228 | 101300G | DIFENHIDRAMINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 229 | 101303G | PROMETAZINA INY:CONTR.DESC. | INY | 1 |
| 230 | 101303 | PROMETAZINA:25 MG/ML:2 ML AMP | INY | 0 |
| | | ***CLASE 10.14: ANTIINFLAMATORIOS DE USO TOPICO*** | | |
| 231 | 101402 | ANEST.+CORTIC.ANTIHEMORR.:10GM TUBO | RECT | 0 |
| 232 | 101402A | ANEST.+CORTIC.ANTIHEMORR.:15GM TUBO | RECT | 0 |
| 233 | 101402G | ANEST.+CORTIC.ANTIHEMR.:CONTR.DESC. | RECT | 1 |
| 234 | 101400 | ESTEROIDE DE USO TOPICO:10 GM TUBO | TOP | 0 |
| 235 | 101400A | ESTEROIDE DE USO TOPICO:30 GM TUBO | TOP | 0 |
| 236 | 101400G | ESTEROIDE DE USO TOPICO:CONTR.DESC. | TOP | 1 |
| 237 | 101401G | HIDROC.+NEOM.+POLIM.CR.:CONTR.DESC. | TOP | 1 |
| 238 | 101401 | HIDROCORT.+NEOMIC.+POLIM.:10GM TUBO | TOP | 0 |
| 239 | 101401A | HIDROCORT.+NEOMIC.+POLIM.:15GM TUBO | TOP | 0 |
| 240 | 101400B | ZOTINAR CR.:CONTR.DESC. | TOP | 1 |
| | | ***CLASE 10.15: ANTILEPROSOS*** | | |
| 241 | 101500G | CLOFAZIMINA CAP:CONTR.DESC. | ORAL | 1 |
| 242 | 101500 | CLOFAZIMINA:50 MG:CAP | ORAL | 0 |
| 243 | 101501G | DAPSONE TAB:CONTR.DESC. | ORAL | 1 |
| 244 | 101502 | DAPSONE:100 MG:TAB | ORAL | 0 |
| 245 | 101501 | DAPSONE:25 MG:TAB | ORAL | 0 |
| | | ***CLASE 10.16: ANTIMICOTICOS SISTEMICOS*** | | |
| 246 | 101600 | ANFOTERICINA B INY:50 MG FC | INY | 0 |
| 247 | 101600G | ANFOTERICINA B INY:CONTR.DESC. | INY | 1 |
| 248 | 101601 | GRISEOFULV.S.ORAL:25MG/ML:120ML FC | ORAL | 0 |
| 249 | 101602G | GRISEOFULVINA TAB:CONTR.DESC. | ORAL | 0 |
| 250 | 101602 | GRISEOFULVINA:500 MG:TAB | ORAL | 0 |
| 251 | 101601G | GRISEOFULVINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 252 | 101603G | KETOCONAZOL TAB:CONTR.DESC. | ORAL | 1 |
| 253 | 101603 | KETOCONAZOL:200 MG:TAB | ORAL | 0 |
| 254 | 101603A | NIZORAL:200 MG:TAB | ORAL | 0 |
| | | ***CLASE 10.17: ANTIMICOTICOS DE ACCION LOCAL*** | | |
| 255 | 101700G | AC.BENZOICO+AC.SALICIL.:CONTR.DESC. | TOP | 1 |
| 256 | 101700 | AC.BENZOICO+SALICILICO:1 GM BD | TOP | 0 |
| 257 | 101701 | CLOTRIMAZOLE: 10 GM TUBO | TOP | 0 |
| 258 | 101701A | CLOTRIMAZOLE: 20 GM TUBO | TOP | 0 |
| 259 | 101701G | CLOTRIMAZOLE:CONTR.DESC. | TOP | 1 |
| 260 | 101703 | NISTATINA SUSP.ORAL:20 ML FC | ORAL | 0 |
| 261 | 101703A | NISTATINA SUSP.ORAL:30 ML FC | ORAL | 0 |
| 262 | 101703G | NISTATINA SUSP.ORAL:CONTR.DESC. | ORAL | 0 |
| 263 | 101704G | NISTATINA UNG.OFT.:CONTR.DESC. | OFT | 1 |
| 264 | 101702 | NISTATINA:100000 U:0 OV | VAG | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. DESC | PARA AGRUPAR 1 |
|---|---|---|---|---|
| 265 | 101702G | NISTATINA:CONTR.Y FORM.DESC. | | |
| ***CLASE 10.18: ANTIPARKINSONIANOS*** | | | | |
| 266 | 101801G | BIPERIDENO INY:CONTR.DESC. | INY | 0 |
| 267 | 101800 | BIPERIDENO:2 MG:TAB | ORAL | 0 |
| 268 | 101801 | BIPERIDENO:5 MG:1 AMP | INY | 0 |
| 269 | 101800G | BIPERIDENO:CONTR.Y FORM.DESC. | DESC | 1 |
| 270 | 101802G | LEVODOPA/ CARBIDOPA TAB:CONTR.DESC. | ORAL | 1 |
| 271 | 101802 | LEVODOPA/ CARBIDOPA:250+25MG:TAB | ORAL | 0 |
| 272 | 101803G | TRIHEXIFENIDIL TAB:CONTR.DESC. | TAB | 1 |
| 273 | 101803 | TRIHEXIFENIDIL:2 MG:TAB | ORAL | 0 |
| 274 | 101804 | TRIHEXIFENIDIL:5 MG:TAB | ORAL | 0 |
| ***CLASE 10.19: ANTIPROTOZOARIOS*** | | | | |
| 275 | 101903B | AMAGYL: 120ML: FC | ORAL | 0 |
| 276 | 101903C | CICLOMEB: 120ML: FC | ORAL | 0 |
| 277 | 101901 | CLORHIDRATO DE EMETINA:60 MG:1 AMP | INY | 0 |
| 278 | 101901G | CLORHIDRATO EMETINA INY:CONTR.DESC. | INY | 1 |
| 279 | 101900G | CLOROQUINA TAB:CONTR.DESC. | ORAL | 1 |
| 280 | 101900 | CLOROQUINA:250 MG:TAB | ORAL | 0 |
| 281 | 101903A | FLAGYL: 120ML: FC | ORAL | 0 |
| 282 | 101909G | HIDROXICLOROQUINA TAB:CONTR.DESC. | ORAL | 1 |
| 283 | 101909 | HIDROXICLOROQUINA:200 MG:TAB | ORAL | 0 |
| 284 | 101902 | MEGLUMINA (ANTIMONIATO DE): 5ML AMP | INY | 0 |
| 285 | 101902G | MEGLUMINA(ANTIMONI.)INY:CONTR.DESC. | INY | 1 |
| 286 | 101908 | METRONIDAZOL I.V.:100 ML FC | IV | 0 |
| 287 | 101908G | METRONIDAZOL I.V.:CONTR.DESC. | IV | 0 |
| 288 | 101905G | METRONIDAZOL OVUL.SUP.:CONTR.DESC. | VAG | 0 |
| 289 | 101903 | METRONIDAZOL SOL.OR.:120 ML FC | ORAL | 0 |
| 290 | 101904G | METRONIDAZOL TAB:CONTR.DESC. | ORAL | 0 |
| 291 | 101904 | METRONIDAZOL:250 MG:TAB | ORAL | 0 |
| 292 | 101905 | METRONIDAZOL:500 MG: OVUL.SUP. (OV) | VAG | 0 |
| 293 | 101903G | METRONIDAZOL:CONTR.Y FORM.DESC. | DESC | 1 |
| 294 | 101906G | PRIMAQUINA BASE TAB:CONTR.DESC. | ORAL | 1 |
| 295 | 101907 | PRIMAQUINA BASE:15 MG:TAB | ORAL | 0 |
| 296 | 101906 | PRIMAQUINA BASE:5 MG:TAB | ORAL | 0 |
| ***CLASE 10.20: ANTITUBERCULOSOS*** | | | | |
| 297 | 102000 | ESTREPTOMICINA INY:1 GM FC | INY | 0 |
| 298 | 102000G | ESTREPTOMICINA INY:CONTR.DESC. | INY | 1 |
| 299 | 102001G | ETAMBUTOL TAB:CONTR.DESC. | ORAL | 1 |
| 300 | 102001 | ETAMBUTOL:200 MG:TAB | ORAL | 0 |
| 301 | 102002 | ETAMBUTOL:400 MG:TAB | ORAL | 0 |
| 302 | 102003G | ISONIAZIDA TAB:CONTR.DESC. | ORAL | 1 |
| 303 | 102004 | ISONIAZIDA+TIACET.:300+150 MG:TAB | ORAL | 0 |
| 304 | 102004G | ISONIAZIDA+TIACETAZ. TAB:CONTR.DESC. | ORAL | 1 |
| 305 | 102003 | ISONIAZIDA:100 MG:TAB | ORAL | 0 |
| 306 | 102005G | PIRAZINAMIDA TAB:CONTR.DESC. | ORAL | 1 |
| 307 | 102005 | PIRAZINAMIDA:500 MG:TAB | ORAL | 0 |
| 308 | 102006G | RIFAMPICINA TAB:CONTR.DESC. | ORAL | 1 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPA |
|---|---|---|---|---|
| 309 | 102007G | RIFAMPICINA+ISONIAC.TAB:CONTR.DESC. | ORAL | 1 |
| 310 | 102007 | RIFAMPICINA+ISONIACIDA:44 MG:TAB | ORAL | 0 |
| 311 | 102006 | RIFAMPICINA:300 MG:TAB | ORAL | 0 |
| | | ***CLASE 10.21: ASTRINGENTES*** | | |
| 312 | 102100G | AC.ALUM+ACETICO SOL.OT.:CONTR.DESC. | OTIC | 1 |
| 313 | 102100 | AC.ALUM.+ACETICO SOL.OTIC.:60 ML FC | OTIC | 0 |
| 314 | 102101 | CALAMINA FENOLADA: 120 ML FC | TOP | 0 |
| 315 | 102101A | CALAMINA FENOLADA: 500 ML FC | TOP | 0 |
| 316 | 102101G | CALAMINA FENOLADA:CONTR.DESC. | TOP | 1 |
| | | ***CLASE 10.22: BRONCODILATADORES*** | | |
| 317 | 102200A | AMINOFILINA:25 MG/ML:10 ML AMP | INY | 0 |
| 318 | 102200 | AMINOFILINA:25 MG/ML:5 ML AMP | INY | 0 |
| 319 | 102200G | AMINOFILINA:CONTR.DESC. | INY | 1 |
| 320 | 102206G | BRONDECON:CONTR.Y FORM.DESC. | ORAL | 1 |
| 321 | 102202G | SALBUTAMOL SOL.:CONTR.DESC. | ORAL | 0 |
| 322 | 102205 | SALBUTAMOL SOL.PARA RESPIR:20 ML FC | INH | 0 |
| 323 | 102205G | SALBUTAMOL SOL.RESPIR.:CONTR.DESC. | INH | 0 |
| 324 | 102201 | SALBUTAMOL:4 MG:TAB | ORAL | 0 |
| 325 | 102201G | SALBUTAMOL:CONTR.Y FORM.DESC. | ORAL | 1 |
| 326 | 102202 | SALBUTAMOL:MG/ML:120 ML FC | ORAL | 0 |
| 327 | 102202A | SALBUTAMOL:MG/ML:150 ML FC | ORAL | 0 |
| 328 | 102204G | TEOFILINA (SOL.ORAL):CONTR.DESC. | ORAL | 0 |
| 329 | 102204 | TEOFILINA SOL.ORAL:5 MG/ML:120ML FC | ORAL | 0 |
| 330 | 102203 | TEOFILINA:250 MG:TAB | ORAL | 0 |
| 331 | 102203G | TEOFILINA:CONTR.Y FORM.DESC. | ORAL | 1 |
| | | ***CLASE 10.23: DIURETICOS*** | | |
| 332 | 102300G | ESPIRONOLACTONA TAB:CONTR.DESC. | ORAL | 1 |
| 333 | 102300 | ESPIRONOLACTONA:25 MG:TAB | ORAL | 0 |
| 334 | 102302G | FUROSEMIDA TAB:CONTR.DESC. | ORAL | 0 |
| 335 | 102301 | FUROSEMIDA:10 MG/ML:2 ML AMP | INY | 0 |
| 336 | 102302 | FUROSEMIDA:40 MG:TAB | ORAL | 0 |
| 337 | 102301G | FUROSEMIDA:CONTR.Y FORM.DESC. | DESC | 1 |
| 338 | 102304G | HIDROCLOROT.+TRIANT.TAB:CONTR.DESC. | ORAL | 1 |
| 339 | 102304 | HIDROCLOROTIAZ.+TRIANT.:25+50MG:TAB | ORAL | 0 |
| 340 | 102303G | HIDROCLOROTIAZIDA TAB:CONTR.DESC. | ORAL | 1 |
| 341 | 102303 | HIDROCLOROTIAZIDA:50 MG:TAB | ORAL | 0 |
| | | ***CLASE 10.24: ESCABICIDAS Y PEDICULICIDAS*** | | |
| 342 | 102400A | GAMMA HEX.BENCENO LOCION:120 MG FC | TOP | 0 |
| 343 | 102400 | GAMMA HEX.BENCENO LOCION:60 MG FC | TOP | 0 |
| 344 | 102400G | GAMMA HEXACL.BENCENO LO:CONTR.DESC. | TOP | 1 |
| | | ***CLASE 10.25: ESTIMULANTES DEL S.N.C.*** | | |
| 345 | 102500G | METILFENID.CLORHIDR.CAP:CONTR.DESC. | ORAL | 1 |
| 346 | 102500 | METILFENIDATO CLORHIDRATO:2 MG:CAP | ORAL | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| ***CLASE 10.26: ESTROGENOS Y ANTAGONISTAS*** | | | | |
| 347 | 102600G | CLOMIFENO CITRATO TAB:CONTR.DESC. | ORAL | 1 |
| 348 | 102600 | CLOMIFENO CITRATO:50 MG:TAB | ORAL | 0 |
| 349 | 102603G | ESTROG.CR.VAG.DIENESTR.:CONTR.DESC | VAG | 1 |
| 350 | 102603 | ESTROG.CR.VAG.DIENESTROL:30GM TUBO | VAG | 0 |
| 351 | 102603A | ESTROG.CR.VAG.DIENESTROL:60GM TUBO | VAG | 0 |
| 352 | 102604G | ESTROGENOS CONJUG. TAB:CONTR.DESC. | ORAL | 1 |
| 353 | 102604 | ESTROGENOS CONJUGADOS:1 MG:TAB | ORAL | 0 |
| ***CLASE 10.27: EXPECTORANTES*** | | | | |
| 354 | 102702G | BISOLVON SOL.OR.:CONTR.DESC. | ORAL | 1 |
| 355 | 102701 | EXPECTORANTE ADULTO: ML | ORAL | 0 |
| 356 | 102701G | EXPECTORANTE ADULTO:CONTR.DESC. | ORAL | 1 |
| 357 | 102700 | EXPECTORANTE INFANTIL: ML | ORAL | 0 |
| 358 | 102700G | EXPECTORANTE INFANTIL:CONTR.DESC. | ORAL | 1 |
| ***CLASE 10.28: GLUCOSIDOS CARDIACOS*** | | | | |
| 359 | 102800 | DIGOXINA GOT.ELIX.:? MG/ML:10 ML FC | ORAL | 0 |
| 360 | 102800A | DIGOXINA GOT.ELIX.:? MG/ML:60 ML FC | ORAL | 0 |
| 361 | 102802G | DIGOXINA INY:CONTR.DESC. | INY | 0 |
| 362 | 102801G | DIGOXINA TAB:CONTR.DESC. | ORAL | 0 |
| 363 | 102802 | DIGOXINA:? MG/ML:1 ML AMP | INY | 0 |
| 364 | 102802A | DIGOXINA:? MG/ML:2 ML AMP | INY | 0 |
| 365 | 102801 | DIGOXINA:? MG:TAB | ORAL | 0 |
| 366 | 102800G | DIGOXINA:CONTR.Y FORM.DESC. | ORAL | 1 |
| ***CLASE 10.29: HIPNOTICOS Y SEDANTES*** | | | | |
| 367 | 102900G | BROMAZEPAN TAB:CONTR.DESC. | ORAL | 1 |
| 368 | 102900 | BROMAZEPAN:3 MG:TAB | ORAL | 0 |
| 369 | 102902 | CLORDIAZEPOXIDO INY:100 MG:1 AMP | INY | 0 |
| 370 | 102902G | CLORDIAZEPOXIDO INY:CONTR.DESC. | INY | 0 |
| 371 | 102901 | CLORDIAZEPOXIDO:25 MG: GG | ORAL | 0 |
| 372 | 102901G | CLORDIAZEPOXIDO:CONTR.Y FORM.DESC. | DESC | 1 |
| 373 | 102903G | DIAZEPAN TAB:CONTR.DESC. | ORAL | 1 |
| 374 | 102903 | DIAZEPAN:10 MG:TAB | ORAL | 0 |
| 375 | 102904 | HIDRATO CLORAL S.O.:50MG/ML:10ML FC | ORAL | 0 |
| 376 | 102904G | HIDRATO DE CLORAL S.O.:CONTR.DESC. | ORAL | 1 |
| ***CLASE 10.30: HIPOGLICEMIANTES*** | | | | |
| 377 | 103000G | GLIBENCLAMIDA TAB:CONTR.DESC. | ORAL | 1 |
| 378 | 103000 | GLIBENCLAMIDA:5 MG:TAB | ORAL | 0 |
| 379 | 103001 | INSUL. CRISTALINA:40+80U/ML:10ML FC | INY | 0 |
| 380 | 103001G | INSULINA INY:CONTR.DESC. | INY | 1 |
| 381 | 103002 | INSULINA NPH:80 U/ML:10 ML FC | INY | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| ***CLASE 10.31: LAXANTES Y CATARTICOS*** | | | | |
| 382 | 103102A | ACEITE DE RICINO:120 ML FC | ORAL | 0 |
| 383 | 103102 | ACEITE DE RICINO:60 ML FC | ORAL | 0 |
| 384 | 103102G | ACEITE DE RICINO:CONTR.DESC. | ORAL | 1 |
| 385 | 103100 | BISACODIL (CON CUB.ENTER.):5 MG:TAB | ORAL | 0 |
| 386 | 103100G | BISACODIL TAB:CONTR.DESC. | ORAL | 1 |
| 387 | 103101 | ENEMA EVACUANTE: 1 FC | RECT | 0 |
| 388 | 103101G | ENEMA EVACUANTE:CONTR.DESC. | RECT | 1 |
| ***CLASE 10.32: LUBRICANTES*** | | | | |
| 389 | 103202 | JALEA LUBRICANTE: GM:140 GM TUBO | TOP | 0 |
| 390 | 103202G | JALEA LUBRICANTE:CONTR.DESC. | TOP | 1 |
| 391 | 103200 | PETROLATO LIQUIDO: ML | TOP | 0 |
| 392 | 103200G | PETROLATO LIQUIDO:CONTR.DESC. | TOP | 1 |
| 393 | 103201 | PETROLATO SOLIDO: GM | TOP | 0 |
| 394 | 103201G | PETROLATO SOLIDO:CONTR.DESC. | TOP | 1 |
| ***CLASE 10.33: OXITOCICOS*** | | | | |
| 395 | 103301 | MALEATO DE ERGOBASINA:? MG/ML:1 AMP | INY | 0 |
| 396 | 103300 | MALEATO DE ERGOBASINA:? MG:TAB | ORAL | 0 |
| 397 | 103300G | MALEATO ERGOBAS.:CONTR.Y FORM.DESC. | DESC | 1 |
| 398 | 103301G | MALEATO ERGOBASINA INY:CONTR.DESC. | INY | 0 |
| 399 | 103302G | OXITOCINA INY:CONTR.DESC. | INY | 1 |
| 400 | 103302 | OXITOCINA:1 UI/ML:2 ML AMP | INY | 0 |
| 401 | 103303 | OXITOCINA:5 UI/ML:1 ML AMP | INY | 0 |
| ***CLASE 10.34: PROGESTAGENOS*** | | | | |
| 402 | 103400 | ACETATO DE MEDROXIPROGEST.:5 MG:TAB | ORAL | 0 |
| 403 | 103400G | ACETATO MEDROXIPROG.TAB:CONTR.DESC. | ORAL | 1 |
| 404 | 103401G | CAPRO.HIDROXIPROG.INY:CONTR.DESC. | INY | 1 |
| 405 | 103401 | CAPRO.HIDROXIPROGEST.AC.INY:1 ML FC | INY | 0 |
| 406 | 103401A | CAPRO.HIDROXIPROGEST.AC.INY:5 ML FC | INY | 0 |
| 407 | 103402 | PROGESTERONA OLEOSA INY:10 ML FC | INY | 0 |
| 408 | 103402G | PROGESTERONA OLEOSA INY:CONTR.DESC. | INY | 1 |
| ***CLASE 10.35: PSICOTROPICOS*** | | | | |
| 409 | 103500G | AMITRIPTILINA TAB:CONTR.DESC. | ORAL | 1 |
| 410 | 103501 | AMITRIPTILINA:25 MG:TAB | ORAL | 0 |
| 411 | 103500 | AMITRIPTILINA:75 MG:CAP | ORAL | 0 |
| 412 | 103502 | CLORPROMAZINA INY:25 MG/ML:1 ML AMP | INY | 0 |
| 413 | 103502A | CLORPROMAZINA INY:25 MG/ML:2 ML AMP | INY | 0 |
| 414 | 103502G | CLORPROMAZINA INY:CONTR.DESC. | INY | 1 |
| 415 | 103503G | CLORPROMAZINA TAB:CONTR.DESC. | ORAL | 0 |
| 416 | 103503 | CLORPROMAZINA:100 MG:TAB | ORAL | 0 |
| 417 | 103504G | FLUFENAZINA INY:CONTR.DESC. | INY | 1 |
| 418 | 103504 | FLUFENAZINA: 25 MG/ML:1 AMP | INY | 0 |
| 419 | 103506G | HALOPERIDOL INY:CONTR.DESC. | INY | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| 420 | 103505G | HALOPERIDOL TAB:CONTR.DESC. | ORAL | 1 |
| 421 | 103506 | HALOPERIDOL: 5 MG/ML:1 ML AMP | INY | 0 |
| 422 | 103505 | HALOPERIDOL:5 MG:TAB | ORAL | 0 |
| 423 | 103508G | IMIPRAMINA INY:CONTR.DESC. | INY | 0 |
| 424 | 103508 | IMIPRAMINA:13 MG/ML:2 ML AMP | INY | 0 |
| 425 | 103507 | IMIPRAMINA:25 MG: GG | ORAL | 0 |
| 426 | 103507G | IMIPRAMINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 427 | 103509G | LEVOMEPROMAZINA TAB:CONTR.DESC. | ORAL | 1 |
| 428 | 103510 | LEVOMEPROMAZINA:100 MG:TAB | ORAL | 0 |
| 429 | 103509 | LEVOMEPROMAZINA:25 MG:TAB | ORAL | 0 |
| 430 | 103511G | LITIO CARBONATO TAB:CONTR.DESC. | ORAL | 1 |
| 431 | 103511 | LITIO CARBONATO:300 MG:TAB | ORAL | 0 |
| 432 | 103513 | TIORIDAZINA (RETARDADA):200 MG:TAB | ORAL | 0 |
| 433 | 103512 | TIORIDAZINA:25 MG: GG | ORAL | 0 |
| 434 | 103512G | TIORIDAZINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 435 | 103515G | TRIFLUOPERAZINA GG:CONTR.DESC. | ORAL | 0 |
| 436 | 103514 | TRIFLUOPERAZINA:1 MG/ML:1 ML AMP | INY | 0 |
| 437 | 103515 | TRIFLUOPERAZINA:2 MG: GG | ORAL | 0 |
| 438 | 103514G | TRIFLUOPERAZINA:CONTR.Y FORM.DESC. | DESC | 1 |

*CLASE 10.36: QUERATOPLASTICOS*

| | | | | |
|---|---|---|---|---|
| 439 | 103600G | ALQUITR.HULLA+ALANT.:CONTR.DESC. | TOP | 1 |
| 440 | 103600 | ALQUITR.HULLA+ALANTOINA:10 GM TUBO | TOP | 0 |
| 441 | 103600A | ALQUITR.HULLA+ALANTOINA:40 GM TUBO | TOP | 0 |
| 442 | 103601 | ALQUITR.HULLA+HIDROC.1%:15 GM TUBO | TOP | 0 |
| 443 | 103601G | ALQUITR.HULLA+HIDROC.1%:CONTR.DESC. | TOP | 1 |
| 444 | 103602 | PODOFILINA EN POLVO: SB | TOP | 0 |
| 445 | 103602G | PODOFILINA EN POLVO:CONTR.DESC. | TOP | 1 |

*CLASE 10.37: RELAJANTES MUSCULARES*

| | | | | |
|---|---|---|---|---|
| 446 | 103705 | BROMURO PANCURONIO:2 MG/ML:2ML AMP | INY | 0 |
| 447 | 103705G | BROMURO PANCURONIO:CONTR.DESC. | INY | 1 |
| 448 | 103701G | FENOTEROL TAB:CONTR.DESC. | ORAL | 0 |
| 449 | 103700 | FENOTEROL: ? MG/ML:10 ML AMP | INY | 0 |
| 450 | 103701 | FENOTEROL:5 MG:TAB | ORAL | 0 |
| 451 | 103700G | FENOTEROL:CONTR.Y FORM.DESC. | DESC | 1 |
| 452 | 103702G | METOCARBAMOL TAB:CONTR.DESC. | ORAL | 1 |
| 453 | 103702 | METOCARBAMOL:500 MG:TAB | ORAL | 0 |
| 454 | 103703 | NEOSTIGMINA:1 MG/ML:1 AMP | INY | 0 |
| 455 | 103703G | NEOSTIGMINA:CONTR.DESC. | INY | 1 |
| 456 | 103704 | SUCCINILCOLINA INY:50 MG/ML:10ML FC | INY | 0 |
| 457 | 103704G | SUCCINILCOLINA INY:CONTR.DESC. | INY | 1 |

*CLASE 10.38: SIMPATICOMIMETICOS, VASOCONSTRIC*

| | | | | |
|---|---|---|---|---|
| 458 | 103800 | ADRENAL.SOL.ACUOSA INY:1 MG/ML:AMP | INY | 0 |
| 459 | 103801 | ADRENALINA SOL.OFT.:1%:10 ML FC | OFT | 0 |
| 460 | 103801G | ADRENALINA SOL.OFT.:CONTR.DESC. | OFT | 0 |
| 461 | 103800G | ADRENALINA:CONTR.Y FORM.DESC. | DESC | 1 |
| 462 | 103803A | DOPAMINA:40 MG/ML:10 ML FC | INY | 0 |
| 463 | 103803 | DOPAMINA:40 MG/ML:5 ML FC | INY | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| 464 | 103803G | DOPAMINA:CONTR.DESC. | INY | 1 |
| 465 | 103802G | MEFENTERMINA SULF. INY:CONTR.DESC. | INY | 1 |
| 466 | 103802A | MEFENTERMINA SULFATO:10 ML AMP | INY | 0 |
| 467 | 103802 | MEFENTERMINA SULFATO:2 ML AMP | INY | 0 |
| | | ***CLASE 10.39: SOL. ORAL CORREC., TRASTORNO HID*** | | |
| 468 | 103901G | ELECTROLITOS EN LIQUIDO:CONTR.DESC. | ORAL | 0 |
| 469 | 103900 | ELECTROLITOS EN POLVO (LITROSOL) SB | ORAL | 0 |
| 470 | 103901D | LITODEX 1000 CC: 1000CC: FC | ORAL | 0 |
| 471 | 103901B | ORALECTRIL 1000 ML: 1000ML: FC | ORAL | 0 |
| 472 | 103901C | ORALECTRIL 600 ML: 400ML: FC | ORAL | 0 |
| 473 | 103901A | PEDIALYTE: 400ML: FC | ORAL | 0 |
| 474 | 103900B | SUERO ORAL: 28GR: SB | ORAL | 0 |
| 475 | 103900G | SUERO REHIDRATACION ORAL: SB | ORAL | 1 |
| | | ***CLASE 10.40: TIROIDEOS Y ANTITIROIDEOS*** | | |
| 476 | 104000G | L-TIROXINA TAB:CONTR.DESC. | ORAL | 1 |
| 477 | 104000 | L-TIROXINA:0.3 MG:TAB | ORAL | 0 |
| 478 | 104001G | PROPILTIOURACILO TAB:CONTR.DESC. | ORAL | 1 |
| 479 | 104001 | PROPILTIOURACILO:50 MG:TAB | ORAL | 0 |
| | | ***CLASE 10.41: URICOSURICOS*** | | |
| 480 | 104100G | ALOPURINOL TAB:CONTR.DESC. | ORAL | 1 |
| 481 | 104100 | ALOPURINOL:300 MG:TAB | ORAL | 0 |
| 482 | 104101G | COLCHICINA TAB:CONTR.DESC. | TAB | 1 |
| 483 | 104101 | COLCHICINA:1 MG:TAB | ORAL | 0 |
| | | ***CLASE 10.42: VASODILS. CORONARIOS, ANTIANGINO*** | | |
| 484 | 104200 | ISOSORBIDE (DINITR.):5 MG:TAB | ORAL | 0 |
| 485 | 104200G | ISOSORBIDE (DINITR.)TAB:CONTR.DESC. | ORAL | 1 |
| 486 | 104201 | ISOSORBIDE DINITR.SOSTEN.:40 MG:TAB | ORAL | 0 |
| | | ***CLASE 10.43: VASODILATADORES PERIFERICOS*** | | |
| 487 | 104301G | ISOXSUPRINA INY:CONTR.DESC. | INY | 0 |
| 488 | 104300 | ISOXSUPRINA:10 MG:TAB | ORAL | 0 |
| 489 | 104301 | ISOXSUPRINA:5 MG/ML:2 ML AMP | INY | 0 |
| 490 | 104300G | ISOXSUPRINA:CONTR.Y FORM.DESC. | DESC | 1 |
| | | ***CLASE 10.44: VITAMINAS Y MINERALES*** | | |
| 491 | 104400G | AC.ASCORBICO TAB:CONTR.DESC. | ORAL | 1 |
| 492 | 104400 | AC.ASCORBICO:500 MG:TAB | ORAL | 0 |
| 493 | 104401G | AC.FOLICO TAB:CONTR.DESC. | ORAL | 1 |
| 494 | 104401 | AC.FOLICO:5 MG:TAB | ORAL | 0 |
| 495 | 104402G | AC.NICOTINICO TAB:CONTR.DESC. | ORAL | 1 |
| 496 | 104402 | AC.NICOTINICO:100 MG:TAB | ORAL | 0 |
| 497 | 104403A | AQUASOL ACD: 15ML: FC | ORAL | 0 |
| 498 | 104403B | DEXTROVITA: 25GR: SB | ORAL | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| 499 | 104403 | HEMATINICO VIT.,JARABE: ML | ORAL | 0 |
| 500 | 104403G | HEMATINICO VIT.:CONTR.DESC. | ORAL | 1 |
| 501 | 104405 | MULTIVIT. PRENATALES:CAP | ORAL | 0 |
| 502 | 104405G | MULTIVIT. PRENATALES:CONTR.DESC. | ORAL | 1 |
| 503 | 104404 | MULTIVITAMINAS:CAP | ORAL | 0 |
| 504 | 104404G | MULTIVITAMINAS:CONTR.Y FORM.DESC. | ORAL | 1 |
| 505 | 104403C | SUERO ORAL VITAMINADO: 4GR: PQ | ORAL | 0 |
| 506 | 104408G | SULFATO FERROSO GG:CONTR.DESC. | ORAL | 0 |
| 507 | 104406 | SULFATO FERROSO GOT.:20 ML FC | ORAL | 0 |
| 508 | 104406A | SULFATO FERROSO GOT.:30 ML FC | ORAL | 0 |
| 509 | 104407G | SULFATO FERROSO SOL.:CONTR.DESC. | ORAL | 0 |
| 510 | 104407 | SULFATO FERROSO:10 MG/ML:5 FC | ORAL | 0 |
| 511 | 104408 | SULFATO FERROSO:300 MG: GG | ORAL | 0 |
| 512 | 104406G | SULFATO FERROSO:CONTR.Y FORM.DESC. | DESC | 1 |
| 513 | 104409 | VIT. "A" :25000 UI:CAP | ORAL | 0 |
| 514 | 104409G | VIT. "A" :CONTR.Y FORM.DESC. | DESC | 1 |
| 515 | 104410 | VIT. "A" INY:50000 UI:2 ML AMP | INY | 0 |
| 516 | 104410G | VIT. "A" INY:CONTR.DESC. | INY | 0 |
| 517 | 104416G | VIT. "C":CONTR.DESC. | ORAL | 1 |
| 518 | 104411 | VIT. "D" :50000 UI:CAP | ORAL | 0 |
| 519 | 104411G | VIT. "D" CAP:CONTR.DESC. | ORAL | 1 |
| 520 | 104414G | VIT. B1 (TIAMINA) INY:CONTR.DESC. | INY | 1 |
| 521 | 104414A | VIT. B1 TIAMINA:100 MG/ML:10ML AMP | INY | 0 |
| 522 | 104414 | VIT. B1 TIAMINA:100 MG/ML:1ML AMP | INY | 0 |
| 523 | 104413G | VIT. B1+B6+B12 INY:CONTR.DESC. | INY | 1 |
| 524 | 104413 | VIT. B1+B6+B12:3 ML AMP | INY | 0 |
| 525 | 104415 | VIT. B6 (PIRIDOXINA):50 MG:TAB | ORAL | 0 |
| 526 | 104415G | VIT. B6 (PIRIDOXINA)TAB:CONTR.DESC. | ORAL | 1 |
| 527 | 104412G | VIT. K1 SINTETICA INY:CONTR.DESC. | INY | 1 |
| 528 | 104412 | VIT. K1 SINTETICA,FITOMENAD.: ML | INY | 0 |

***CLASE 11.00: ANESTESICOS GENERALES***

| | | | | |
|---|---|---|---|---|
| 529 | 110000 | CAL SODADA, EN GRANULOS: BR | DESC | 1 |
| 530 | 110001 | DROPERIDOL INY:3 MG/ML:10 ML FC | INY | 0 |
| 531 | 110001G | DROPERIDOL INY:CONTR.DESC. | INY | 1 |
| 532 | 110007 | ENFLURANO:250 ML FC | INH | 0 |
| 533 | 110007G | ENFLURANO:CONTR.DESC. | INH | 1 |
| 534 | 110002 | HALOTANO:250 ML:1 FC | INH | 0 |
| 535 | 110002G | HALOTANO:CONTR.DESC. | INH | 1 |
| 536 | 110004 | KETAMINA CLORHIDR.:50MG/ML:10ML FC | INY | 0 |
| 537 | 110003 | KETAMINA CLORHIDR.INY:10 ML FC | INY | 0 |
| 538 | 110003A | KETAMINA CLORHIDR.INY:20 ML FC | INY | 0 |
| 539 | 110003G | KETAMINA CLORHIDR.INY:CONTR.DESC. | INY | 1 |
| 540 | 110004G | KETAMINA CLORHIDR.SOL.:CONTR.DESC. | INY | 0 |
| 541 | 110005 | OXIDO NITROSO CILINDRO:1 CIL | INH | 0 |
| 542 | 110005G | OXIDO NITROSO CILINDRO:CONTR.DESC. | INH | 1 |
| 543 | 110006 | TIOPENTAL SODICO INY:1 GM FC | INY | 0 |
| 544 | 110006G | TIOPENTAL SODICO INY:CONTR.DESC. | INY | 1 |

***CLASE 11.01: ANESTESICOS LOCALES***

| | | | | |
|---|---|---|---|---|
| 545 | 110100 | LIDOCAINA CON EFINEFR.:2%:10 ML FC | TOP | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| 546 | 110100G | LIDOCAINA CON EPINEFR.:CONTR.DESC. | TOP | 1 |
| 547 | 110102 | LIDOCAINA CR.:5 %:10 GM TUBO | TOP | 0 |
| 548 | 110102A | LIDOCAINA CR.:5 %:35 GM TUBO | TOP | 0 |
| 549 | 110102G | LIDOCAINA CR.:CONTR.DESC. | TOP | 0 |
| 550 | 110101 | LIDOCAINA:2%:25 ML FC | TOP | 0 |
| 551 | 110101A | LIDOCAINA:2%:50 ML FC | TOP | 0 |
| 552 | 110101G | LIDOCAINA:CONTR.Y FORM.DESC. | TOP | 1 |
| 553 | 110103G | MEPIVAC.CLORHI.+LEVON. :CONTR.DESC. | TOP | 1 |
| 554 | 110103 | MEPIVAC.CLORHI.+LEVONORD.: CA | TOP | 0 |
| 555 | 110104 | TETRACAINA CLORHIDR.:20 MG:10 MG FC | TOP | 0 |
| 556 | 110104G | TETRACAINA CLORHIDRATO:CONTR.DESC. | TOP | 1 |
| ***CLASE 12.00: HORMONALES*** | | | | |
| 557 | 120000G | ETINILESTRAD.+LEVONORG.:CONTR.DESC. | ORAL | 1 |
| 558 | 120001G | ETINILESTRAD.+NORGEST.:CONTR.DESC. | ORAL | 1 |
| 559 | 120000 | ETINILESTRADIOL+LEVONORGEST.:1 CICL | ORAL | 0 |
| 560 | 120001 | ETINILESTRADIOL+NORGESTREL:1 CICL | ORAL | 0 |
| 561 | 120002G | MENFEGOL VAG TAB:CONTR.DESC. | VAG | 1 |
| 562 | 120002 | MENFEGOL:60 MG: VAG TAB (TV) | VAG | 0 |
| 563 | 120003 | NORETINDRONA+MESTRANOL: TAB | ORAL | 0 |
| 564 | 120003G | NORETINDRONA+MESTRANOL:CONTR.DESC. | ORAL | 1 |
| ***CLASE 13.00: ANTISEPTICOS*** | | | | |
| 565 | 130000G | CLORHEX.GLUC.+CETRIMIDA:CONTR.DESC. | TOP | 1 |
| 566 | 130000 | CLORHEXIDINA GLUC.+CETRIMIDA: ML | TOP | 0 |
| 567 | 130004G | MANDELAMINA:CONTR.DESC. | ORAL | 1 |
| 568 | 130010G | NALIDIXINA, ACEITE DE:CONTR.DESC. | TOP | 1 |
| 569 | 130001 | NITRATO DE PLATA:1 %:10 ML FC | TOP | 0 |
| 570 | 130001A | NITRATO DE PLATA:1 %:30 ML FC | TOP | 0 |
| 571 | 130001G | NITRATO DE PLATA:CONTR.DESC. | TOP | 1 |
| 572 | 130003G | SAVLON ANTISEPTICO:CONTR.DESC. | TOP | 1 |
| 573 | 130011G | VIOLETA GENTIANA SOL.:CONTR.DESC. | TOP | 1 |
| 574 | 130002G | YODO+POLIV.PIRROL.SOL.:CONTR.DESC. | TOP | 1 |
| 575 | 130002A | YODO+POLIVIN.PIRROL. SOL.:3785ML FC | TOP | 0 |
| 576 | 130002 | YODO+POLIVIN.PIRROL. SOL.:500ML FC | TOP | 0 |
| ***CLASE 13.01: SOL. CORRECT. DE TRASTORNOS HIDR*** | | | | |
| 577 | 130101 | BICARBONAT.SODIO:0.8MEQ/ML:10ML AMP | INY | 0 |
| 578 | 130101A | BICARBONAT.SODIO:0.8MEQ/ML:50ML AMP | INY | 0 |
| 579 | 130101G | BICARBONATO DE SODIO:CONTR.DESC. | INY | 1 |
| 580 | 130107G | CLORURO DE POTASIO INY:CONTR.DESC. | INY | 1 |
| 581 | 130102G | CLORURO DE SODIO :CONTR.DESC. | IV | 1 |
| 582 | 130105 | CLORURO DE SODIO:1 %:1000 ML FC | IV | 0 |
| 583 | 130103 | CLORURO DE SODIO:1 %:250 ML FC | IV | 0 |
| 584 | 130102 | CLORURO DE SODIO:1 %:500 ML FC | IV | 0 |
| 585 | 130104 | CLORURO DE SODIO:1 %:500 ML FC | IV | 0 |
| 586 | 130107 | CLORURO POTAS. INY:2MEQ/ML:10ML AMP | INY | 0 |
| 587 | 130118 | DEXT.+CL. SODIO:5+0.3% :250 ML FC | IV | 0 |
| 588 | 130119 | DEXT.+CL. SODIO:5+0.3% :500 ML FC | IV | 0 |
| 589 | 130121 | DEXT.+CL. SODIO:5+0.45%:1000 ML FC | IV | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| 590 | 130120 | DEXT.+CL. SODIO:5+0.45%:500 ML FC | IV | 0 |
| 591 | 130122 | DEXT.+CL. SODIO:5+0.9% :250 ML FC | IV | 0 |
| 592 | 130123 | DEXT.+CL. SODIO:5+0.9% :500 FC | IV | 0 |
| 593 | 130118G | DEXT.+CLORURO DE SODIO :CONTR.DESC. | IV | 1 |
| 594 | 130114 | DEXT.EN AGUA :10%:1000 ML FC | IV | 0 |
| 595 | 130112 | DEXT.EN AGUA :10%:250 ML FC | IV | 0 |
| 596 | 130113 | DEXT.EN AGUA :10%:500 ML FC | IV | 0 |
| 597 | 130111 | DEXT.EN AGUA :5% :1000 ML FC | IV | 0 |
| 598 | 130109 | DEXT.EN AGUA :5% :250 ML FC | IV | 0 |
| 599 | 130110 | DEXT.EN AGUA :5% :500 ML FC | IV | 0 |
| 600 | 130115 | DEXT.EN AGUA :50%:50 ML FC | IV | 0 |
| 601 | 130109G | DEXT.EN AGUA :CONTR.DESC. | IV | 1 |
| 602 | 130116 | DEXT.INY:10%:10 ML AMP | INY | 0 |
| 603 | 130116G | DEXT.INY:CONTR.DESC. | INY | 1 |
| 604 | 130108G | GLUCONATO DE CALCIO INY:CONTR.DESC. | INY | 1 |
| 605 | 130108 | GLUCONATO DE CALCIO:10 %:10 ML AMP | INY | 0 |
| 606 | 130125A | LACTATO SODIO+ELECTR. IV:1000 ML FC | IV | 0 |
| 607 | 130125 | LACTATO SODIO+ELECTR. IV:500ML FC | IV | 0 |
| 608 | 130125G | LACTATO SODIO+ELECTROL.:CONTR.DESC. | IV | 1 |
| 609 | 130124 | SOL.RINGER: 500 ML FC | IV | 0 |
| 610 | 130124G | SOL.RINGER:CONTR.DESC. | IV | 1 |

***CLASE 13.02: SOLUCIONES PARA DIALISIS PERITON***

| | | | | |
|---|---|---|---|---|
| 611 | 130202 | SOL.PARA DIALISIS:2 %:1000 ML FC | IV | 0 |
| 612 | 130200 | SOL.PARA DIALISIS:2 %:250 ML FC | IV | 0 |
| 613 | 130201 | SOL.PARA DIALISIS:2 %:500 ML FC | IV | 0 |
| 614 | 130203 | SOL.PARA DIALISIS:4.25 %:1000 ML FC | IV | 0 |
| 615 | 130200G | SOL.PARA DIALISIS:CONTR.DESC. | IV | 1 |

***CLASE 13.03: SOLVENTES***

| | | | | |
|---|---|---|---|---|
| 616 | 130300G | AGUA DESTILADA INY:CONTR.DESC. | INY | 1 |
| 617 | 130301 | AGUA DESTILADA: :10 ML AMP | INY | 0 |
| 618 | 130300 | AGUA DESTILADA: :5 ML AMP | INY | 0 |
| 619 | 130302 | ALCOHOL ETILICO 250 LT BR | TOP | 0 |
| 620 | 130302G | ALCOHOL METIL. O ETIL.:CONTR.DESC. | TOP | 1 |
| 621 | 130303 | ALCOHOL METILICO 200 LT BR | TOP | 0 |

***CLASE 14.00: SUEROS E INMUNOGLOBULINAS***

| | | | | |
|---|---|---|---|---|
| 622 | 140000G | INMUNOGL.H.ANTI R.H.INY:CONTR.DESC. | INY | 1 |
| 623 | 140000 | INMUNOGL.HUM. ANTI R.H.INY:1 AMP FC | INY | 0 |
| 624 | 140001G | INMUNOGL.HUM.G.GLOB.INY:CONTR.DESC. | INY | 1 |
| 625 | 140001A | INMUNOGLOB.HUM. G.GLOB. INY:10ML FC | INY | 0 |
| 626 | 140001 | INMUNOGLOB.HUM. G.GLOB. INY:1ML FC | INY | 0 |
| 627 | 140002G | SUERO ANTIOFID.POLIVAL.:CONTR.DESC. | INY | 1 |
| 628 | 140002 | SUERO ANTIOFIDICO POLIVAL.:10 ML FC | INY | 0 |

***CLASE 14.01: PRODUCTOS PROFILAC. PARA LA RABI***

| | | | | |
|---|---|---|---|---|
| 629 | 140102G | SUERO ANTIRRAB.(EQUINO):CONTR.DESC. | INY | 1 |
| 630 | 140102 | SUERO ANTIRRABICO (EQUINO): ML | INY | 0 |

## *HONDURAS RxDD LISTA DE MEDICAMENTOS*

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| 631 | 140101 | VAC.ANTIRRABICA CANINA: :50 ML FC | INY | 0 |
| 632 | 140100 | VAC.ANTIRRABICA HUM. (HDCV): 1 AMP | INY | 0 |
| 633 | 140100G | VAC.ANTIRRABICA:CONTR.DESC. | INY | 1 |
| | | ***CLASE 14.02: VACUNAS BACTERIANAS Y VIRALES*** | | |
| 634 | 140200 | VAC.B.C.G.(10 DOSIS): :1 AMP | INY | 0 |
| 635 | 140200G | VAC.B.C.G.:CONTR.DESC. | INY | 1 |
| 636 | 140202 | VAC.D.P.T.: :5 ML FC | INY | 0 |
| 637 | 140202G | VAC.D.P.T.:CONTR.DESC. | INY | 1 |
| 638 | 140203 | VAC.DE LA POLIO: :2 ML FC | INY | 0 |
| 639 | 140203G | VAC.DE LA POLIO:CONTR.DESC. | INY | 1 |
| 640 | 140201G | VAC.SARAMPION LIOFILIZ.:CONTR.DESC. | INY | 1 |
| 641 | 140201 | VAC.SARAMPION LIOFILIZADO:1 ML FC | INY | 0 |
| | | ***CLASE 14.03: TOXOIDES*** | | |
| 642 | 140300 | TOXOIDE TETANICO: :5 ML FC | INY | 0 |
| 643 | 140300G | TOXOIDE TETANICO:CONTR.DESC. | INY | 1 |
| | | ***CLASE 14.04: ANTITOXINAS*** | | |
| 644 | 140400 | ANTIT.TETANICA:5000 UI/VIAL:1 VIAL | INY | 0 |
| 645 | 140401 | ANTITO.DIFTERI.:10000UI/VIAL:1 VIAL | INY | 0 |
| 646 | 140401G | ANTITOXINA DIFTERICA:CONTR.DESC. | INY | 1 |
| 647 | 140400G | ANTITOXINA TETANICA:CONTR.DESC. | INY | 1 |
| | | ***CLASE 14.05: TEST DE DIAGNOSTICO BIOL. (IN VI*** | | |
| 648 | 140500 | TEST DE TUBERCULINA (DPP): 20 ML FC | INY | 0 |
| 649 | 140500A | TEST DE TUBERCULINA (DPP): 50 ML FC | INY | 0 |
| 650 | 140500G | TEST TUBERCULINA (DPP):CONTR.DESC. | INY | 1 |
| | | ***CLASE 15.00: PRODUCTOS PARA DIAGNOSTICO*** | | |
| 651 | 150000G | ACEITE YODADO AMAPOLA:CONTR.DESC. | TOP | 1 |
| 652 | 150000 | ACEITE YODADO DE AMAPOLA:20 ML FC | TOP | 0 |
| 653 | 150001 | CICLOPENTOLATO GOT.OFT.:1 %:5 ML FC | OFT | 0 |
| 654 | 150001A | CICLOPENTOLATO GOT.OFT.:1%:15 ML FC | OFT | 0 |
| 655 | 150001G | CICLOPENTOLATO GOT.OFT.:CONTR.DESC. | OFT | 1 |
| 656 | 150002 | FLUORESCEINA SODICA: 2%: 15 ML FC | TOP | 0 |
| 657 | 150002G | FLUORESCEINA SODICA:CONTR.DESC. | TOP | 1 |
| 658 | 150003G | MANITOL INY:CONTR.DESC. | INY | 1 |
| 659 | 150003 | MANITOL:10 %:250 ML FC | INY | 0 |
| 660 | 150004G | MONOYODO ESTEAR. ETILO:CONTR.DESC. | TOP | 1 |
| 661 | 150004 | MONOYODO ESTEAR.ETILO (YODO):5ML FC | TOP | 0 |
| 662 | 150005 | TROPICAMIDA (SOL.OFT.):1 %:15 ML FC | OFT | 0 |
| 663 | 150005G | TROPICAMIDA (SOL.OFT.):CONTR.DESC. | OFT | 1 |
| | | ***CLASE 16.00: MEDIOS DE CONTRASTE RADIOLOGICO*** | | |
| 664 | 160000 | DIATRIZOATO MEGL.O SOD.:50%:20ML FC | ORAL | 0 |
| 665 | 160000A | DIATRIZOATO MEGL.O SOD.:50%:50ML FC | ORAL | 0 |

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| 666 | 160001 | DIATRIZOATO MEGL.O SOD.:75%:20ML FC | ORAL | 0 |
| 667 | 160001A | DIATRIZOATO MEGL.O SOD.:75%:50ML FC | ORAL | 0 |
| 668 | 160000G | DIATRIZOATO MEGL.O SOD.:CONTR.DESC. | ORAL | 1 |
| 669 | 160005G | SULFATO BARIO (POLVO):CONTR.DESC. | ORAL | 1 |
| 670 | 160005 | SULFATO DE BARIO (POLVO): BR | ORAL | 0 |
| 671 | 160002G | YODOGLICAM.MEGL.O SOD.:CONTR.DESC. | ORAL | 1 |
| 672 | 160002A | YODOGLICAMATO MEGL.O SOD.:100 ML FC | ORAL | 0 |
| 673 | 160002 | YODOGLICAMATO MEGL.O SOD.:25 ML FC | ORAL | 0 |
| 674 | 160004 | YODOPODATO DE SODIO:CAP | ORAL | 0 |
| 675 | 160004G | YODOPODATO DE SODIO:CONTR.DESC. | ORAL | 1 |
| 676 | 160003G | YODOTALAM.MEGL.O SOD. :CONTR.DESC. | ORAL | 1 |
| 677 | 160003A | YODOTALAMATO MEGL.O SOD.:100 ML FC | ORAL | 0 |
| 678 | 160003 | YODOTALAMATO MEGL.O SOD.:20 ML FC | ORAL | 0 |

***CLASE 17.00: PRODUCTOS MISCELANEO***

| | | | | |
|---|---|---|---|---|
| 679 | 170000 | BROMURO ERGOCRIPTINA:3 MG:TAB | ORAL | 0 |
| 680 | 170000G | BROMURO ERGOCRIPTINA:CONTR.DESC. | ORAL | 1 |
| 681 | 170006G | COMBIASE:CONTR.DESC. | ORAL | 1 |
| 682 | 170001 | DIMETOTIAZINA:20 MG: GG | ORAL | 0 |
| 683 | 170001G | DIMETOTIAZINA:CONTR.Y FORM.DESC. | ORAL | 1 |
| 684 | 170002G | DISULFIRAN TAB:CONTR.DESC. | ORAL | 1 |
| 685 | 170002 | DISULFIRAN:200 MG:TAB | ORAL | 0 |
| 686 | 170003 | LACTULOSA, JARABE:15 ML FC | ORAL | 0 |
| 687 | 170003A | LACTULOSA, JARABE:30 ML FC | ORAL | 0 |
| 688 | 170003G | LACTULOSA, JARABE:CONTR.DESC. | ORAL | 1 |
| 689 | 170004G | METOXALEN CAP:CONTR.DESC. | ORAL | 1 |
| 690 | 170004 | METOXALEN:10 MG:CAP | ORAL | 0 |
| 691 | 170005G | PROBENECID TAB:CONTR.DESC. | ORAL | 1 |
| 692 | 170005 | PROBENECID:500 MG:TAB | ORAL | 0 |

***CLASE 18.00: ANTIDIARREICOS***

| | | | | |
|---|---|---|---|---|
| 693 | 180001J | ACROMAXPECTIN: 100ML: FC | ORAL | 0 |
| 694 | 180005G | ANTIDIAR.CON HIDROXYQ.:CONTR.DESC. | ORAL | 1 |
| 695 | 180002G | ANTIDIAR.CON KAOLIN-PEC:CONTR.DESC. | ORAL | 1 |
| 696 | 180004G | ANTIDIAR.CON NIFUROXIZ.:CONTR.DESC. | ORAL | 1 |
| 697 | 180003G | ANTIDIAR.CON STREPTOMY.:CONTR.DESC. | ORAL | 1 |
| 698 | 180006G | ANTIDIAR.CON SULFA:CONTR.DESC. | ORAL | 0 |
| 699 | 180001G | ANTIDIARR.CON NEOMYCIN:CONTR.DESC. | ORAL | 1 |
| 700 | 180002I | ANTIDIARREICO CONCENTRADO:120 CC:FC | ORAL | 0 |
| 701 | 180000G | ANTIDIARREICO:CONTR.DESC. | ORAL | 1 |
| 702 | 180001D | BACTERIOTAL: 60ML: FC | ORAL | 0 |
| 703 | 180001C | CAOLIN PECTINA + NEOMICINA: 120ML: | ORAL | 0 |
| 704 | 180002C | CAOLIN PECTINA: 120ML: FC | ORAL | 0 |
| 705 | 180004B | ESKAPAR: 90ML: FC | ORAL | 0 |
| 706 | 180003C | ESTREPOPECTINA: 60ML: FC | ORAL | 0 |
| 707 | 180003D | ESTREPTOENTEROL: 60ML: FC | ORAL | 0 |
| 708 | 180006A | GABBRORAL: 60ML: FC | ORAL | 0 |
| 709 | 180005A | GASTROLEINA: 120ML: FC | ORAL | 0 |
| 710 | 180002A | INFANTPECTIN: 120ML: FC | ORAL | 0 |
| 711 | 180003A | INTESTICORT: 60ML: FC | ORAL | 0 |
| 712 | 180004A | KAOFUROL: 60ML: FC | ORAL | 0 |

## *HONDURAS RxDD LISTA DE MEDICAMENTOS*

| NUMERO DEL REGISTRO | CODIGO DE MEDICAMANTO | NOMBRE DE MEDICAMENTO | UNIDAD DE SALID. | PARA AGRUPAR |
|---|---|---|---|---|
| 713 | 180001E | KAOLAN CON NEOMICINA: 60ML: FC | ORAL | 0 |
| 714 | 180002B | KAOLAN: 120ML: FC | ORAL | 0 |
| 715 | 180001H | KAOMYCIN: 120ML: FC | ORAL | 0 |
| 716 | 180001F | KAOMYCIN: 59ML: FC | ORAL | 0 |
| 717 | 180002H | KAOPECTATE CONCENTR.: 180 ML:FC | ORAL | 0 |
| 718 | 180002F | KAOPECTATE: 177 ML: FC | ORAL | 0 |
| 719 | 180002E | MIXTURA: 120ML: FC | ORAL | 0 |
| 720 | 180001B | NEOPEC-K: 120ML: FC | ORAL | 0 |
| 721 | 180002D | STOP: 120ML: FC | ORAL | 0 |
| 722 | 180003B | STREPTOMAGMA: 90ML: FC | ORAL | 0 |
| 723 | 180001 | SULPECTIL CON NEOMYCIN:15 ML:FC | ORAL | 0 |
| 724 | 180001A | SULPECTIL: 120ML: FC | ORAL | 0 |
| 725 | 180001I | TREDA: 75ML: FC | ORAL | 0 |

*CLASE 99.00: TERAPEUTICA DESCONOCIDA*

| | | | | |
|---|---|---|---|---|
| 726 | ILEG | ** ILEGIBLE NOMBRE ** | | 1 |
| 727 | NOSE | ** NO SE RECETO ** | | 1 |
| 728 | OTRO | ** OTROS LIQUIDOS ** | ORAL | 1 |

REGISTROS IMPRESADOS: 728

H. Prescribing Data Collection Form

# FORMULARIO DE PACIENTES

HOSPITAL/CESAMO/CESAR: _____ NUMERO DE ENCUESTADOR: _____ DATE: _____

| # ID | FECHA | NOMBRE | EDAD | SEXO | PRESCR. |
|---|---|---|---|---|---|
| | | | | | |

| ENFERMEDAD | DIAGNOSTICO | CODIGO |
|---|---|---|
| | 1. | |
| | 2. | |
| | 3. | |

| MEDICAMENTOS | NOMBRE Y CONCENTRACION | CODIGO | UNIDADES |
|---|---|---|---|
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | 5. | | |
| | 6. | | |
| | 7. | | |
| | 8. | | |
| | 9. | | |
| | 10. | | |


| # ID | FECHA | NOMBRE | EDAD | SEXO | PRESCR. |
|---|---|---|---|---|---|
| | | | | | |

| ENFERMEDAD | DIAGNOSTICO | CODIGO |
|---|---|---|
| | 1. | |
| | 2. | |
| | 3. | |

| MEDICAMENTOS | NOMBRE Y CONCENTRACION | CODIGO | UNIDADES |
|---|---|---|---|
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | 5. | | |
| | 6. | | |
| | 7. | | |
| | 8. | | |
| | 9. | | |
| | 10. | | |

| # ID | FECHA | NOMBRE | EDAD | SEXO | PRESCR. |
|---|---|---|---|---|---|
| | | | | | |

| ENFERMEDAD | DIAGNOSTICO | CODIGO |
|---|---|---|
| | 1. | |
| | 2. | |
| | 3. | |

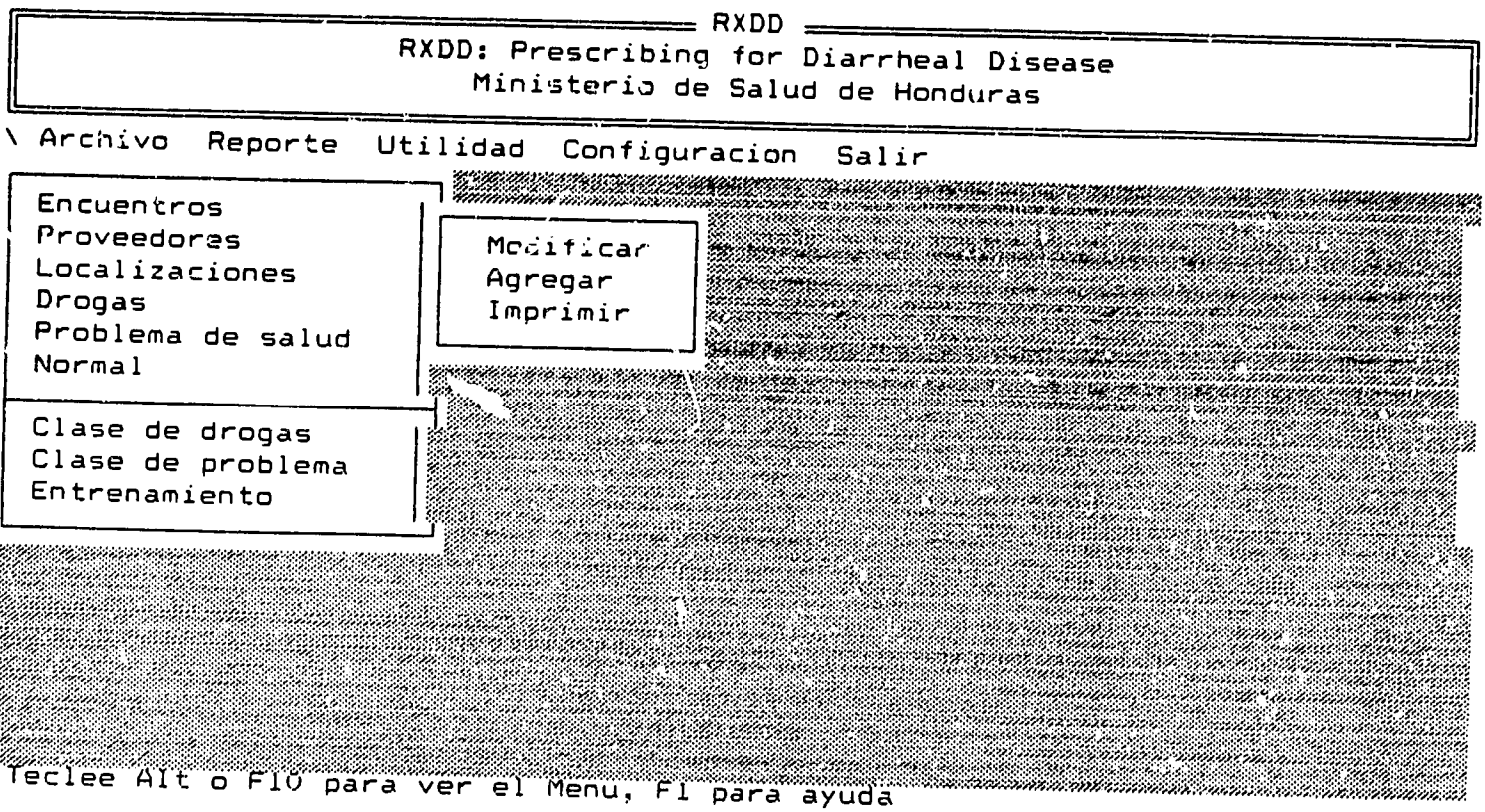
| MEDICAMENTOS | NOMBRE Y CONCENTRACION | CODIGO | UNIDADES |
|---|---|---|---|
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | 5. | | |
| | 6. | | |
| | 7. | | |
| | 8. | | |
| | 9. | | |
| | 10. | | |

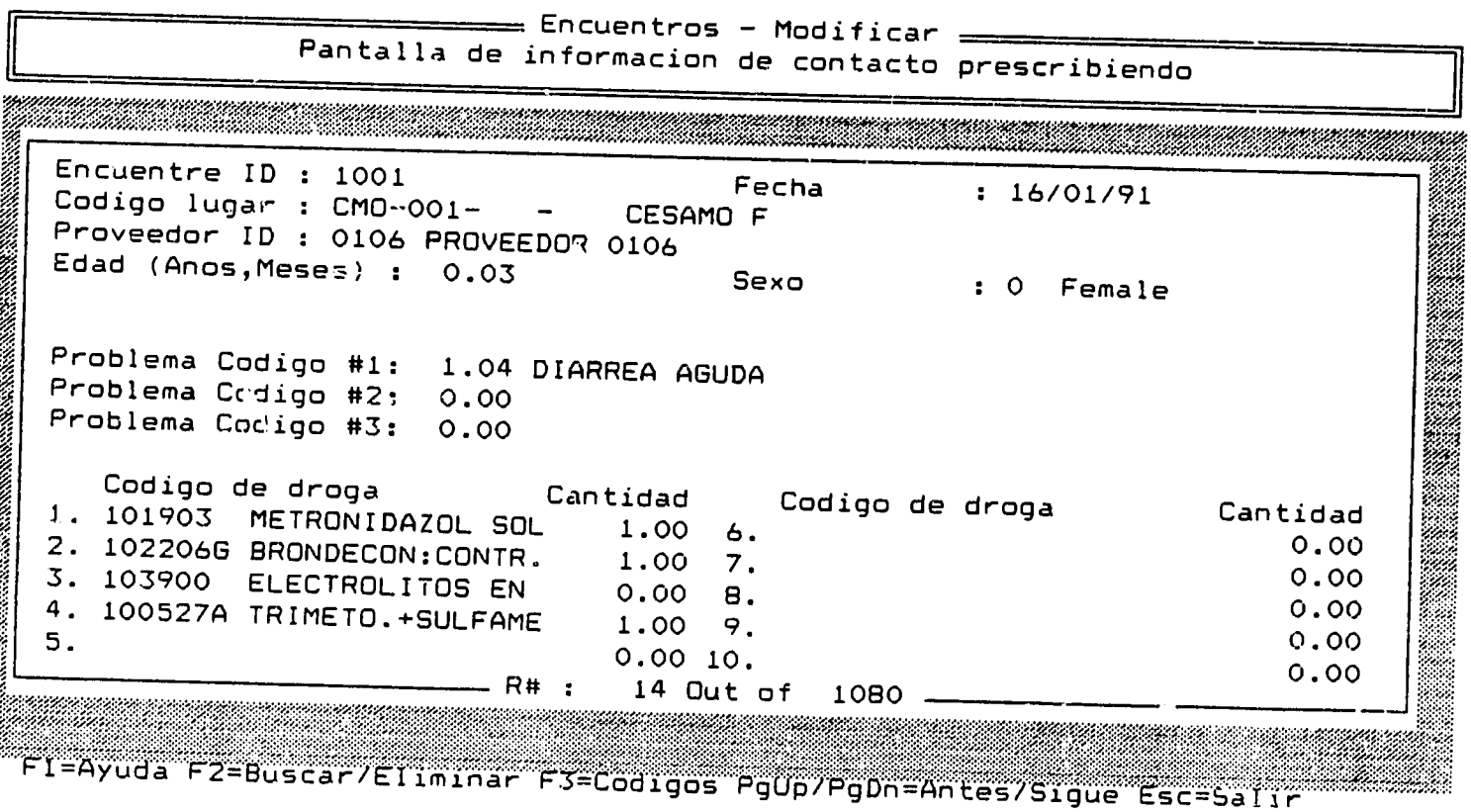
| # ID | FECHA | NOMBRE | EDAD | SEXO | PRESCR. |
|---|---|---|---|---|---|
| | | | | | |

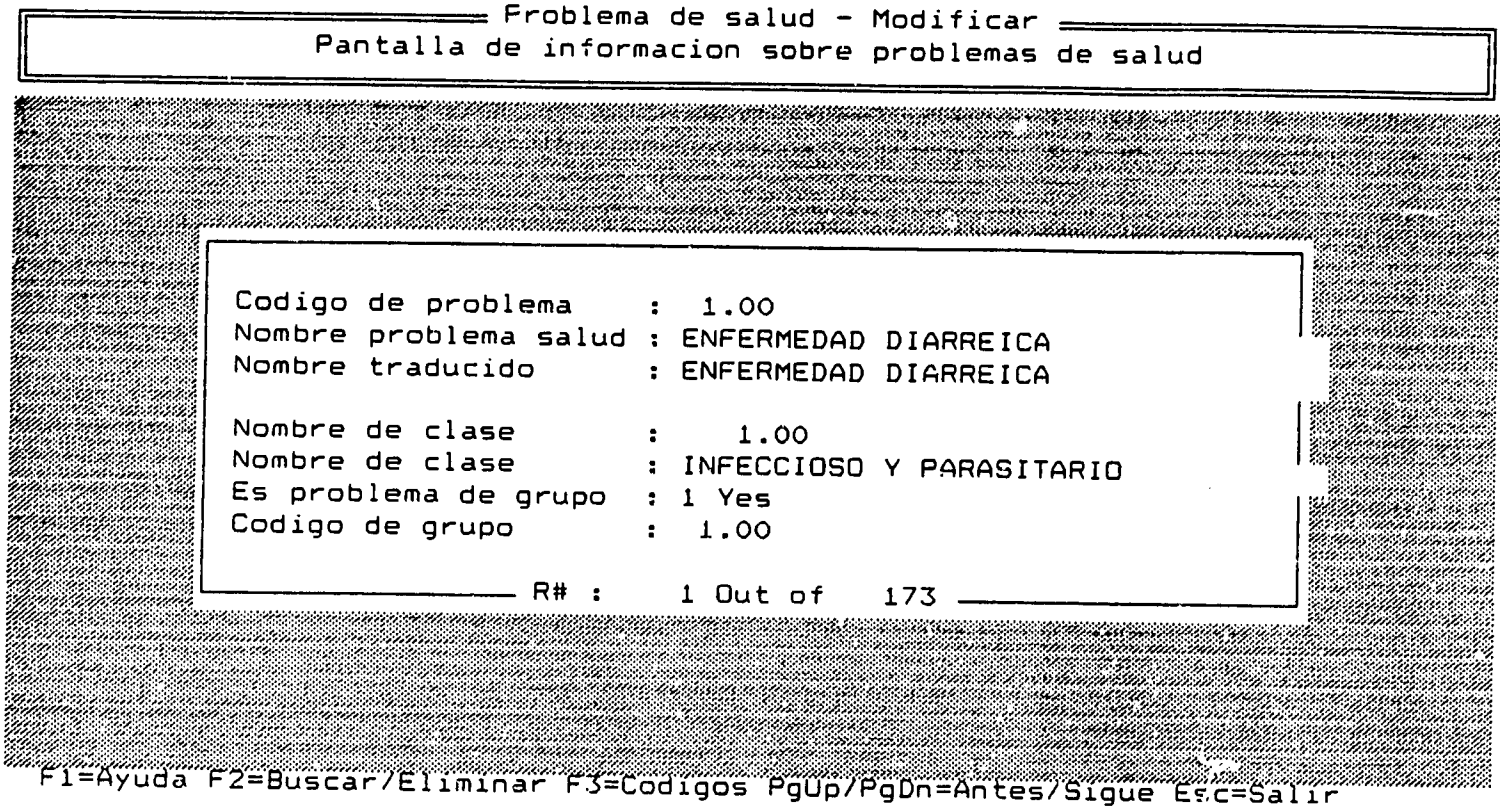
| ENFERMEDAD | DIAGNOSTICO | CODIGO |
|---|---|---|
| | 1. | |
| | 2. | |
| | 3. | |

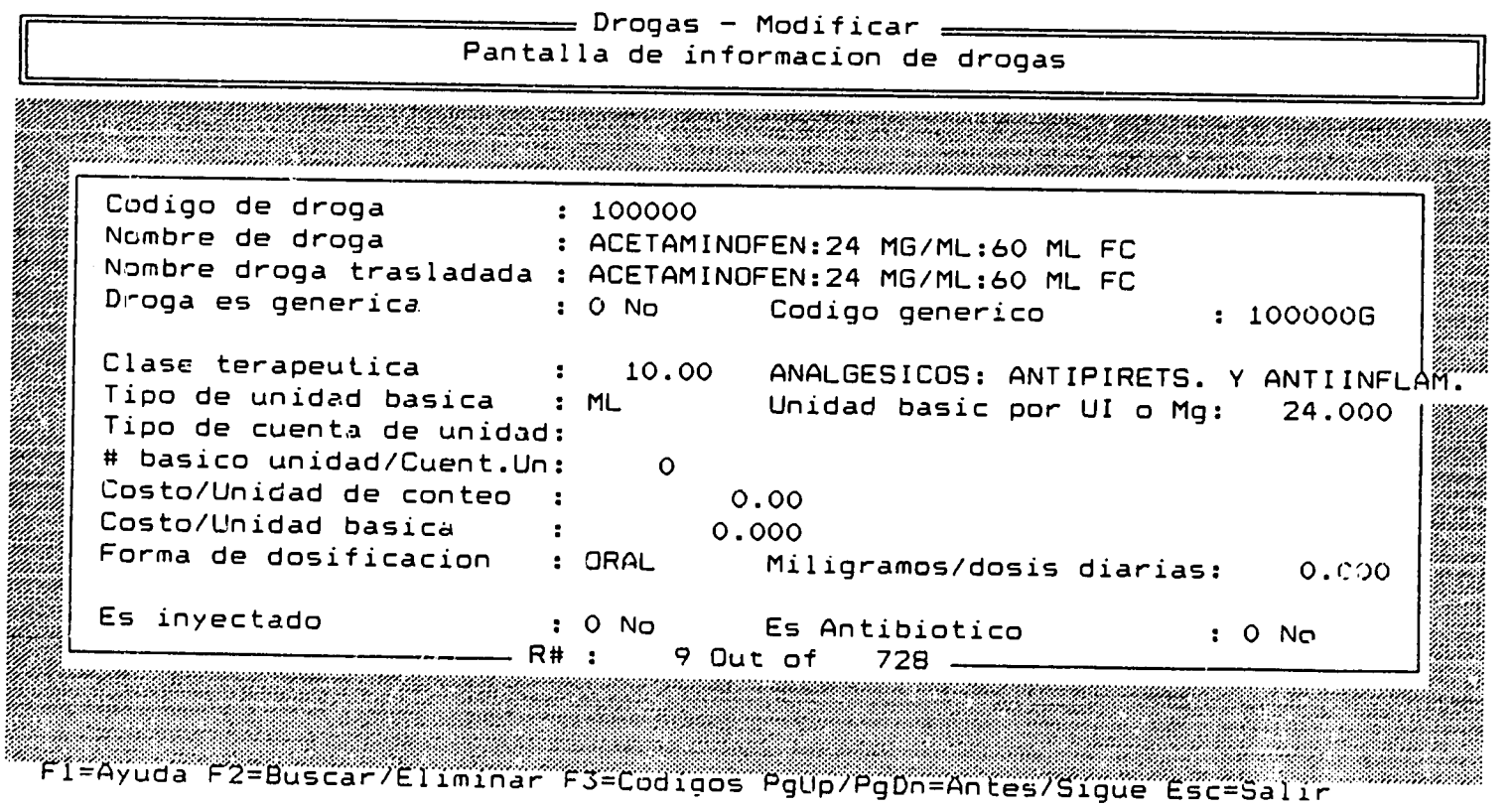
| MEDICAMENTOS | NOMBRE Y CONCENTRACION | CODIGO | UNIDADES |
|---|---|---|---|
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | 5. | | |
| | 6. | | |
| | 7. | | |
| | 8. | | |
| | 9. | | |
| | 10. | | |

# I. Examples of Screens from the Translated RxDD Program


RXDD
RXDD: Prescribing for Diarrheal Disease
Ministerio de Salud de Honduras
\ Archivo Reporte Utilidad Configuracion Salir
Encuentros
Proveedores
Localizaciones
Drogas
Problema de salud
Normal
Clase de drogas
Clase de problema
Entrenamiento
Modificar
Agregar
Imprimir
Teclee Alt o F10 para ver el Menu, F1 para ayuda


Encuentros - Modificar
Pantalla de informacion de contacto prescribiendo
Encuentre ID : 1001
Fecha : 16/01/91
Codigo lugar : CMO-001- - CESAMO F
Proveedor ID : 0106 PROVEEDOR 0106
Edad (Anos,Meses) : 0.03
Sexo : 0 Female
Problema Codigo #1: 1.04 DIARREA AGUDA
Problema Codigo #2: 0.00
Problema Codigo #3: 0.00
Codigo de droga Cantidad Codigo de droga Cantidad
1. 101903 METRONIDAZOL SOL 1.00 6. 0.00
2. 102206G BRONDECON:CONTR. 1.00 7. 0.00
3. 103900 ELECTROLITOS EN 0.00 8. 0.00
4. 100527A TRIMETO.+SULFAME 1.00 9. 0.00
5. 0.00 10. 0.00
R# : 14 Out of 1080
F1=Ayuda F2=Buscar/Eliminar F3=Codigos PgUp/PgDn=Antes/Sigue Esc=Salir


Problema de salud - Modificar
Pantalla de informacion sobre problemas de salud
Codigo de problema : 1.00
Nombre problema salud : ENFERMEDAD DIARREICA
Nombre traducido : ENFERMEDAD DIARREICA
Nombre de clase : 1.00
Nombre de clase : INFECCIOSO Y PARASITARIO
Es problema de grupo : 1 Yes
Codigo de grupo : 1.00
R# : 1 Out of 173
F1=Ayuda F2=Buscar/Eliminar F3=Codigos PgUp/PgDn=Antes/Sigue Esc=Salir


Drogas - Modificar
Pantalla de informacion de drogas
Codigo de droga : 100000
Nombre de droga : ACETAMINOFEN:24 MG/ML:60 ML FC
Nombre droga trasladada : ACETAMINOFEN:24 MG/ML:60 ML FC
Droga es generica : 0 No
Codigo generico : 100000G
Clase terapeutica : 10.00
ANALGESICOS: ANTIPIRETS. Y ANTIINFLAM.
Tipo de unidad basica : ML
Unidad basic por UI o Mg: 24.000
Tipo de cuenta de unidad:
# basico unidad/Cuent.Un: 0
Costo/Unidad de conteo : 0.00
Costo/Unidad basica : 0.000
Forma de dosificacion : ORAL
Miligramos/dosis diarias: 0.000
Es inyectado : 0 No
Es Antibiotico : 0 No
R# : 9 Out of 728
F1=Ayuda F2=Buscar/Eliminar F3=Codigos PgUp/PgDn=Antes/Sigue Esc=Salir

J. Examples of Reports Which Contrast Locations (Facilities) on Key Prescribing Parameters for: (1) All Cases; (2) Acute Diarrhea Only; and (3) Parasitic Infestation Only; and (4) ORS Use Among Cases of Acute Diarrhea

## PATIENT VISITS AND BASIC PRESCRIBING INDICATORS
## ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, HOSPITALS
## ANY DIAGNOSES INDICATING DIARRHEA OR PARASITES

| LOCATION CODE | LOCATION NAME | TOTAL CASES | % FEMALE | % UNDER 5 | AVERAGE DRUGS PER CASE | % CASES RECEIVING ANTI-BIOTICS | % CASES RECEIVING INJEC-TIONS | % CASES RECEIVING ORS |
|---|---|---|---|---|---|---|---|---|
| | ALL LOCATIONS IN REPORT | 1,080 | 51.7% | 64.0% | 2.6 | 43.5% | 19.1% | 44.9% |
| CMO | CENTROS DE SALUD CON MEDICO | | | | | | | |
| 015 | CESAMO A | 24 | 50.0% | 70.8% | 2.5 | 58.3% | 29.2% | 58.3% |
| 014 | CESAMO B | 24 | 37.5% | 79.2% | 2.4 | 16.7% | 16.7% | 50.0% |
| 013 | CESAMO C | 24 | 54.2% | 70.8% | 2.3 | 16.7% | 0.0% | 50.0% |
| 012 | CESAMO D | 36 | 47.2% | 72.2% | 2.4 | 41.7% | 5.6% | 50.0% |
| 011 | CESAMO E | 40 | 52.5% | 67.5% | 2.2 | 42.5% | 22.5% | 50.0% |
| 001 | CESAMO F | 53 | 50.9% | 52.8% | 2.3 | 39.6% | 7.5% | 35.8% |
| 002 | CESAMO G | 39 | 56.4% | 64.1% | 2.5 | 20.5% | 7.7% | 48.7% |
| 003 | CESAMO H | 24 | 79.2% | 62.5% | 2.0 | 45.8% | 0.0% | 62.5% |
| 004 | CESAMO I | 25 | 60.0% | 72.0% | 3.0 | 52.0% | 32.0% | 28.0% |
| 005 | CESAMO J | 22 | 50.0% | 63.6% | 2.5 | 22.7% | 4.5% | 45.5% |
| 006 | CESAMO K | 36 | 44.4% | 58.3% | 2.7 | 47.2% | 19.4% | 52.8% |
| 022 | CESAMO L | 38 | 52.6% | 65.8% | 2.9 | 55.3% | 15.8% | 44.7% |
| 021 | CESAMO M | 36 | 52.8% | 94.4% | 2.5 | 41.7% | 27.8% | 72.2% |
| 020 | CESAMO N | 24 | 41.7% | 62.5% | 3.0 | 45.8% | 12.5% | 37.5% |
| 019 | CESAMO O | 46 | 45.7% | 80.4% | 2.3 | 43.5% | 19.6% | 58.7% |
| | GROUP TOTAL | 491 | 51.9% | 69.1% | 2.5 | 39.9% | 14.9% | 49.7% |
| CSR | CENTROS DE SALUD RURAL | | | | | | | |
| 018 | CESAR A | 25 | 64.0% | 68.0% | 2.9 | 48.0% | 12.0% | 40.0% |
| 017 | CESAR B | 22 | 45.5% | 45.5% | 2.6 | 36.4% | 0.0% | 36.4% |
| 016 | CESAR C | 24 | 58.3% | 41.7% | 2.8 | 20.8% | 12.5% | 50.0% |
| 007 | CESAR D | 18 | 66.7% | 61.1% | 2.7 | 61.1% | 5.6% | 27.8% |
| 008 | CESAR E | 31 | 51.6% | 64.5% | 2.4 | 90.3% | 9.7% | 51.6% |
| 009 | CESAR F | 18 | 50.0% | 38.9% | 3.2 | 38.9% | 0.0% | 38.9% |
| 010 | CESAR G | 24 | 25.0% | 58.3% | 2.2 | 12.5% | 4.2% | 45.8% |
| 026 | CESAR H | 24 | 45.8% | 75.0% | 3.0 | 54.2% | 8.3% | 54.2% |
| 025 | CESAR I | 39 | 71.8% | 48.7% | 2.3 | 20.5% | 5.1% | 33.3% |
| 024 | CESAR J | 28 | 50.0% | 57.1% | 3.8 | 50.0% | 17.9% | 57.1% |
| 023 | CESAR K | 33 | 57.6% | 51.5% | 3.6 | 57.6% | 21.2% | 24.2% |
| | GROUP TOTAL | 286 | 54.4% | 55.6% | 2.9 | 44.8% | 9.4% | 41.6% |
| HOS | HOSPITALES | | | | | | | |
| 028 | HOSPITAL A | 129 | 55.0% | 46.5% | 2.2 | 37.2% | 13.2% | 30.2% |
| 027 | HOSPITAL B | 174 | 44.3% | 76.4% | 2.7 | 56.3% | 51.1% | 47.7% |
| | GROUP TOTAL | 303 | 48.8% | 63.7% | 2.5 | 48.2% | 35.0% | 40.3% |



43

***PATIENT VISITS AND BASIC PRESCRIBING INDICATORS***
***ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, HOSPITALS***
***DIAGNOSES OF ACUTE DIARRHEA WITH NO OTHER CONDITIONS***

| LOCATION CODE | LOCATION NAME | TOTAL CASES | % FEMALE | % UNDER 5 | AVERAGE DRUGS PER CASE | % CASES RECEIVING ANTI-BIOTICS | % CASES RECEIVING INJEC-TIONS | % CASES RECEIVING ORS |
|---|---|---|---|---|---|---|---|---|
| | ALL LOCATIONS IN REPORT | 424 | 48.8% | 81.0% | 2.4 | 47.9% | 17.2% | 65.8% |
| CMO | CENTROS DE SALUD CON MEDICO | | | | | | | |
| 015 | CESAMO A | 12 | 50.0% | 91.7% | 2.5 | 50.0% | 33.3% | 66.7% |
| 014 | CESAMO B | 12 | 50.0% | 83.3% | 2.1 | 25.0% | 8.3% | 66.7% |
| 013 | CESAMO C | 11 | 36.4% | 90.9% | 2.1 | 27.3% | 0.0% | 81.8% |
| 012 | CESAMO D | 20 | 40.0% | 95.0% | 2.1 | 45.0% | 0.0% | 65.0% |
| 011 | CESAMO E | 15 | 53.3% | 100.0% | 1.9 | 46.7% | 6.7% | 86.7% |
| 001 | CESAMO F | 23 | 43.5% | 65.2% | 2.5 | 56.5% | 8.7% | 56.5% |
| 002 | CESAMO G | 14 | 50.0% | 71.4% | 2.2 | 21.4% | 0.0% | 57.1% |
| 003 | CESAMO H | 11 | 72.7% | 90.9% | 2.2 | 72.7% | 0.0% | 81.8% |
| 004 | CESAMO I | 8 | 37.5% | 100.0% | 2.6 | 50.0% | 12.5% | 50.0% |
| 005 | CESAMO J | 8 | 25.0% | 100.0% | 2.3 | 25.0% | 0.0% | 87.5% |
| 006 | CESAMO K | 16 | 50.0% | 81.3% | 2.9 | 43.8% | 12.5% | 68.8% |
| 022 | CESAMO L | 9 | 44.4% | 66.7% | 2.7 | 55.6% | 0.0% | 55.6% |
| 021 | CESAMO M | 13 | 38.5% | 92.3% | 1.8 | 15.4% | 7.7% | 100.0% |
| 020 | CESAMO N | 7 | 57.1% | 100.0% | 3.4 | 57.1% | 0.0% | 85.7% |
| 019 | CESAMO O | 18 | 55.6% | 94.4% | 1.9 | 38.9% | 5.6% | 72.2% |
| | GROUP TOTAL | 197 | 47.9% | 87.7% | 2.3 | 42.1% | 6.6% | 71.1% |
| CSR | CENTROS DE SALUD RURAL | | | | | | | |
| 018 | CESAR A | 5 | 100.0% | 80.0% | 2.4 | 40.0% | 0.0% | 80.0% |
| 017 | CESAR B | 6 | 33.3% | 83.3% | 2.8 | 66.7% | 0.0% | 100.0% |
| 016 | CESAR C | 9 | 88.9% | 44.4% | 3.1 | 22.2% | 11.1% | 88.9% |
| 007 | CESAR D | 8 | 50.0% | 87.5% | 2.8 | 87.5% | 0.0% | 50.0% |
| 008 | CESAR E | 12 | 50.0% | 58.3% | 2.1 | 91.7% | 0.0% | 58.3% |
| 009 | CESAR F | 6 | 33.3% | 83.3% | 3.2 | 66.7% | 0.0% | 83.3% |
| 010 | CESAR G | 5 | 0.0% | 60.0% | 1.6 | 0.0% | 0.0% | 100.0% |
| 026 | CESAR H | 5 | 20.0% | 100.0% | 3.0 | 20.0% | 0.0% | 100.0% |
| 025 | CESAR I | 13 | 61.5% | 92.3% | 2.2 | 23.1% | 0.0% | 76.9% |
| 024 | CESAR J | 8 | 75.0% | 75.0% | 3.4 | 37.5% | 0.0% | 87.5% |
| 023 | CESAR K | 3 | 0.0% | 66.7% | 3.3 | 100.0% | 0.0% | 66.7% |
| | GROUP TOTAL | 80 | 53.2% | 75.0% | 2.6 | 50.0% | 1.3% | 78.8% |
| HOS | HOSPITALES | | | | | | | |
| 028 | HOSPITAL A | 42 | 57.1% | 64.3% | 2.1 | 42.9% | 9.5% | 47.6% |
| 027 | HOSPITAL B | 105 | 43.8% | 80.0% | 2.5 | 59.0% | 52.4% | 53.3% |
| | GROUP TOTAL | 147 | 47.6% | 75.5% | 2.4 | 54.4% | 40.1% | 51.7% |

*PATIENT VISITS AND BASIC PRESCRIBING INDICATORS*
*ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, HOSPITALS*
*DIAGNOSES OF PARASITES WITH NO OTHER CONDITION*

| LOCATION CODE | LOCATION NAME | TOTAL CASES | % FEMALE | % UNDER 5 | AVERAGE DRUGS PER CASE | % CASES RECEIVING ANTI-BIOTICS | % CASES RECEIVING INJEC-TIONS | % CASES RECEIVING ORS |
|---|---|---|---|---|---|---|---|---|
| | ALL LOCATIONS IN REPORT | 255 | 53.5% | 34.9% | 2.2 | 12.2% | 6.3% | 11.4% |
| CMO | CENTROS DE SALUD CON MEDICO | | | | | | | |
| 015 | CESAMO A | 6 | 66.7% | 33.3% | 2.0 | 50.0% | 16.7% | 16.7% |
| 014 | CESAMO B | 2 | 0.0% | 100.0% | 2.0 | 0.0% | 0.0% | 50.0% |
| 013 | CESAMO C | 6 | 83.3% | 66.7% | 2.5 | 0.0% | 0.0% | 0.0% |
| 012 | CESAMO D | 7 | 57.1% | 42.9% | 2.4 | 14.3% | 14.3% | 14.3% |
| 011 | CESAMO E | 16 | 62.5% | 25.0% | 1.9 | 31.3% | 18.8% | 6.3% |
| 001 | CESAMO F | 11 | 63.6% | 27.3% | 1.7 | 0.0% | 0.0% | 9.1% |
| 002 | CESAMO G | 8 | 62.5% | 25.0% | 1.8 | 0.0% | 0.0% | 0.0% |
| 003 | CESAMO H | 10 | 90.0% | 30.0% | 1.5 | 10.0% | 0.0% | 30.0% |
| 004 | CESAMO I | 7 | 85.7% | 71.4% | 2.9 | 14.3% | 28.6% | 14.3% |
| 005 | CESAMO J | 9 | 66.7% | 22.2% | 2.7 | 22.2% | 0.0% | 22.2% |
| 006 | CESAMO K | 8 | 37.5% | 12.5% | 1.9 | 12.5% | 0.0% | 12.5% |
| 022 | CESAMO L | 14 | 42.9% | 57.1% | 2.6 | 14.3% | 0.0% | 7.1% |
| 021 | CESAMO M | 2 | 0.0% | 100.0% | 2.5 | 50.0% | 100.0% | 0.0% |
| 020 | CESAMO N | 9 | 22.2% | 33.3% | 2.2 | 0.0% | 0.0% | 0.0% |
| 019 | CESAMO O | 12 | 41.7% | 50.0% | 1.8 | 16.7% | 8.3% | 16.7% |
| | GROUP TOTAL | 127 | 57.1% | 39.4% | 2.1 | 15.0% | 7.9% | 11.8% |
| CSR | CENTROS DE SALUD RURAL | | | | | | | |
| 018 | CESAR A | 5 | 60.0% | 20.0% | 2.4 | 0.0% | 0.0% | 0.0% |
| 017 | CESAR B | 13 | 38.5% | 38.5% | 2.5 | 23.1% | 0.0% | 7.7% |
| 016 | CESAR C | 10 | 30.0% | 50.0% | 2.6 | 10.0% | 10.0% | 30.0% |
| 007 | CESAR D | 3 | 100.0% | 33.3% | 1.7 | 0.0% | 0.0% | 0.0% |
| 009 | CESAR F | 7 | 42.9% | 14.3% | 3.3 | 0.0% | 0.0% | 14.3% |
| 010 | CESAR G | 14 | 35.7% | 50.0% | 2.1 | 7.1% | 7.1% | 21.4% |
| 026 | CESAR H | 3 | 66.7% | 66.7% | 1.7 | 0.0% | 0.0% | 33.3% |
| 025 | CESAR I | 13 | 76.9% | 23.1% | 1.8 | 7.7% | 0.0% | 7.7% |
| 024 | CESAR J | 5 | 40.0% | 20.0% | 3.2 | 0.0% | 0.0% | 0.0% |
| 023 | CESAR K | 5 | 60.0% | 40.0% | 2.6 | 0.0% | 0.0% | 0.0% |
| | GROUP TOTAL | 78 | 50.0% | 35.9% | 2.4 | 7.7% | 2.6% | 12.8% |
| HOS | HOSPITALES | | | | | | | |
| 028 | HOSPITAL A | 45 | 46.7% | 20.0% | 1.8 | 11.1% | 6.7% | 6.7% |
| 027 | HOSPITAL B | 5 | 80.0% | 40.0% | 2.8 | 20.0% | 20.0% | 20.0% |
| | GROUP TOTAL | 50 | 50.0% | 22.0% | 1.9 | 12.0% | 8.0% | 8.0% |

## *SUMMARY OF ORS USE BY LOCATION*
## *ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, HOSPITALS*
## *DIAGNOSES OF DIARRHEA WITH NO OTHER CONDITION*

| CODE | LOCATION NAME | TOTAL | <5 YRS | >=5 YRS | % RECEIVING ORS <5 YRS | % RECEIVING ORS >=5 YRS | NUMBER OF ORS SACHETS DISPENSED (ALL AGES, WHERE AMOUNT IS KNOWN) 1 | 2 | 3 | 4 | 5+ | % WITH UNKNOWN AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ALL LOCATIONS IN REPORT | 424 | 342 | 80 | 73.7% | 31.3% | 8.5% | 45.5% | 40.9% | 4.0% | 1.1% | 36.9% |
| CMO | CENTROS DE SALUD CON MEDICO | | | | | | | | | | | |
| 015 | CESAMO A | 12 | 11 | 1 | 72.7% | 0.0% | ###.#% | ###.#% | ###.#% | ###.#% | ###.#% | 100.0% |
| 014 | CESAMO B | 12 | 10 | 2 | 60.0% | 100.0% | 28.6% | 28.6% | 42.9% | 0.0% | 0.0% | 12.5% |
| 013 | CESAMO C | 11 | 10 | 1 | 80.0% | 100.0% | 33.3% | 11.1% | 22.2% | 33.3% | 0.0% | 0.0% |
| 012 | CESAMO D | 20 | 19 | 1 | 63.2% | 100.0% | 12.5% | 87.5% | 0.0% | 0.0% | 0.0% | 38.5% |
| 011 | CESAMO E | 15 | 15 | 0 | 86.7% | ###.#% | 0.0% | 40.0% | 60.0% | 0.0% | 0.0% | 61.5% |
| 001 | CESAMO F | 23 | 15 | 7 | 66.7% | 28.6% | 50.0% | 25.0% | 0.0% | 25.0% | 0.0% | 38.5% |
| 002 | CESAMO G | 14 | 10 | 4 | 70.0% | 25.0% | 14.3% | 57.1% | 28.6% | 0.0% | 0.0% | 12.5% |
| 003 | CESAMO H | 11 | 10 | 1 | 80.0% | 100.0% | 0.0% | 77.8% | 22.2% | 0.0% | 0.0% | 0.0% |
| 004 | CESAMO I | 8 | 8 | 0 | 50.0% | ###.#% | ###.#% | ###.#% | ###.#% | ###.#% | ###.#% | 100.0% |
| 005 | CESAMO J | 8 | 8 | 0 | 87.5% | ###.#% | 14.3% | 42.9% | 42.9% | 0.0% | 0.0% | 0.0% |
| 006 | CESAMO K | 16 | 13 | 3 | 84.6% | 0.0% | 0.0% | 25.0% | 75.0% | 0.0% | 0.0% | 27.3% |
| 022 | CESAMO L | 9 | 6 | 3 | 83.3% | 0.0% | 0.0% | 0.0% | 50.0% | 25.0% | 25.0% | 20.0% |
| 021 | CESAMO M | 13 | 12 | 0 | 100.0% | ###.#% | 0.0% | 23.1% | 76.9% | 0.0% | 0.0% | 0.0% |
| 020 | CESAMO N | 7 | 7 | 0 | 85.7% | ###.#% | 16.7% | 0.0% | 83.3% | 0.0% | 0.0% | 0.0% |
| 019 | CESAMO O | 18 | 17 | 1 | 70.6% | 100.0% | 0.0% | 72.7% | 27.3% | 0.0% | 0.0% | 15.4% |
| | TOTAL FOR THIS GROUP: | 197 | 171 | 24 | 75.4% | 37.5% | 12.7% | 40.2% | 40.2% | 5.9% | 1.0% | 27.1% |
| CSR | CENTROS DE SALUD RURAL | | | | | | | | | | | |
| 018 | CESAR A | 5 | 4 | 1 | 75.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 017 | CESAR B | 6 | 5 | 1 | 100.0% | 100.0% | 0.0% | 33.3% | 50.0% | 16.7% | 0.0% | 0.0% |
| 016 | CESAR C | 9 | 4 | 5 | 100.0% | 80.0% | 0.0% | 50.0% | 50.0% | 0.0% | 0.0% | 0.0% |
| 007 | CESAR D | 8 | 7 | 1 | 57.1% | 0.0% | 33.3% | 0.0% | 33.3% | 0.0% | 33.3% | 25.0% |
| 008 | CESAR E | 12 | 7 | 5 | 71.4% | 40.0% | 0.0% | 85.7% | 14.3% | 0.0% | 0.0% | 0.0% |
| 009 | CESAR F | 6 | 5 | 1 | 100.0% | 0.0% | 0.0% | 40.0% | 60.0% | 0.0% | 0.0% | 0.0% |
| 010 | CESAR G | 5 | 3 | 2 | 100.0% | 100.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 026 | CESAR H | 5 | 5 | 0 | 100.0% | ###.#% | 0.0% | 40.0% | 60.0% | 0.0% | 0.0% | 0.0% |
| 025 | CESAR I | 13 | 12 | 1 | 75.0% | 100.0% | 0.0% | 10.0% | 90.0% | 0.0% | 0.0% | 0.0% |
| 024 | CESAR J | 8 | 6 | 2 | 83.3% | 100.0% | 20.0% | 40.0% | 40.0% | 0.0% | 0.0% | 28.6% |
| 023 | CESAR K | 3 | 2 | 1 | 50.0% | 100.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% | 50.0% |
| | TOTAL FOR THIS GROUP: | 80 | 60 | 20 | 81.7% | 70.0% | 3.4% | 47.5% | 45.8% | 1.7% | 1.7% | 6.3% |
| HOS | HOSPITALES | | | | | | | | | | | |
| 028 | HOSPITAL A | 42 | 27 | 15 | 70.4% | 6.7% | 0.0% | 69.2% | 30.8% | 0.0% | 0.0% | 35.0% |
| 027 | HOSPITAL B | 105 | 84 | 21 | 65.5% | 4.8% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 96.4% |
| | TOTAL FOR THIS GROUP: | 147 | 111 | 36 | 66.7% | 5.6% | 0.0% | 73.3% | 26.7% | 0.0% | 0.0% | 80.3% |

K. Examples of Reports Which Compare the Use of Drugs by Generic Category Among Subgroups of Cases for: (1) All Cases; (2) Acute Diarrhea Only; and (2) Parasitic Infestation Only

## *PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
## *ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
## *ALL DIAGNOSES INDICATING DIARRHEA OR PARASITES*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| ***ANALGESICOS: ANTIPIRETS. Y ANTIINFLAM.*** | | | | | | |
| 1000006 ACETAMINOFEN | DESC | 13.4% | 6.4% | 10.4% | 11.2% | 11.0% |
| 1000026 AC.ACETILSALICILICO | ORAL | 9.2% | 6.4% | 9.9% | 6.6% | 8.1% |
| 1000056 DIPIRONA | INY | 1.1% | 0.3% | 0.9% | 0.6% | 0.8% |
| 1000096 NAPROXEN TAB | ORAL | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| 1000136 NONESTER.ANTIINFL.TAB | ORAL | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.24 | 0.14 | 0.21 | 0.19 | 0.20 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 9.0% | 6.0% | 8.2% | 7.4% | 7.8% |
| ***ANALGESICOS, NARCOTS. Y ANTAGONS.*** | | | | | | |
| 1001036 NALOXONA | INY | 0.2% | 0.3% | 0.0% | 0.4% | 0.2% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.1% | 0.1% | 0.0% | 0.2% | 0.1% |
| ***ANALGESICOS DE USO TOPICO*** | | | | | | |
| 1002006 ANTIPIR.+BENZ.+HIDROX. | TOP | 0.2% | 0.0% | 0.2% | 0.0% | 0.1% |
| 1002016 SALICILATO DE METILO | TOP | 0.0% | 0.9% | 0.5% | 0.2% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.1% | 0.4% | 0.3% | 0.1% | 0.2% |
| ***ANTIACIDOS Y ANTIULCEROSOS*** | | | | | | |
| 1003006 CIMETIDINA | DESC | 0.2% | 0.3% | 0.2% | 0.2% | 0.2% |
| 1003026 HIDRO.AL.Y MAGN.+DIMET. | ORAL | 0.2% | 1.4% | 0.9% | 0.2% | 0.7% |
| 1003036 PEPTO BISMOL | ORAL | 0.2% | 0.0% | 0.0% | 0.2% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.02 | 0.01 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.2% | 0.8% | 0.5% | 0.2% | 0.4% |
| ***ANTIBACTERIANOS*** | | | | | | |
| 1005006 AMIKACINA INY | INY | 0.2% | 0.0% | 0.2% | 0.0% | 0.1% |
| 1005026 AMPICILINA SUSP.ORAL | ORAL | 5.6% | 2.3% | 3.8% | 4.9% | 4.3% |
| 1005036 AMPICILINA | DESC | 0.4% | 3.8% | 0.9% | 2.3% | 1.7% |
| 1005106 CLORANFENICOL | DESC | 0.5% | 0.3% | 0.7% | 0.2% | 0.4% |
| 1005166 ERITROMICINA | DESC | 5.8% | 1.2% | 4.7% | 4.0% | 4.3% |
| 1005186 GENTAMICINA INY | INY | 0.4% | 0.3% | 0.2% | 0.4% | 0.3% |
| 1005236 PENICILINA PROCAIN.INY | INY | 0.9% | 0.9% | 1.2% | 0.8% | 1.0% |
| 1005246 PENICILINA BENZATIN.INY | INY | 9.9% | 6.1% | 9.9% | 7.2% | 8.5% |
| 1005256 TETRACICLINA CAP | ORAL | 0.2% | 1.2% | 0.7% | 0.4% | 0.6% |
| 1005276 TRIMETO+SULFAMET | ORAL | 33.1% | 7.8% | 27.7% | 20.1% | 23.6% |
| 1005306 PIPERACILINA INY | INY | 0.4% | 0.9% | 0.2% | 0.8% | 0.6% |

*PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
*ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
*ALL DIAGNOSES INDICATING DIARRHEA OR PARASITES*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.57 | 0.25 | 0.50 | 0.41 | 0.46 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 21.7% | 10.9% | 19.3% | 16.1% | 17.6% |
| ***ANTIBACTERIANOS LOCALES*** | | | | | | |
| 1006016 GENTAMICINA GOT.OFT. | OFT | 0.2% | 0.3% | 0.0% | 0.4% | 0.2% |
| 1006026 OXITET.CLORHIDR.UN.OFT. | OFT | 0.2% | 0.3% | 0.2% | 0.2% | 0.2% |
| 1006056 SULFADIAZINA DE PLATA | TOP | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| 1006076 OXITET.+POLIM.UNG.OFT. | OFT | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| 1006036 WHITFIELD UNG.TOPIC. | TOP | 0.5% | 0.0% | 0.2% | 0.4% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.01 | 0.00 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 0.5% | 0.2% | 0.6% | 0.4% |
| ***ANTIEMETICOS*** | | | | | | |
| 1009006 METOCLOPRAMIDA | DESC | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| 1009026 MECLIZINA GOT.PED. | ORAL | 4.0% | 0.6% | 2.6% | 3.0% | 2.8% |
| 1009036 BONODOXINA GOT. | ORAL | 3.3% | 1.4% | 3.1% | 2.1% | 2.6% |
| 1009056 DIMENHIDRANATA | DESC | 0.4% | 0.0% | 0.0% | 0.4% | 0.2% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.08 | 0.02 | 0.06 | 0.06 | 0.06 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 2.9% | 1.0% | 2.2% | 2.2% | 2.2% |
| ***ANTIESPASMODICOS*** | | | | | | |
| 1010006 ANTIESPAS.+ANALG.ADULTO | ORAL | 0.5% | 14.2% | 4.5% | 7.0% | 5.8% |
| 1010016 ANTIESPASM.INFANT. | ORAL | 5.6% | 3.2% | 5.0% | 5.3% | 5.1% |
| 1010026 ANTIESPASM.+ANALG.INY | INY | 0.0% | 1.2% | 0.5% | 0.4% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.06 | 0.18 | 0.10 | 0.13 | 0.11 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 2.3% | 8.2% | 3.8% | 5.0% | 4.4% |
| ***ANTIHELMINTICOS*** | | | | | | |
| 1011006 MEBENDAZOLE SUSP OR | ORAL | 13.6% | 14.7% | 18.0% | 12.7% | 15.1% |
| 1011016 MEBENDAZOLE TAB | ORAL | 0.7% | 17.9% | 6.6% | 8.7% | 7.7% |
| 1011026 NICLOSAMIDA TAB | ORAL | 0.4% | 0.3% | 0.5% | 0.2% | 0.3% |
| 1011036 PIPERAZINA CITR. | ORAL | 16.8% | 22.0% | 17.5% | 22.0% | 19.8% |
| 1011056 ALBENDAZOLE TAB | ORAL | 0.0% | 0.3% | 0.0% | 0.4% | 0.2% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.31 | 0.55 | 0.43 | 0.44 | 0.43 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 11.9% | 24.5% | 16.3% | 17.2% | 16.7% |
| ***ANTIHIPERTENSIVOS*** | | | | | | |
| 1012006 ALFAMETILDOPA TAB | ORAL | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.1% | 0.0% | 0.1% | 0.0% |

*PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
*ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
*ALL DIAGNOSES INDICATING DIARRHEA OR PARASITES*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| ***ANTIHISTAMINICOS*** | | | | | | |
| 1013006 DIFENHIDRAMINA | DESC | 3.3% | 1.7% | 3.3% | 2.1% | 2.7% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.03 | 0.02 | 0.03 | 0.02 | 0.03 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 1.2% | 0.8% | 1.3% | 0.8% | 1.0% |
| ***ANTIINFLAMATORIOS DE USO TOPICO*** | | | | | | |
| 1014006 ESTEROIDE DE USO TOPICO | TOP | 0.4% | 0.0% | 0.0% | 0.4% | 0.2% |
| 1014016 HIDROC.+NEOM.+POLIM.CR. | TOP | 0.4% | 0.3% | 0.2% | 0.4% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.00 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 0.1% | 0.1% | 0.3% | 0.2% |
| ***ANTIMICOTICOS SISTEMICOS*** | | | | | | |
| 1016016 GRISEOFULVINA | DESC | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.1% | 0.0% | 0.1% | 0.0% |
| ***ANTIMICOTICOS DE ACCION LOCAL*** | | | | | | |
| 1017016 CLOTRIMAZOLE | TOP | 0.9% | 0.9% | 0.2% | 1.5% | 0.9% |
| 1017026 NISTATINA | DESC | 0.5% | 0.0% | 0.5% | 0.2% | 0.3% |
| 1017046 NISTATINA UNG.OFT. | OFT | 0.2% | 0.0% | 0.2% | 0.0% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.02 | 0.01 | 0.01 | 0.02 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.6% | 0.4% | 0.4% | 0.7% | 0.5% |
| ***ANTIPROTOZOARIOS*** | | | | | | |
| 1019036 METRONIDAZOL | DESC | 33.8% | 45.7% | 35.9% | 42.9% | 39.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.34 | 0.46 | 0.36 | 0.43 | 0.40 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 12.8% | 20.2% | 13.8% | 16.8% | 15.4% |
| ***ANTITUBERCULOSOS*** | | | | | | |
| 1020056 PIRAZINAMIDA TAB | ORAL | 0.2% | 0.3% | 0.0% | 0.4% | 0.2% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.1% | 0.1% | 0.0% | 0.2% | 0.1% |
| ***ASTRINGENTES*** | | | | | | |
| 1021016 CALAMINA FENOLADA | TOP | 0.4% | 0.3% | 0.5% | 0.2% | 0.3% |

*PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
*ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
*ALL DIAGNOSES INDICATING DIARRHEA OR PARASITES*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.1% | 0.1% | 0.2% | 0.1% | 0.1% |
| ***BRONCODILATADORES*** | | | | | | |
| 1022016 SALBUTAMOL | ORAL | 0.9% | 0.9% | 0.9% | 1.1% | 1.0% |
| 1022036 TEOFILINA | ORAL | 1.3% | 0.9% | 0.9% | 1.5% | 1.2% |
| 1022066 BRONDECON | ORAL | 0.2% | 0.0% | 0.0% | 0.2% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.02 | 0.02 | 0.02 | 0.03 | 0.02 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.9% | 0.8% | 0.7% | 1.1% | 0.9% |
| ***ESCABICIDAS Y PEDICULICIDAS*** | | | | | | |
| 1024006 GAMMA HEXACL.BENCENO LO | TOP | 1.4% | 0.3% | 0.7% | 1.3% | 1.0% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.01 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.5% | 0.1% | 0.3% | 0.5% | 0.4% |
| ***EXPECTORANTES*** | | | | | | |
| 1027006 EXPECTORANTE INFANTIL | ORAL | 0.2% | 0.6% | 0.5% | 0.4% | 0.4% |
| 1027016 EXPECTORANTE ADULTO | ORAL | 0.0% | 0.6% | 0.2% | 0.2% | 0.2% |
| 1027026 BISOLVON SOL.OR. | ORAL | 0.2% | 0.0% | 0.2% | 0.0% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.01 | 0.01 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.1% | 0.5% | 0.4% | 0.2% | 0.3% |
| ***PROGESTAGENOS*** | | | | | | |
| 1034006 ACETATO MEDROXIPROG.TAB | ORAL | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.1% | 0.0% | 0.1% | 0.0% |
| ***SOL. ORAL CORREC., TRASTORNO HID*** | | | | | | |
| 1039006 SUERO REHIDRATACION ORAL: SB | ORAL | 62.9% | 13.9% | 48.0% | 41.6% | 45.0% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.63 | 0.14 | 0.48 | 0.42 | 0.45 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 23.9% | 6.1% | 18.4% | 16.3% | 17.4% |
| ***VITAMINAS Y MINERALES*** | | | | | | |
| 1044006 AC.ASCORBICO TAB | ORAL | 0.2% | 0.6% | 0.2% | 0.4% | 0.3% |
| 1044016 AC.FOLICO TAB | ORAL | 0.7% | 2.9% | 1.9% | 1.3% | 1.6% |
| 1044036 HEMATINICO VIT. | ORAL | 7.1% | 4.6% | 7.6% | 5.9% | 6.7% |
| 1044046 MULTIVITAMINAS | ORAL | 6.0% | 6.4% | 5.9% | 7.4% | 6.7% |
| 1044056 MULTIVIT. PRENATALES | ORAL | 0.5% | 0.9% | 0.2% | 1.3% | 0.8% |
| 1044066 SULFATO FERROSO | DESC | 9.8% | 19.7% | 15.1% | 14.2% | 14.5% |

## *PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
## *ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
## *ALL DIAGNOSES INDICATING DIARRHEA OR PARASITES*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| 1044096 VIT. "A" | DESC | 1.3% | 0.3% | 1.2% | 0.6% | 0.9% |
| 1044126 VIT. K1 SINTETICA INY | INY | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| 1044136 VIT. B1+B6+B12 INY | INY | 0.2% | 0.3% | 0.5% | 0.2% | 0.3% |
| 1044166 VIT. "C" | ORAL | 0.2% | 0.0% | 0.2% | 0.0% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.26 | 0.36 | 0.33 | 0.32 | 0.32 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 9.8% | 15.9% | 12.6% | 12.3% | 12.4% |
| ***ANTISEPTICOS*** | | | | | | |
| 1300026 YODO+POLIV.PIRROL.SOL. | TOP | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| 1300036 SAVLON ANTISEPTICO | TOP | 0.2% | 0.0% | 0.2% | 0.0% | 0.1% |
| 1300046 MANDELAMINA | ORAL | 0.2% | 0.0% | 0.2% | 0.0% | 0.1% |
| 1300106 NALIDIXINA, ACEITE DE | TOP | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| 1300116 VIOLETA GENTIANA SOL. | TOP | 0.2% | 0.0% | 0.2% | 0.0% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.01 | 0.01 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.2% | 0.3% | 0.3% | 0.2% | 0.2% |
| ***PRODUCTOS MISCELANEO*** | | | | | | |
| 1700066 COMBIASE | ORAL | 0.0% | 0.3% | 0.0% | 0.2% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.1% | 0.0% | 0.1% | 0.0% |
| ***ANTIDIARREICOS*** | | | | | | |
| 1800006 ANTIDIARREICO | ORAL | 0.2% | 0.0% | 0.0% | 0.2% | 0.1% |
| 1800016 ANTIDIARR.CON NEOMYCIN | ORAL | 0.0% | 0.6% | 0.2% | 0.2% | 0.2% |
| 1800026 ANTIDIAR.CON KAOLIN-PEC | ORAL | 0.5% | 1.2% | 0.5% | 1.3% | 0.9% |
| 1800046 ANTIDIAR.CON NIFUROXIZ. | ORAL | 0.0% | 0.3% | 0.2% | 0.0% | 0.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.02 | 0.01 | 0.02 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 0.9% | 0.4% | 0.7% | 0.5% |
| ***TERAPEUTICA DESCONOCIDA*** | | | | | | |
| ILEG ** ILEGIBLE NOMBRE ** | | 0.4% | 1.2% | 0.9% | 0.4% | 0.8% |
| NOSE ** NO SE RECETO ** | | 0.9% | 0.3% | 0.7% | 0.6% | 0.7% |
| OTRO ** OTROS LIQUIDOS ** | ORAL | 0.2% | 0.3% | 0.2% | 0.2% | 0.2% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.02 | 0.02 | 0.01 | 0.02 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.5% | 0.8% | 0.7% | 0.5% | 0.6% |
| TOTAL # OF PATIENTS TREATED: | | 553 | 346 | 423 | 473 | 901 |
| TOTAL # OF DRUGS: | | 1,458 | 781 | 1,104 | 1,208 | 2,325 |
| AVERAGE DRUGS PER PATIENT: | | 2.6 | 2.3 | 2.6 | 2.6 | 2.6 |

## *PRESCRIPTION FREQUENCY BY DRUG AND THERAPEUTIC CATEGORIES*
## *ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
## *DIAGNOSES OF ACUTE DIARRHEA WITH NO OTHER CONDITION*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| ***ANALGESICOS: ANTIPIRETS. Y ANTIINFLAM.*** | | | | | | |
| 1000006 ACETAMINOFEN | DESC | 7.4% | 3.3% | 6.4% | 6.9% | 6.9% |
| 1000026 AC.ACETILSALICILICO | ORAL | 5.0% | 6.7% | 5.1% | 5.7% | 5.3% |
| 1000056 DIPIRONA | INY | 0.8% | 0.0% | 0.6% | 0.6% | 0.6% |
| 1000136 NONESTER.ANTIINFL.TAB | ORAL | 0.0% | 1.7% | 0.0% | 0.6% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.13 | 0.12 | 0.12 | 0.14 | 0.13 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 5.6% | 4.9% | 5.1% | 5.7% | 5.5% |
| ***ANALGESICOS DE USO TOPICO*** | | | | | | |
| 1002016 SALICILATO DE METILO | TOP | 0.0% | 1.7% | 0.6% | 0.0% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.02 | 0.01 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.7% | 0.3% | 0.0% | 0.1% |
| ***ANTIACIDOS Y ANTIULCEROSOS*** | | | | | | |
| 1003026 HIDRO.AL.Y MAGN.+DIMET. | ORAL | 0.0% | 3.3% | 0.6% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.03 | 0.01 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 1.4% | 0.3% | 0.0% | 0.3% |
| ***ANTIBACTERIANOS*** | | | | | | |
| 1005026 AMPICILINA SUSP.ORAL | ORAL | 5.0% | 3.3% | 5.7% | 3.8% | 4.7% |
| 1005036 AMPICILINA | DESC | 0.4% | 6.7% | 1.3% | 1.9% | 1.6% |
| 1005106 CLORANFENICOL | DESC | 0.4% | 0.0% | 0.6% | 0.0% | 0.3% |
| 1005166 ERITROMICINA | DESC | 3.9% | 0.0% | 4.5% | 2.5% | 3.4% |
| 1005236 PENICILINA PROCAIN.INY | INY | 0.4% | 1.7% | 0.6% | 0.6% | 0.6% |
| 1005246 PENICILINA BENZATIN.INY | INY | 2.3% | 5.0% | 1.3% | 3.8% | 2.8% |
| 1005276 TRIMETO+SULFAMET | ORAL | 34.5% | 18.3% | 33.8% | 30.2% | 31.6% |
| 1005306 PIPERACILINA INY | INY | 0.4% | 1.7% | 0.0% | 1.3% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.47 | 0.37 | 0.48 | 0.44 | 0.46 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 20.1% | 15.4% | 20.2% | 18.2% | 19.1% |
| ***ANTIBACTERIANOS LOCALES*** | | | | | | |
| 1006016 GENTAMICINA GOT.OFT. | OFT | 0.4% | 0.0% | 0.0% | 0.6% | 0.3% |
| 1006056 SULFADIAZINA DE PLATA | TOP | 0.0% | 1.7% | 0.0% | 0.6% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.02 | 0.00 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.2% | 0.7% | 0.0% | 0.5% | 0.3% |
| ***ANTIEMETICOS*** | | | | | | |
| 1009026 MECLIZINA GOT.PED. | ORAL | 5.4% | 0.0% | 2.5% | 6.3% | 4.4% |
| 1009036 BONDOXINA GOT. | ORAL | 5.4% | 5.0% | 6.4% | 4.4% | 5.3% |

*PRESCRIPTION FREQUENCY BY DRUG AND THERAPEUTIC CATEGORIES*
*ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
*DIAGNOSES OF ACUTE DIARRHEA WITH NO OTHER CONDITION*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| 1009056 DIMENHIDRANATA | DESC | 0.8% | 0.0% | 0.0% | 1.3% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.12 | 0.05 | 0.09 | 0.12 | 0.10 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 4.9% | 2.1% | 3.8% | 4.9% | 4.3% |
| *ANTIESPASMODICOS* | | | | | | |
| 1010006 ANTIESPAS.+ANALG.ADULTO | ORAL | 0.8% | 3.3% | 1.9% | 8.2% | 5.0% |
| 1010016 ANTIESPASM.INFANT. | ORAL | 7.0% | 5.0% | 7.0% | 6.9% | 6.9% |
| 1010026 ANTIESPASM.+ANALG.INY | INY | 0.0% | 3.3% | 1.3% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.08 | 0.32 | 0.10 | 0.15 | 0.13 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 3.3% | 13.3% | 4.3% | 6.3% | 5.2% |
| *ANTIHELMINTICOS* | | | | | | |
| 1011006 MEBENDAZOLE SUSP OR | ORAL | 6.6% | 10.0% | 7.0% | 7.5% | 7.2% |
| 1011016 MEBENDAZOLE TAB | ORAL | 0.0% | 1.3% | 0.6% | 3.1% | 1.9% |
| 1011026 NICLOSAMIDA TAB | ORAL | 0.4% | 0.0% | 0.6% | 0.0% | 0.3% |
| 1011036 PIPERAZINA CITR. | ORAL | 7.8% | .7% | 7.0% | 8.2% | 7.5% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.15 | 0.25 | 0.15 | 0.19 | 0.17 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 6.3% | 10.5% | 6.5% | 7.8% | 7.1% |
| *ANTIHISTAMINICOS* | | | | | | |
| 1013006 DIFENHIDRAMINA | DESC | 1.6% | 0.0% | 1.9% | 0.6% | 1.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.02 | 0.00 | 0.02 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.7% | 0.0% | 0.8% | 0.3% | 0.5% |
| *ANTIINFLAMATORIOS DE USO TOPICO* | | | | | | |
| 1014006 ESTEROIDE DE USO TOPICO | TOP | 0.4% | 0.0% | 0.0% | 0.6% | 0.3% |
| 1014016 HIDROC.+NEOM.+POLIM.CR. | TOP | 0.4% | 0.0% | 0.6% | 0.0% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.01 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 0.0% | 0.3% | 0.3% | 0.3% |
| *ANTIMICOTICOS DE ACCION LOCAL* | | | | | | |
| 1017026 NISTATINA | DESC | 0.8% | 0.0% | 1.3% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 0.0% | 0.5% | 0.0% | 0.3% |
| *ANTIPROTOZOARIOS* | | | | | | |
| 1019036 METRONIDAZOL | DESC | 35.7% | 56.3% | 36.9% | 44.0% | 40.6% |

*PRESCRIPTION FREQUENCY BY DRUG AND THERAPEUTIC CATEGORIES*
*ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
*DIAGNOSES OF ACUTE DIARRHEA WITH NO OTHER CONDITION*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.36 | 0.58 | 0.37 | 0.44 | 0.41 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 15.2% | 24.5% | 15.6% | 18.2% | 17.0% |
| ***ASTRINGENTES*** | | | | | | |
| 1021016 CALAMINA FENOLADA | TOP | 0.4% | 0.0% | 0.6% | 0.0% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.2% | 0.0% | 0.3% | 0.0% | 0.1% |
| ***BRONCODILATADORES*** | | | | | | |
| 1022016 SALBUTAMOL | ORAL | 0.8% | 0.0% | 1.3% | 0.0% | 0.6% |
| 1022066 BRONDECON | ORAL | 0.4% | 0.0% | 0.0% | 0.6% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.01 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.5% | 0.0% | 0.5% | 0.3% | 0.4% |
| ***ESCABICIDAS Y PEDICULICIDAS*** | | | | | | |
| 1024006 GAMMA HEXACL.BENCENO LO | TOP | 0.8% | 0.0% | 1.3% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 0.0% | 0.5% | 0.0% | 0.3% |
| ***SOL. ORAL CORREC., TRASTORNO HID*** | | | | | | |
| 1039006 SUERO REHIDRATACION ORAL: SB | ORAL | 76.7% | 36.7% | 72.6% | 67.3% | 70.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.77 | 0.37 | 0.73 | 0.67 | 0.70 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 32.6% | 15.4% | 30.7% | 27.9% | 29.4% |
| ***VITAMINAS Y MINERALES*** | | | | | | |
| 1044006 AC.ASCORBICO TAB | ORAL | 0.4% | 1.7% | 0.6% | 0.6% | 0.6% |
| 1044016 AC.FOLICO TAB | ORAL | 0.8% | 0.0% | 0.6% | 0.6% | 0.6% |
| 1044036 HEMATINICO VIT. | ORAL | 4.7% | 1.7% | 3.8% | 4.4% | 4.1% |
| 1044046 MULTIVITAMINAS | ORAL | 6.6% | 3.3% | 7.0% | 5.7% | 6.3% |
| 1044056 MULTIVIT. PRENATALES | ORAL | 0.4% | 1.7% | 0.0% | 1.3% | 0.6% |
| 1044066 SULFATO FERROSO | DESC | 6.2% | 5.0% | 5.7% | 6.3% | 5.9% |
| 1044096 VIT. "A" | DESC | 0.8% | 0.0% | 1.3% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.20 | 0.13 | 0.19 | 0.19 | 0.19 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 8.4% | 5.6% | 8.1% | 7.8% | 7.8% |
| ***ANTISEPTICOS*** | | | | | | |
| 1300106 NALIDIXINA, ACEITE DE | TOP | 0.0% | 1.7% | 0.0% | 0.6% | 0.3% |

*PRESCRIPTION FREQUENCY BY DRUG AND THERAPEUTIC CATEGORIES*
*ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
*DIAGNOSES OF ACUTE DIARRHEA WITH NO OTHER CONDITION*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.02 | 0.00 | 0.01 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.7% | 0.0% | 0.3% | 0.1% |
| *ANTIDIARREICOS* | | | | | | |
| 1800016 ANTIDIARR.CON NEOMYCIN | ORAL | 0.0% | 3.3% | 0.6% | 0.6% | 0.6% |
| 1800026 ANTIDIAR.CON KAOLIN-PEC | ORAL | 0.8% | 5.0% | 1.3% | 2.5% | 1.9% |
| 1800046 ANTIDIAR.CON NIFUROXIZ. | ORAL | 0.0% | 1.7% | 0.6% | 0.0% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.10 | 0.03 | 0.03 | 0.03 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 4.2% | 1.1% | 1.3% | 1.2% |
| *TERAPEUTICA DESCONOCIDA* | | | | | | |
| ILEG ** ILEGIBLE NOMBRE ** | | 0.8% | 1.7% | 1.3% | 0.0% | 0.9% |
| NOSE ** NO SE RECETO ** | | 0.8% | 0.0% | 0.6% | 0.6% | 0.6% |
| OTRO ** OTROS LIQUIDOS ** | ORAL | 0.4% | 0.0% | 0.6% | 0.0% | 0.3% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.02 | 0.02 | 0.03 | 0.01 | 0.02 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.8% | 0.7% | 1.1% | 0.3% | 0.8% |
| TOTAL # OF PATIENTS TREATED: | | 258 | 60 | 157 | 159 | 320 |
| TOTAL # OF DRUGS: | | 607 | 143 | 371 | 384 | 765 |
| AVERAGE DRUGS PER PATIENT: | | 2.4 | 2.4 | 2.4 | 2.4 | 2.4 |

*PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
*ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
*DIAGNOSES OF PARASITES WITH NO OTHER CONDITION*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| ***ANALGESICOS: ANTIPIRETS. Y ANTIINFLAM.*** | | | | | | |
| 1000006 ACETAMINOFEN | DESC | 8.1% | 2.5% | 4.3% | 5.3% | 4.8% |
| 1000026 AC.ACETILSALICILICO | ORAL | 1.2% | 2.5% | 1.7% | 2.3% | 2.0% |
| 1000096 NAPROXEN TAB | ORAL | 0.0% | 0.6% | 0.0% | 0.8% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.09 | 0.06 | 0.06 | 0.08 | 0.07 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 4.0% | 3.0% | 2.7% | 4.0% | 3.4% |
| ***ANALGESICOS DE USO TOPICO*** | | | | | | |
| 1002006 ANTIPIR.+BENZ.+HIDROX. | TOP | 1.2% | 0.0% | 0.9% | 0.0% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.5% | 0.0% | 0.4% | 0.0% | 0.2% |
| ***ANTIACIDOS Y ANTIULCEROSOS*** | | | | | | |
| 1003026 HIDRO.AL.Y MAGN.+DIMET. | ORAL | 0.0% | 1.2% | 1.7% | 0.0% | 0.8% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.01 | 0.02 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.7% | 0.8% | 0.0% | 0.4% |
| ***ANTIBACTERIANOS*** | | | | | | |
| 1005006 AMIKACINA INY | INY | 1.2% | 0.0% | 0.9% | 0.0% | 0.4% |
| 1005026 AMPICILINA SUSP.ORAL | ORAL | 1.2% | 0.6% | 0.0% | 1.5% | 0.8% |
| 1005036 AMPICILINA | DESC | 0.0% | 1.2% | 0.9% | 0.8% | 0.8% |
| 1005106 CLORANFENICOL | DESC | 1.2% | 0.0% | 0.9% | 0.0% | 0.4% |
| 1005166 ERITROMICINA | DESC | 3.5% | 0.6% | 0.9% | 2.3% | 1.6% |
| 1005186 GENTAMICINA INY | INY | 1.2% | 0.0% | 0.9% | 0.0% | 0.4% |
| 1005246 PENICILINA BENZATIN.INY | INY | 1.2% | 2.5% | 1.7% | 2.3% | 2.0% |
| 1005256 TETRACICLINA CAP | ORAL | 0.0% | 1.2% | 0.9% | 0.8% | 0.8% |
| 1005276 TRIMETO+SULFAMET | ORAL | 7.0% | 2.5% | 4.3% | 4.6% | 4.4% |
| 1005306 PIPERACILINA INY | INY | 1.2% | 0.6% | 0.0% | 1.5% | 0.8% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.17 | 0.09 | 0.11 | 0.14 | 0.13 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 7.5% | 4.9% | 5.0% | 6.5% | 5.8% |
| ***ANTIBACTERIANOS LOCALES*** | | | | | | |
| 1006026 OXITET.CLORHIDR.UN.OFT. | OFT | 1.2% | 0.0% | 0.0% | 0.8% | 0.4% |
| 1006086 WHITFIELD UNG.TOPIC. | TOP | 1.2% | 0.0% | 0.9% | 0.0% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.02 | 0.00 | 0.01 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 1.0% | 0.0% | 0.4% | 0.4% | 0.4% |
| ***ANTIEMETICOS*** | | | | | | |
| 1009006 METOCLOPRAMIDA | DESC | 0.0% | 0.6% | 0.0% | 0.8% | 0.4% |



101

## *PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
## *ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
## *DIAGNOSES OF PARASITES WITH NO OTHER CONDITION*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| 1009026 MECLIZINA GOT.PED. | ORAL | 3.5% | 0.0% | 1.7% | 0.8% | 1.2% |
| 1009036 BONODOXINA GOT. | ORAL | 1.2% | 0.6% | 0.0% | 1.5% | 0.8% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.05 | 0.01 | 0.02 | 0.03 | 0.02 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 2.0% | 0.7% | 0.8% | 1.4% | 1.1% |
| ***ANTIESPASMODICOS*** | | | | | | |
| 1010006 ANTIESPAS.+ANALG.ADULTO | ORAL | 1.2% | 15.4% | 11.1% | 9.9% | 10.5% |
| 1010016 ANTIESPASM.INFANT. | ORAL | 7.0% | 2.5% | 1.7% | 7.6% | 4.8% |
| 1010026 ANTIESPASM.+ANALG.INY | INY | 0.0% | 0.6% | 0.0% | 0.8% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.08 | 0.19 | 0.13 | 0.18 | 0.16 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 3.5% | 9.8% | 5.7% | 8.7% | 7.3% |
| ***ANTIHELMINTICOS*** | | | | | | |
| 1011006 MEBENDAZOLE SUSP OR | ORAL | 27.9% | 17.9% | 29.9% | 18.3% | 23.8% |
| 1011016 MEBENDAZOLE TAB | ORAL | 2.3% | 19.8% | 13.7% | 14.5% | 14.1% |
| 1011026 NICLOSAMIDA TAB | ORAL | 1.2% | 0.6% | 0.9% | 0.8% | 0.8% |
| 1011036 PIPERAZINA CITR. | ORAL | 43.0% | 22.8% | 32.5% | 30.5% | 31.5% |
| 1011056 ALBENDAZOLE TAB | ORAL | 0.0% | 0.6% | 0.0% | 0.8% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.74 | 0.62 | 0.77 | 0.65 | 0.71 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 31.8% | 32.8% | 34.5% | 30.8% | 32.6% |
| ***ANTIHISTAMINICOS*** | | | | | | |
| 1013006 DIFENHIDRAMINA | DESC | 2.3% | 0.0% | 1.7% | 0.0% | 0.8% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.02 | 0.00 | 0.02 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 1.0% | 0.0% | 0.8% | 0.0% | 0.4% |
| ***ANTIPROTOZOARIOS*** | | | | | | |
| 1019036 METRONIDAZOL | DESC | 44.2% | 42.6% | 45.3% | 45.0% | 45.2% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.44 | 0.43 | 0.45 | 0.45 | 0.45 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 18.9% | 22.6% | 20.3% | 21.4% | 20.9% |
| ***ANTITUBERCULOSOS*** | | | | | | |
| 1020056 PIRAZINAMIDA TAB | ORAL | 1.2% | 0.6% | 0.0% | 1.5% | 0.8% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.01 | 0.00 | 0.02 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.5% | 0.3% | 0.0% | 0.7% | 0.4% |
| ***ESCABICIDAS Y PEDICULICIDAS*** | | | | | | |
| 1024006 GAMMA HEXACL.BENCENO LO | TOP | 1.2% | 0.0% | 0.0% | 0.8% | 0.4% |

***PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES***
***ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL***
***DIAGNOSES OF PARASITES WITH NO OTHER CONDITION***

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.00 | 0.01 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.5% | 0.0% | 0.0% | 0.4% | 0.2% |
| ***EXPECTORANTES*** | | | | | | |
| 1027016 EXPECTORANTE ADULTO | ORAL | 0.0% | 0.6% | 0.9% | 0.0% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.3% | 0.4% | 0.0% | 0.2% |
| ***PROGESTAGENOS*** | | | | | | |
| 1034006 ACETATO MEDROXIPROG.TAB | ORAL | 0.0% | 0.6% | 0.0% | 0.8% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.3% | 0.0% | 0.4% | 0.2% |
| ***SOL. ORAL CORREC., TRASTORNO HID*** | | | | | | |
| 1039006 SUERO REHIDRATACION ORAL: SB | ORAL | 20.9% | 6.2% | 10.3% | 13.7% | 12.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.21 | 0.06 | 0.10 | 0.14 | 0.12 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 9.0% | 3.3% | 4.6% | 6.5% | 5.6% |
| ***VITAMINAS Y MINERALES*** | | | | | | |
| 1044016 AC.FOLICO TAB | ORAL | 1.2% | 3.7% | 3.4% | 2.3% | 2.8% |
| 1044036 HEMATINICO VIT. | ORAL | 10.5% | 6.8% | 12.0% | 7.6% | 9.7% |
| 1044046 MULTIVITAMINAS | ORAL | 4.7% | 6.2% | 5.1% | 6.9% | 6.0% |
| 1044056 MULTIVIT. PRENATALES | ORAL | 1.2% | 0.6% | 0.9% | 1.5% | 1.2% |
| 1044066 SULFATO FERROSO | DESC | 20.9% | 20.4% | 29.1% | 15.3% | 21.8% |
| 1044096 VIT. "A" | DESC | 3.5% | 0.0% | 0.0% | 2.3% | 1.2% |
| 1044136 VIT. B1+B6+B12 INY | INY | 1.2% | 0.0% | 0.9% | 0.0% | 0.4% |
| 1044166 VIT. "C" | ORAL | 1.2% | 0.0% | 0.9% | 0.0% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.44 | 0.38 | 0.52 | 0.36 | 0.44 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 18.9% | 20.0% | 23.4% | 17.0% | 20.1% |
| ***PRODUCTOS MISCELANEO*** | | | | | | |
| 1700066 COMBIASE | ORAL | 0.0% | 0.6% | 0.0% | 0.8% | 0.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.3% | 0.0% | 0.4% | 0.2% |
| ***ANTIDIARREICOS*** | | | | | | |
| 1800026 ANTIDIAR.CON KAOLIN-PEC | ORAL | 0.0% | 0.6% | 0.0% | 0.8% | 0.4% |

*PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
*ALL METROPOLITAN FACILITIES: CESAMOS, CESARES, OUTPATIENT HOSPITAL*
*DIAGNOSES OF PARASITES WITH NO OTHER CONDITION*

| | | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|---|
| | | | AGE GROUP | | SEX CATEGORY | | |
| | | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIEN |
| | AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 |
| | DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 0.3% | 0.0% | 0.4% | 0.2% |
| *TERAPEUTICA DESCONOCIDA* | | | | | | | |
| NOSE | ** NO SE RECETO ** | | 2.3% | 0.6% | 0.9% | 1.5% | 1.2% |
| OTRO | ** OTROS LIQUIDOS ** | ORAL | 0.0% | 0.6% | 0.0% | 0.8% | 0.4% |
| | AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.02 | 0.01 | 0.01 | 0.02 | 0.02 |
| | DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 1.0% | 0.7% | 0.4% | 1.1% | 0.7% |
| | TOTAL # OF PATIENTS TREATED: | | 86 | 162 | 117 | 131 | 248 |
| | TOTAL # OF DRUGS: | | 201 | 305 | 261 | 276 | 537 |
| | AVERAGE DRUGS PER PATIENT: | | 2.3 | 1.9 | 2.2 | 2.1 | 2.2 |



10

***PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES***
***HOSPITAL EMERGENCY ROOM AND INPATIENT EPISODES***
***ALL DIAGNOSES INDICATING DIARRHEA OR PARASITES***

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| ***ANALGESICOS: ANTIPIRETS. Y ANTIINFLAM.*** | | | | | | |
| 1000006 ACETAMINOFEN | DESC | 13.1% | 0.0% | 10.6% | 10.5% | 10.6% |
| 1000026 AC.ACETILSALICILICO | ORAL | 0.8% | 2.5% | 2.1% | 0.0% | 1.2% |
| 1000056 DIPIRONA | INY | 0.8% | 0.0% | 1.1% | 0.0% | 0.6% |
| 1000086 INDOMETACINA | DESC | 0.0% | 2.5% | 0.0% | 1.3% | 0.6% |
| 1000106 PREDNISONA TAB | ORAL | 0.8% | 0.0% | 0.0% | 1.3% | 0.6% |
| 1000116 HIDROCORT.INY | INY | 0.0% | 2.5% | 0.0% | 1.3% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.15 | 0.08 | 0.14 | 0.14 | 0.14 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 5.6% | 3.0% | 4.9% | 5.4% | 5.1% |
| ***ANTIACIDOS Y ANTIULCEROSOS*** | | | | | | |
| 1003026 HIDRO.AL.Y MAGN.+DIMET. | ORAL | 0.0% | 2.5% | 0.0% | 1.3% | 0.6% |
| 1003046 RANITIDINA INY | INY | 3.8% | 0.0% | 4.3% | 1.3% | 2.9% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.04 | 0.03 | 0.04 | 0.03 | 0.04 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 1.4% | 1.0% | 1.5% | 1.0% | 1.3% |
| ***ANTIBACTERIANOS*** | | | | | | |
| 1005006 AMIKACINA INY | INY | 7.7% | 0.0% | 7.4% | 3.9% | 5.9% |
| 1005026 AMPICILINA SUSP.ORAL | ORAL | 8.5% | 0.0% | 6.4% | 6.6% | 6.5% |
| 1005036 AMPICILINA | DESC | 11.5% | 2.5% | 10.6% | 7.9% | 9.4% |
| 1005086 CEFALOSPOR.INY | INY | 1.5% | 0.0% | 1.1% | 1.3% | 1.2% |
| 1005106 CLORANFENICOL | DESC | 2.3% | 2.5% | 3.2% | 1.3% | 2.4% |
| 1005166 ERITROMICINA | DESC | 0.8% | 2.5% | 1.1% | 1.3% | 1.2% |
| 1005186 GENTAMICINA INY | INY | 27.7% | 17.5% | 23.4% | 27.6% | 25.3% |
| 1005216 PENICILINA CRISTAL.INY | INY | 5.4% | 5.0% | 3.2% | 7.9% | 5.3% |
| 1005246 PENICILINA BENZATIN.INY | INY | 13.8% | 2.5% | 10.6% | 13.2% | 11.8% |
| 1005276 TRIMETO+SULFAMET | ORAL | 13.1% | 30.0% | 17.0% | 17.1% | 17.1% |
| 1005336 OXACILINA TAB | ORAL | 2.3% | 0.0% | 2.1% | 1.3% | 1.8% |
| 1005346 DICLOXACILINA | DESC | 0.8% | 0.0% | 0.0% | 1.3% | 0.6% |
| 1005356 MEFOXIN | DESC | 3.8% | 7.5% | 4.3% | 5.3% | 4.7% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.99 | 0.70 | 0.90 | 0.96 | 0.93 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 36.0% | 28.3% | 31.8% | 36.1% | 33.7% |
| ***ANTIBACTERIANOS LOCALES*** | | | | | | |
| 1006016 GENTAMICINA GOT.OFT. | OFT | 1.5% | 0.0% | 1.1% | 1.3% | 1.2% |
| 1006026 OXITET.CLORHIDR.UN.OFT. | OFT | 0.8% | 0.0% | 1.1% | 0.0% | 0.6% |
| 1006066 CLORANFENICOL GOT.OFT. | OFT | 2.3% | 0.0% | 3.2% | 0.0% | 1.8% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.05 | 0.00 | 0.05 | 0.01 | 0.04 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 1.7% | 0.0% | 1.9% | 0.5% | 1.3% |
| ***ANTICOAGULANTES Y SUS ANTAGONIST*** | | | | | | |

***PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES***
***HOSPITAL EMERGENCY ROOM AND INPATIENT EPISODES***
***ALL DIAGNOSES INDICATING DIARRHEA OR PARASITES***

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| 1007006 HEPARINA SODICA INY | INY | 0.8% | 0.0% | 0.0% | 1.3% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.00 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 0.0% | 0.0% | 0.5% | 0.2% |
| ***ANTICONVULSIVANTES*** | | | | | | |
| 1006016 DIAZEPAM INY | INY | 1.5% | 0.0% | 1.1% | 1.3% | 1.2% |
| 1008066 FENOBARBITAL TAB | ORAL | 0.8% | 0.0% | 0.0% | 1.3% | 0.6% |
| 1008096 SULFATO DE MAGNESIO | INY | 0.0% | 2.5% | 1.1% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.02 | 0.03 | 0.02 | 0.03 | 0.02 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.8% | 1.0% | 0.7% | 1.0% | 0.9% |
| ***ANTIEMETICOS*** | | | | | | |
| 1009006 METOCLOPRAMIDA | DESC | 0.0% | 2.5% | 1.1% | 0.0% | 0.6% |
| 1009036 BONODOXINA GOT. | ORAL | 0.0% | 2.5% | 1.1% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.05 | 0.02 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 2.0% | 0.7% | 0.0% | 0.4% |
| ***ANTIESPASMODICOS*** | | | | | | |
| 1010026 ANTIESPASM.+ANALG.INY | INY | 0.0% | 7.5% | 1.1% | 2.6% | 1.8% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.08 | 0.01 | 0.03 | 0.02 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 3.0% | 0.4% | 1.0% | 0.6% |
| ***ANTIHELMINTICOS*** | | | | | | |
| 1011006 MEBENDAZOLE SUSP OR | ORAL | 0.8% | 5.0% | 2.1% | 2.6% | 2.4% |
| 1011016 MEBENDAZOLE TAB | ORAL | 0.0% | 10.0% | 1.1% | 3.9% | 2.4% |
| 1011036 PIPERAZINA CITR. | ORAL | 4.6% | 12.5% | 8.5% | 6.6% | 7.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.05 | 0.28 | 0.12 | 0.13 | 0.12 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 2.0% | 11.1% | 4.1% | 5.0% | 4.5% |
| ***ANTIHISTAMINICOS*** | | | | | | |
| 1013006 DIFENHIDRAMINA | DESC | 0.0% | 2.5% | 0.0% | 1.3% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.03 | 0.00 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 1.0% | 0.0% | 0.5% | 0.2% |
| ***ANTIMICOTICOS SISTEMICOS*** | | | | | | |
| 1016036 KETOCONAZOL TAB | ORAL | 0.0% | 5.0% | 1.1% | 1.3% | 1.2% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.05 | 0.01 | 0.01 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 2.0% | 0.4% | 0.5% | 0.4% |

*PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
*HOSPITAL EMERGENCY ROOM AND INPATIENT EPISODES*
*ALL DIAGNOSES INDICATING DIARRHEA OR PARASITES*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| ***ANTIMICOTICOS DE ACCION LOCAL*** | | | | | | |
| 1017016 CLOTRIMAZOLE | TOP | 0.8% | 0.0% | 0.0% | 1.3% | 0.6% |
| 1017026 NISTATINA | DESC | 6.2% | 0.0% | 5.3% | 3.9% | 4.7% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.07 | 0.00 | 0.05 | 0.05 | 0.05 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 2.5% | 0.0% | 1.9% | 2.0% | 1.9% |
| ***ANTIPROTOZOARIOS*** | | | | | | |
| 1019036 METRONIDAZOL | DESC | 12.3% | 20.0% | 13.8% | 15.8% | 14.7% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.12 | 0.20 | 0.14 | 0.16 | 0.15 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 4.5% | 8.1% | 4.9% | 5.9% | 5.3% |
| ***BRONCODILATADORES*** | | | | | | |
| 1022006 AMINOFILINA | INY | 1.5% | 0.0% | 1.1% | 1.3% | 1.2% |
| 1022016 SALBUTAMOL | ORAL | 2.3% | 0.0% | 2.1% | 1.3% | 1.8% |
| 1022036 TEOFILINA | ORAL | 1.5% | 0.0% | 1.1% | 1.3% | 1.2% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.05 | 0.00 | 0.04 | 0.04 | 0.04 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 2.0% | 0.0% | 1.5% | 1.5% | 1.5% |
| ***ESCABICIDAS Y PEDICULICIDAS*** | | | | | | |
| 1024006 GAMMA HEXACL.BENCENO LO | TOP | 0.8% | 0.0% | 1.1% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 0.0% | 0.4% | 0.0% | 0.2% |
| ***HIPNOTICOS Y SEDANTES*** | | | | | | |
| 1029036 DIAZEPAN TAB | ORAL | 0.0% | 2.5% | 1.1% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.03 | 0.01 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 1.0% | 0.4% | 0.0% | 0.2% |
| ***LUBRICANTES*** | | | | | | |
| 1032016 PETROLATO SOLIDO | TOP | 0.8% | 0.0% | 1.1% | 0.0% | 0.6% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.3% | 0.0% | 0.4% | 0.0% | 0.2% |
| ***PSICOTROPICOS*** | | | | | | |
| 1035076 IMIPRAMINA | DESC | 0.0% | 2.5% | 1.1% | 0.0% | 0.6% |

*PRESCRIPTION FREQUENCY FOR DRUGS AND THERAPEUTIC CATEGORIES*
*HOSPITAL EMERGENCY ROOM AND INPATIENT EPISODES*
*ALL DIAGNOSES INDICATING DIARRHEA OR PARASITES*

| | | % RECEIVING DRUG OR DRUG CATEGORY | | | | |
|---|---|---|---|---|---|---|
| | | AGE GROUP | | SEX CATEGORY | | |
| | | UNDER 5 | 5 & OVER | MALE | FEMALE | ALL PATIENTS |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.00 | 0.03 | 0.01 | 0.00 | 0.01 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 0.0% | 1.0% | 0.4% | 0.0% | 0.2% |
| ***SOL. ORAL CORREC., TRASTORNO HID*** | | | | | | |
| 1039006 SUERO REHIDRATACION ORAL: SB | ORAL | 62.3% | 5.0% | 50.0% | 47.4% | 48.8% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.62 | 0.05 | 0.50 | 0.47 | 0.49 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 22.6% | 2.0% | 17.6% | 17.8% | 17.7% |
| ***VITAMINAS Y MINERALES*** | | | | | | |
| 1044016 AC.FOLICO TAB | ORAL | 8.5% | 15.0% | 11.7% | 10.5% | 11.2% |
| 1044026 AC.NICOTINICO TAB | ORAL | 0.0% | 2.5% | 1.1% | 0.0% | 0.6% |
| 1044036 HEMATINICO VIT. | ORAL | 0.8% | 0.0% | 1.1% | 0.0% | 0.6% |
| 1044046 MULTIVITAMINAS | ORAL | 1.5% | 10.0% | 5.3% | 1.3% | 3.5% |
| 1044066 SULFATO FERROSO | DESC | 8.5% | 10.0% | 10.6% | 9.2% | 10.0% |
| 1044096 VIT. "A" | DESC | 7.7% | 2.5% | 6.4% | 7.9% | 7.1% |
| 1044126 VIT. K1 SINTETICA INY | INY | 3.1% | 0.0% | 1.1% | 3.9% | 2.4% |
| 1044146 VIT. B1 (TIAMINA) INY | INY | 0.0% | 5.0% | 2.1% | 0.0% | 1.2% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.30 | 0.45 | 0.39 | 0.33 | 0.36 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 10.9% | 18.2% | 13.9% | 12.4% | 13.2% |
| ***SOL. CORRECT. DE TRASTORNOS HIDR*** | | | | | | |
| 1301016 BICARBONATO DE SODIO | INY | 1.5% | 0.0% | 2.1% | 0.0% | 1.2% |
| 1301076 CLORURO DE POTASIO INY | INY | 0.0% | 2.5% | 1.1% | 0.0% | 0.6% |
| 1301086 GLUCONATO DE CALCIO INY | INY | 6.2% | 2.5% | 7.4% | 2.6% | 5.3% |
| 1301096 DEXT.EN AGUA | IV | 6.9% | 17.5% | 11.7% | 6.6% | 9.4% |
| 1301186 DEXT.+CLORURO DE SODIO | IV | 3.1% | 7.5% | 5.3% | 2.6% | 4.1% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.18 | 0.30 | 0.28 | 0.12 | 0.21 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 6.4% | 12.1% | 9.7% | 4.5% | 7.5% |
| ***TERAPEUTICA DESCONOCIDA*** | | | | | | |
| ILEG ** ILEGIBLE NOMBRE ** | | 3.8% | 5.0% | 4.3% | 3.9% | 4.1% |
| NOSE ** NO SE RECETO ** | | 1.5% | 7.5% | 2.1% | 3.9% | 2.9% |
| OTRO ** OTROS LIQUIDOS ** | ORAL | 2.3% | 0.0% | 1.1% | 3.9% | 2.4% |
| AVERAGE # OF DRUGS IN THIS CATEGORY PER CASE: | | 0.08 | 0.13 | 0.07 | 0.12 | 0.09 |
| DRUGS IN THIS CATEGORY AS % OF ALL DRUGS: | | 2.8% | 5.1% | 2.6% | 4.5% | 3.4% |
| TOTAL # OF PATIENTS TREATED: | | 130 | 40 | 94 | 76 | 170 |
| TOTAL # OF DRUGS: | | 358 | 99 | 267 | 202 | 469 |
| AVERAGE DRUGS PER PATIENT: | | 2.8 | 2.5 | 2.8 | 2.7 | 2.8 |

L. List of Pharmacies in the Tegucigalpa-Comayaguela Area Compiled From the Farmacias de Turno

## LISTADO DE FARMACIA CON SU DIRECCION RESPECTIVA.

| Nº | FARMACIAS | DIRECCION |
|---|---|---|
| 1 | LIFE | AVE.CERVANTES, FTE CINE CLAMER, TEGUS |
| 2 | DELTA PEATONAL | CALLE PEATONAL, FTE SUPER DONAS, TEGUS |
| 3 | SAN MIGUEL # 1 | 4AVE, 6CALLE, BO.LOS DOLORES, TEGUS |
| 4 | IRIS | 7AVE, 3CALLE, 1 CUADRA AL SUR DEL CINE LUX, COMAYAGUELA |
| 5 | LEO NAN # 1 | 7AVE, 3 Y 4 CALLE, COMAYAGUELA |
| 6 | R/x A FARMACIA | CENTRO COMERCIAL LEMPIRA, 9AVE, 14 CALLE, COMAYAGUELA |
| 7 | SUPREMA | 1CALLE, CONTIGUO MERCADO ALVAREZ, COMAYAGUELA. |
| 8 | SANTA BARBARA | COSTADO NORTE PLAZA LOS DOLORES, TEGUS |
| 9 | MI CONFIANZA | COSTADO OESTE DEL ESTADIO NACIONAL, TEGUS |
| 10 | SANTA TERESA | FRENTE HOTEL PRADO, AVE. CERVANTES, TEGUS. |
| 11 | KRISTAL | BARRIO GUANACASTE, AVENIDA GUTEMBERG, TEGUS. |
| 12 | AMERICA | 5 AVE, 5 CALLE, COMAYAGUELA |
| 13 | COSMOS | AVE CENTENARIO, 14 CALLE, COMAYAGUELA |
| 14 | SAN BOSCO # 2 | BOULEVAR DEL NORTE, 2AVE, COMAYAGUELA |
| 15 | REGIS | AVENIDA JEREZ, 6CALLE, Nº519, TEGUS |
| 16 | GUANACASTE | BARRIO GUANACASTE, TEGUS. |
| 17 | HELICA | BO.SAN PABLO, CALLE PRINCIPAL, # 5832, TEGUS |
| 18 | CENTENARIO | AVE.,CENTENARIO, 4 Y 5 CALLE, COMAYAGUELA |
| 19 | DOMINGUEZ | 4AVE, ENTRE 3 Y 4 CALLE, COMAYAGUELA |
| 20 | MANGUI | COL.LA GRANJA, 1/2CUADRA ABAJO DE SUC.BANCO DE OCCIDENTE, COMAYAGUELA |
| 21 | SANTA CRUZ | CUADRA Y MEDIA ANTES DEL DESVIO AL COUNTRY, COMAYAGUELA |
| 22 | LA GRANJA | BARRIO LA GRANJA, FRENTE AL CENTRO MEDICO HONDUREÑO, COMAYAGUELA |
| 23 | SANTA FE | BO.GUANACASTE, COSTADO OESTE DEL CINE PRESIDENTE, TEGUS. |
| 24 | VILLEDA MORALES | COSTADO NORTE DEL CINE VARIEDADES, TEGUS. |
| 25 | SAN ANGEL | AVE.LOS PROCERES, FRENTE HOSPITAL SAN FELIPE, TEGUS |
| 26 | EL SOL | FRENTE ENTRADA PRINCIPAL HOSPITAL ESCUELA, TEGUS |
| 27 | PROVIDENCIA | 5AVE, 4CALLE, COMAYAGUELA |
| 28 | SN BOSCO # 3 | BOULEVAR DEL NORTE, COL. TOROCAGUA, COMAYAGUELA. |
| 29 | REGIS PALMIRA | EDIF.IIC.AVE.REP. DE PANAMA Y REP. DE CHILE, COL PALMIRA, TEGUS |
| 30 | LA PLAZUELA | 2CALLE "B" 1226 CALLEJON CASTILLO BARAHONA TEGUS |
| 31 | ROSSNA | AVE PAZ BARAHONA, CALLE PEATONAL, # 609. TEGUS |
| 32 | HIBUERAS | 5CALLE, ENTRE 4Y5AVE. # 443. COMAYAGUELA |
| 33 | ECKERD | BARRIO VILLA ADELA, 6AVE. 18 CALLE, COMAYAGUELA |
| 34 | CONCEPCION | AVE. CENTENARIO, 12 Y 13 CALLE, COMAYAGUELA |
| 35 | SAN GABRIEL | 7 AVE. 5 CALLE # 444, COMAYAGUELA. |
| 36 | EL CASTAÑO | COL. SAN CARLOS, FRENTE CLINICAS MEDICAS, TEGUS. |
| 37 | CATEDRAL | AVE. CERVANTES, EDIF. BANFINAN, LOCAL # 104, TEGUS |
| 38 | CCON | COL. PALMIRA, EDIF.PAMEL, AVE. REP. DE CHILE, TEGUS |
| 39 | FRANCELIA | FRENTE A RIVERA Y CIA, TEGUS |
| 40 | UNIVERSAL | 5 AVE. ENTRE 3 Y 4 CALLE, TEGUS |
| 41 | VIDA | 3 AVE. ENTRE 7 Y 8 CALLE, COMAYAGUELA |
| 42 | SAN RAMON | COL. SANTA FE, 1 CUADRA ANTES, OESTE MERCADO MAYOREO, COMAYAGUELA |

## LISTADO DE FARMACIA CON SU DIRECCION RESPECTIVA.

| | | |
|---|---|---|
| 43 | ITALIANA | AVE MAXIMO JEREZ, # 806, TEGUS |
| 44 | PAREDES | 4CALLE, # 308, AVE. PAZ BARAHONA, BO.LA PLAZUELA TEGUS. |
| 45 | JEHOVA ES MI REFUGIO | ESQUINA OPUESTA DEL MINISTERIO DE SALUD PUBLICA, TEGUS. |
| 46 | SANTA EDUVIGES | BO.VILLA ADELA, 22 CALLE, COMAYAGUELA |
| 47 | MONTERREY | 5AVE, ENTRE 9 Y 10 CALLE, COMAYAGUELA |
| 48 | LOURDES | 7AVE, ENTRE 1 Y 2 CALLE, COMAYAGUELA |
| 49 | LA CATOLICA | 5 Y 6 AVE, 4 CALLE, COMAYAGUELA |
| 50 | SAN RAFAEL | AVENIDA COLON, FRENTE AL TELEGRAFO, TEGUS. |
| 51 | MAYA | FRENTE CLINICAS VIERA, TEGUS |
| 52 | GENESIS | 3AVE, BO.GUADALUPE, TEGUS |
| 53 | DELTA CENTRO | FRENTE AL PARQUE CENTRAL, TEGUS |
| 54 | NORMAL | 4AVE, 3CALLE, COMAYAGUELA |
| 55 | MIRTY | MERCADO ZONAL BELEN, COMAYAGUELA |
| 56 | SAN JORGE | 5AVE, ENTRE 6 Y 7 CALLE, COMAYAGUELA |
| 57 | PAVONE | BO.ABAJO, AVE MORALES, # 527, TEGUS |
| 58 | MONTIEL INTERNACIONAL | EDIFICIO FIALLOS SOTO, LOCAL # 101, TEGUS |
| 59 | GINA | CALLE PEATONAL LOS DOLORES, # 1216, TEGUS |
| 60 | LA PAZ | AVE. LA PAZ, FRENTE A TECNIMOTORES, TEGUS |
| 61 | SAN BASILIO | CONTIGUO EMPRESA EL REY, FRENTE HOTEL TICAMAYA, COMAYAGUELA |
| 62 | MARIA AUXILIADORA | AVE CENTENARIO, 1 Y 2 CALLE, COMAYAGUELA |
| 63 | MORALES | 3AVE 12 CALLE, ESQUINA OPUESTA PARQUE EL OBELISCO, COMAYAGUELA |
| 64 | TORRES FIALLOS | FRENTE LA MERCED, TEGUS |
| 65 | SANTA ANA | BOULEVAR SUYAPA, CONTIGUO MATERNO INFANTIL, TEGUS |
| 66 | PARIS | CENTRO COMERCIAL LOS CASTAÑOS, TEGUS |
| 67 | ELITE | BO. SAN RAFAEL, EDIF. SAN ANTONIO, TEGUS |
| 68 | LA LIBERTAD | 3AVE. 7 Y 8 CALLE, FRENTE POLICLINICA, COMAYAGUELA |
| 69 | EL PUEBLO | 5AVE. ENTRE 3 Y 4 CALLE, COMAYAGUELA |
| 70 | LA FAMILIA | BLVD.DEL NORTE, FTE. ENTRADA PRINC. MERCADO ZONAL BELEN, COMAYAGUELA |
| 71 | HONDURAS | AVE.JEREZ CASA 1039, BO.LA RONDA, TEGUS |
| 72 | KARNEL | COSTADO SUR PLAZA LOS DOLORES, TEGUS |
| 73 | SILKO | EDIFICIO CLINICAS MEDICAS, COL. SAN CARLOS, TEGUS |
| 74 | MI FARMACIA | BO.ABAJO, LA CONCORDIA, 1 CUADRA AL NORTE PARQUE HERRERA, TEGUS |
| 75 | SUYAPA | 5AVE, FRENTE AL PARQUE COLON, COMAYAGUELA |
| 76 | RICHARD | 6AVE, ENTRE 4 Y 5 CALLE, COMAYAGUELA |
| 77 | IMPERIAL | 3CALLE, ENTRE 4 Y 5 AVE, COMAYAGUELA |
| 78 | TAMEN | BO.GUADALUPE, ENTRE LLANTICAR Y SHELL, # 107, 4AVE. TEGUS |
| 79 | SAN JUAN | EDIF.METROPOLITANO, CONTIGUO HOSPITAL VIERA, TEGUS |
| 80 | SAN CARLOS | AVE.CERVANTES, AL OESTE DEL CINE CLAMER, TEGUS |
| 81 | KEMUEL | BARRIO BELLAVISTA, COMAYAGUELA |
| 82 | SARAI | COUNTRY CLUB, CALLE PRINCIPAL, 17 AVE, COMAYAGUELA |
| 83 | SANTA ISABEL | 4AVE, # 925, COMAYAGUELA |
| 84 | FRATERNIDAD | 4AVE, 7CALLE, COMAYAGUELA |
| 85 | RAZ | AVE.CERVANTES, FTE.HOTEL LA RONDA, TEGUS |

## LISTADO DE FARMACIA CON SU DIRECCION RESPECTIVA.

| | | |
|---|---|---|
| 86 | GRAMERKA | BO.GUANACASTE, AVE.GUTEMBERG, TEGUS |
| 87 | SAN LUCAS | BO.EL JAZMIN, 5CALLE, # 691, TEGUS |
| 88 | CENTRO AMERICA | CALLE PRINCIPAL, COL.ALAMEDA, CONTIGUO ASHONPLAFA, #2002, TEG |
| 89 | GALENIA | COSTADO SUR PUENTE CARIAS, COMAYAGUELA |
| 90 | LEO NAN # 2 | MERCADO ZONAL BELEN, COMAYAGUELA |
| 91 | QUINTA AVENIDA | 5AVE, ENTRE 5 Y 6 CALLE, COMAYAGUELA |
| 92 | ARLIS | MEDIA CUADRA AL ESTE DEL CINE CLAMER, TEGUS |
| 93 | LA SALUD | COSTADO NORTE DEL PARQUE HERRERA, TEGUS |
| 94 | FLEFIL | 9ACALLE, 6 Y 7 AVE, COMAYAGUELA |
| 95 | SAN BOSCO # 1 | FRENTE AL PARQUE LA LIBERTAD, COMAYAGUELA |
| .96 | GLORYS | 7 Y 8 AVE. 12 CALLE, COMAYAGUELA |
| 97 | SUFARMA | 6AVE, 5 Y 6 CALLE, # 506, COMAYAGUELA |
| 98 | EMMANUEL | COL. SANTA FE, BLVD.CARRETERA DEL NORTE, CALLE PRINCIPAL # 2863,COM. |
| 99 | DIVEL | PLANTA BAJA DEL EDIFICIO MARICHAL, TEGUS |
| 100 | ANA KARINA | BO.SAN RAFAEL,CASA DE SALUD EL CARMEN, TEGUS |
| 101 | ESPIRITU SANTO | BO.LA PLAZUELA, FTE. AL ARBOLITO, TEGUS |
| 102 | CRUZ ROJA | 5AVE.CALLE LEMPIRA,BO.LOS DOLORES, TEGUS |
| 103 | LEITZELAR | 3AVE, ENTRE 9 Y 10 CALLE, #917, COMAYAGUELA |
| 104 | SAN ISIDRO | 3CALLE, ENTRE 5 Y 6 AVE, COMAYAGUELA |
| 105 | LOUMAR | BO.CONCEPCION, 1CALLE, 6 Y 7 AVE, 1/2 CUADRA SUPER. MIRNA, COMAYAGUELA |
| 106 | EL CARMEN | EDIFICIO M y M, 1 CUADRA DEL HOSPITAL MATERNO INFANTIL, TEGUS. |
| 107 | LAS LOMAS | AVE. LA PAZ, COM. LOS ARCOS, CONTIGUO GAS. TEXACO GUANACASTE, TEGUS. |
| 108 | SAN PABLO | 1 CUADRA ANTES DEL MERCADO SAN PABLO, BO. EL MANCHEN, TEGUS |
| 109 | POPULAR | 5CALLE, ESQUINA ORIENTE CLINICAS VIERA, TEGUS. |
| 110 | REGIS MALLOL | 1CALLE, 3AVE, FTE. MINISTERIO EDUCACION PUBLICA, COMAYAGUELA |
| 111 | COLON | 1CALLE, ENTRE 5 Y 6 AVE, FTE. PLAZA COLON, COMAYAGUELA |
| 112 | SAN GERARDO | 13 CALLE, ENTRE 4 Y 5 AVE, FTE. A BANADESA, COMAYAGUELA. |
| 113 | MONTELIMAR | COL. KENNEDY |
| 114 | COLONIAL | COL. KENNEDY |
| 115 | ROALVA | COL. KENNEDY, BLOQUE 2, GRUPO 21, ZONA 2 |
| 116 | SANTA LUCIA | COL. KENNEDY, 1A ENTRADA |
| 117 | SAN LUIS | COL. KENNEDY |
| 118 | KENNEDY | COL. KENNEDY |
| 119 | JESUS DE LA BUENA ESPERANZA | COL. KENNEDY, FRENTE SUC. BANCO ATLANTIDA |
| 120 | MIRAFLORES | COL.MIRAFLORES |
| 121 | SAN MIGUEL # 2 | PLAZA MIRAFLORES |
| 122 | GUADALUPE | COL.MIRAFLORES, AVE. STA CRISTINA, TERMINAL DE BUSES |
| 123 | ORIENTAL | COL BELLA ORIENTE |
| 124 | LA TRINIDAD | COL. EL HOGAR |
| 126 | MAYO | COL. EL PRADO, FRENTE A SYRE |
| 126 | SAN FRANCISCO | COL. HATO DE ENMEDIO |
| 127 | UNION | COL. HATO DE ENMEDIO, SECTOR 10, LOCAL 4 |
| 128 | MODELO | LOCAL HATO DE ENMEDIO |

LISTADO DE FARMACIA CON SU DIRECCION RESPECTIVA.

| | | |
|---|---|---|
| 129 | LINDAL | COL. HATO DE ENMEDIO |
| 130 | CLAUVES | COL. MIRAMONTES, CALLE PRINCIPAL # 2116, CENTRO COMERCIAL MIRAMONTES |
| 131 | SAN ANTONIO DE PADUA | CENTRO COMERCIAL CENTRO AMERICA, TEGUS |
| 132 | ELIZABETH | CENTRO COMERCIAL PERISUR, COMAYAGUELA |
| 133 | LOS LLANOS | COL. SAN JOSE DE LOS LLANOS, TEGUS |
| 134 | PAMELA | COLONIA SAN MIGUEL, TEGUS |
| 135 | REGIS LOARQUE | CENTRO COMERCIAL LOARQUE, COMAYAGUELA |
| 136 | REGIS AEROPUERTO | SUPERMERCADO LA COLONIA # 2, CARRETERA AL BATALLON, COMAYAGUELA |
| 137 | TILOARQUE | COL. TILOARQUE, COMAYAGUELA |
| 138 | TONCONTIN | COL. SAN LUIS COMAYAGUELA |
| 139 | MAGISTRAL | COLONIA SATELITE, COMAYAGUELA |
| 140 | SUANYFAR | COL. SATELITE, ORILLAS DE LA CARRETERA Q'CONDUCE AL SUR DEL PAIS. |
| 141 | SAN MARTIN | COL. SATELITE, 2DA CALLE, 4 AVE. BLOQUE LL-3C, 1 CUADRA AL NORTE. |
| 142 | SATELITE | COL. SATELITE, BLOQUE W, CASA 12 |
| 143 | CERRO GRANDE | COL. CERRO GRANDE, CARRETERA A OLANCHO, ZONA 4 B-3, # 25 |
| 144 | DIANA | COL. CERRO GRANDE, COMAYAGUELA |
| 145 | SANTA MARIA DEL TEPEYAC | CENTRO COMERCIAL LOMAS DEL BOULEVAR |
| 146 | EL PARAISO | ZONA 2, CERRO GRANDE, COMAYAGUELA |
| 147 | D'MAYO | COL.LAS COLINAS, ENTRE AUTO-POLLOS AL CARBON Y HELADOS RAINBOW. |
| 148 | EBEN-EZER | RESIDENCIAL CENTRO AMERICA BLOQUE 8, CASA 26 |
| 149 | MICHELLE | COL. CENTRO AMERICA OESTE |
| 150 | DORIS | COL. EL PEDREGAL, COMAYAGUELA |
| 151 | SANTA MARIA | COL. SAN JOSE DE LA VEGA, COMAYAGUELA |
| 152 | LOARQUE | COL. LOARQUE, COMAYAGUELA |
| 153 | LOS ROBLES | COL. LOS ROBLES, COMAYAGUELA |
| 154 | DEL PILAR | COLONIA AURORA, TEGUS. |
| 155 | SAN FRANCISCO DE ASIS | ALDEA SUYAPA |

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M. Details of the Scenario Used by Enumerators During Pharmacy Visits

SCENARIO FOR HONDURAS SIMULATED PURCHASE SURVEY

SCENARIO: An assessor will present him or herself as the parent of a two-year old male child who has had a number of watery bowel movements for two days. Care should be taken to assure that the assessor uses local terms that idiomatically describe diarrhea. The assessor will ask the person who waits on him or her for advice about what products are best to treat this condition. Other than these facts, no information will be presented unless asked for by the shop attendant.

If the shop attendant asks questions, the assessor will provide the following information:

Child's condition: The child should be described as somewhat tired, with moderate stomach discomfort, but with no fever or vomiting.

Bowel movements: If specific information is requested, the bowel movements will be further described as approximately 5-6 small, watery, non-bloody stools per day.

Unusual foods or drugs consumed: If asked whether the child has eaten anything unusual, the assessor should reply that the child has eaten as usual for the past few days, and If asked, the assessor should inform the attendant that the child has not taken any drugs that might cause diarrhea.

Current feeding practices: The assessor will respond that the child is continuing to be fed and given liquids as normal. However, he has not had much of an appetite, so has eaten very little food.

How much the assessor can pay for drugs: The assessor should purchase all medicines recommended, unless the shop attendant asks how much the assessor is willing to pay for medicines. In that case, the "low-income" assessor should state that he or she can only afford to pay 25-30 lempira, while the "middle-income" assessor can only afford to pay 50-60 lempira. [These were determined to be typical prices paid for medicines by people in these income categories.]

ACTIONS: It is important that the assessor remembers any questions that the shop attendant asks before making a recommendation, any discussion of ability to pay, any advice given about the products recommended, and also any other advice about how to treat the diarrhea episode.

Any products that are recommended should be purchased in the quantities offered.

After leaving the store, it is important that all information be recorded as soon as possible on the simulated purchase information sheets by the assessors.

N. Pharmacy Study Data Collection Form

HONDURAS SIMULATED PURCHASE SURVEY

Assessor Name: _____ Date: _____

Outlet Name: _____ Type: _____

**1. Which of the following did the shop attendant ask about before making a treatment recommendation?**

| | | | |
|---|---|---|---|
| Frequency of stools | ___ | Drugs taken | ___ |
| Blood in stool | ___ | Fluids taken | ___ |
| Presence of fever | ___ | Foods taken | ___ |
| Weakness/lethargy | ___ | Other (describe below) | ___ |
| Vomiting | ___ | None | ___ |
| Stomach pains | ___ | | |

*DESCRIBE OTHER:*

**2. Which products were recommended and purchased? Write 'NONE' if none were recommended.**

| | BRAND NAME | NUMBER OF UNITS | PRICE |
|---|---|---|---|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |
| d. | _____ | _____ | _____ |
| e. | _____ | _____ | _____ |

**3. What explanations were given about the drugs purchased?**

| | | | |
|---|---|---|---|
| Description of drugs | ___ | How to mix ORS | ___ |
| Cautions, side effects | ___ | Other (Describe below) | ___ |
| How to take drugs | ___ | None | ___ |

*DESCRIBE 'OTHER':*

**4. Which of the following did the shop attendant discuss?**

| | | | |
|---|---|---|---|
| Amount customer could pay | ___ | Continue/increase fluids | ___ |
| Visit a doctor: | | Continue foods | ___ |
| if diarrhea persists | ___ | Any mention of fluid loss | ___ |
| if child vomits | ___ | Other (Describe below) | ___ |
| if child has fever | ___ | None | ___ |

*DESCRIBE 'OTHER':*

**5. Describe the following about this encounter:**

| | | | |
|---|---|---|---|
| # of attendants in outlet | ___ | Rate helpfulness of attendant: | |
| # of customers in outlet | ___ | 0= not at all 1= a little | |
| # of minutes with attendant | ___ | 2= moderately 3= very | ___ |

O. Comments on the Interactions Between Drug Sellers and Enumerators Selected from the Data Collection Forms

## DRUG SELLERS BEHAVIOR

* ENUMERATORS COLLECTED DATA ON THREEE ASPECTS OF DRUG SELLERS BEHAVIOR:
  - QUESTIONS ASKED ABOUT THE CHILD'S DIARRHEA
  - EXPLANATIONS GIVEN ABOUT THE DRUGS SOLD
  - OTHER SPONTANEOUSLY MENTIONED TOPICS

| PHARM. | COMMENTS |
|---|---|
| 122 | "IF THE CHILD HAS STOMACH PAIN, IT IS BECAUSE THE DIARRHEA IS DUE TO PARASITIC INFESTATION". |
| 141 | DON'T GIVE MILK OR ORANGE FOR 24 HOURS, GIVE AN APPLE. |
| 142 | PUT THE CHILD ON DIET WITH RICE WATER AND GIVE ORS. |
| 123 | THIS DRUG HAS ANTIBIOTIC IN CASE OF INFECTION. |
| 14 | DID YOU VISIT A PHYSICIAN? IT IS BETTER IF YOU WANT TO KNOW THE CAUSE OF THE DIARRHEA. |
| 152 | THROW AWAY THE ORS. IN CASE THAT YOU DON'T USE IT WHITIN 24 HOURS. |
| 81 | DOES THE CHILD HAVE PARASITES? |
| 111 | DOES THE DIARRHEA SMELL BAD? FETID? WHAT COLOR IS IT? |
| 80 | A CHILD WITH 2 DAYS OF DIARRHEA COULD HAVE DEHYDRATION. IT IS BETTER TO VISIT A PHYSICIAN.(DID NOT RECEIVE TREATMENT). |
| 63 | DON'T GIVE STRONG FOOD. GIVE RICE WATER. BOIL WATER AND GIVE MASHED POTATOES. |
| 95 | DID YOU VISIT A PHYSICIAN?. (NO PRESCRIPCION) |
| 25 | GIVE LIQUIDS AND A LOT OF ORS. |
| 18 | SEE A DOCTOR IF DIARRHEA PERSISTS. STOP THE DRUG IN CASE THE DIARRHEA ENDS. |
| 33 | APART FROM DIARRHEA. DOES HE HAVE ANYTHING ELSE? |
| 134 | DOES HE HAVE WORMS?. WAS HE SICK BEFORE? MAKE A LAB TEST TO KNOW. |
| 68 | THE PECTIN STOPS THE INFECCION. AND CUT OFF THE DIARRHEA. GIVE PEDIALYTE FOR 24 HOURS. IF HE VOMITS . GIVE CHAMOMILLA TEA. |
| 14 | BRING URGENTLY THE CHILD TO A PHYSICIAN. HE COULD DIE FROM DEHYDRATATION. YOU MUST KNOW THE CAUSE. (NO PRESCRIPTCION GIVEN) |
| 76 | "GIVE LEMMON WATER TO THE CHILD". |
| 2 | WE DON'T HAVE DRUGS FOR CHILDREN. (NO PRESCRIPTION) |
| 45 | NO EXPLANATION AND NO PRESCRIPTION GIVEN. |
| 122 | IS THE CHILD IN RURAL OF URBAN AREA? (NO PRESCRIPTION GIVEN). |
| 98 | "GIVE THE DRUG UNTIL THE DIARRHEA ENDS". |
| 153 | WE DON'T SELL DRUGS WITHOUT PRESCRIPCION. BECAUSE THERE ARE A LOT OF DRUGS. |
| 113 | WHY DON'T YOU VISIT A PHYSICIAN? (PRESCRIPCION WAS ORS AND ANTIBIOTIC . |
| 20, | IT IS BETTER TO VISIT THE PHYSICIAN. SOLD PEDIALYTE. |
| 140 | GIVE ORS WHEN HE IS THIRSTY. NO MILK.PRESCRIPTION. |
| 130 | "GIVE LIQUIDS TO PREVENT DEHYDRATACION". |

P. List of Drug Products Sold During the Pharmacy Stud

| CLASE TERAPEUTICO | CODIGO | INGREDIENTE | NOMBRE Y CONCENTRACION | COSTE |
|---|---|---|---|---|
| 18.00 | 100527B | SULFAMETOX & TRIMETOPRIM | SULHEPRIM: 60ML: FC | 7.13 |
| 18.00 | 100527D | SULFAMETOX & TRIMETOPRIM | ALFA-PRIM: 120ML: FC | 11.00 |
| 10.19 | 100527E | SULFAMETOX & TRIMETOPRIM | ANDIPRIN: 120ML: FC | 9.75 |
| 18.00 | 100527F | SULFAMETROL & TRIMETHOPRIM | LIDAPRIM: 50ML: FC | 13.55 |
| 18.00 | 101101B | MEBENDAZOL | HELI-6: 6TAB: CJ | 3.75 |
| 10.44 | 101106 | ALBENDAZOL | HELI2: 20ML: FC | 8.00 |
| 18.00 | 101903A | METRONIDAZOL | FLAGYL: 120ML: FC | 24.00 |
| 18.00 | 101903B | METRONIDAZOL | AMAGYL: 120ML: FC | 12.50 |
| 18.00 | 101903C | METRONIDAZOL | CICLOMEB: 120ML: FC | 8.00 |
| 10.19 | 103900B | ELECTROLITOS EN POLVO | SUERO ORAL: 28GR: SB | 4.35 |
| 10.39 | 103901A | ELECTROLITOS EN LIQUIDO | PEDIALYTE: 400ML: FC | 10.40 |
| 18.00 | 103901B | ELECTROLITOS EN LIQUIDO | ORALECTRIL 800 ML: 800ML: FC | 10.00 |
| 18.00 | 103901C | ELECTROLITOS EN LIQUIDO | ORALECTRIL 600 ML: 400ML: FC | 6.80 |
| 18.00 | 103901D | ELECTROLITOS EN LIQUIDO | LITODEX: FC | 12.00 |
| 10.19 | 104403A | VITAMINAS A,C & D | AQUASOL ACD: 15ML: FC | 3.75 |
| 18.00 | 104403B | VITAMINAS EN POLVO | DEXTROVITA: 25GR: SB | 0.60 |
| 18.00 | 104403C | VITAMINAS EN POLVO | SUERO ORAL VITAMINADO: 4GR: PQ | 2.21 |
| 10.11 | 180001A | NEOMIC, SULFAGUA & KAOLIN | SULPECTIL: 120ML: FC | 10.50 |
| 10.11 | 180001B | NEOMIC, SULFA & KAOLIN | NEOPEC-K: 120ML: FC | 12.50 |
| 18.00 | 180001C | KAOLIN, PECTINA & NEOMICINA | CAOLIN PECTINA + NEOMICINA: 120ML: | 4.45 |
| 18.00 | 180001D | NEOMIC,SLFGUA, & KAOLIN | BACTERIOTAL: 60ML: FC | 7.50 |
| 18.00 | 180001E | NEOMICINA & KAOLIN | KAOLAN CON NEOMICINA: 60ML: FC | 5.44 |
| 18.00 | 180001F | NEOMICINA & KAOLIN | KAOMYCIN: 59ML: FC | 17.84 |
| 18.00 | 180001H | NEOMICINA & KAOLIN | KAOMYCIN: 120ML: FC | 35.60 |
| 18.00 | 180001I | NEOMICIN, FURAZOL & KAOLIN | TREDA: 75ML: FC | 14.55 |
| 18.00 | 180001J | NEOMININ & KAOLIN | ACROMAXPECTIN: 100ML: FC | 13.50 |
| 18.00 | 180002A | KAOLIN & PECTINA | INFANTPECTIN: 120ML: FC | 10.23 |
| 18.00 | 180002B | KAOLIN & PECTINA | KAOLAN: 120ML: FC | 7.71 |
| 18.00 | 180002C | KAOLIN & PECTINA | CAOLIN PECTINA: 120ML: FC | 4.05 |
| 10.39 | 180002D | KAOLIN & PECTINA | STOP: 120ML: FC | 5.50 |
| 18.00 | 180002E | KAOLIN & PECTINA | MIXTURA: 120ML: FC | 3.75 |
| 18.00 | 180002F | KAOLIN & PECTATE | KAOPECTATE: 171ML: FC | 20.14 |
| 10.39 | 180002H | KAOLIN & PECTATE | KAOPECCON: 180ML: FC | 22.00 |
| 10.39 | 180002I | KAOLIN & PECTATE | ANTIDIARREICO CONCENTRADO: FC | 4.61 |
| 10.39 | 180003A | STREPO,SLFGUA & KAOLIN | INTESTICORT: 60ML: FC | 9.25 |
| 18.00 | 180003B | STREPTO, KAOLIN & PECTINA | STREPTOMAGMA: 90ML: FC | 21.90 |
| 18.00 | 180003C | STREPTO, SULFADIMA & KAOLIN | ESTREPOPECTINA: 60ML: FC | 13.75 |
| 10.39 | 180003D | STREPTO, SULFATIA & PECTIN | ESTREPTOENTEROL: 60ML: FC | 16.45 |
| 10.39 | 180004A | NIFUROX & KAOLIN | KAOFUROL: 60ML: FC | 9.13 |
| 18.00 | 180004B | NIFUROXIZADA | ESKAPAR: 90ML: FC | 23.60 |
| 18.00 | 180005A | HIDROXIQUIN & KAOLIN | GASTROLEINA: 120ML: FC | 7.50 |
| 18.00 | 180006A | SULF DE AMINOSIDINA | GABBRORAL: 60ML: FC | 23.00 |

Q List of Persons Who Attended Debriefing at Honduras Ministry of Health, 14/05/91

## ANNEX Q

DEBRIEFING MEETING FOR THE MINISTRY OF HEALTH
May 14 th.1991

LIST OF PARTICIPANTS

Dr. Fernando Coto, Special Advisor to the Minister

Dr. Alvaro Gonzales Marmol, Chief, MCH Division
Dra. Mirta Ponce, Chief, Women Care Dpt., MCH Division
Dr. Jorge Melendez, Chief, CED/IRA, Child Care Dpt., MCH Division
Lic. M.Rosa Bonnano, Technical Assistant, CED Program, MCH Division
Dra. Desirée Pastor, Chief, PAI, Child Care Dpt., MCH Division

Dr. Helacio Ucles, Director, Metropolitan Region
Lic. Leticia Castillo, MCH Technician, Metropolitan Region

Dr. Marco Bográn, Director, Hospital Escuela, Tegucigalpa

Dra. Estella Aguilar, Drug Unit, MOH

Lic. Peter Cross, Chief of Party, MSH/Honduras
Dr. Vincent David, MCH Advisor, MSH/Honduras