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WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

EMERGENCY HEALTH KIT

Lists of drugs and medical supplies for a population of 10,000 for approximately 3 months

1 February 1988

THE EMERGENCY HEALTH KIT[1]

LISTS OF DRUGS AND MEDICAL SUPPLIES FOR A POPULATION OF 10,000 FOR APPROXIMATELY 3 MONTHS

(Latest revision: January 1988)

The WHO Emergency Health Kit has been revised and has been renamed the Emergency Health Kit. The name has been changed, because other United Nations agencies and many non-governmental organizations have adopted the list of drugs and medical supplies for their emergency operations.

The Emergency Health Kit was revised in collaboration among the Action Programme on Essential Drugs and Vaccines and the Emergency Preparedness and Response Unit, WHO, Geneva, the Office of the United Nations High Commissioner for Refugees, Geneva and Médecins sans Frontières, Paris. The League of Red Cross and Red Crescent Societies, the Christian Medical Commission/World Council of Churches, and Comité Internationale de la Croix-Rouge were consulted. A review of the experience of previous users of the WHO Emergency Health Kit prepared by the London School of Hygiene and Tropical Medicine was considered at the time of the revision.

The Emergency Health Kit now consists of two lists of drugs and medical supplies: the BASIC kit and the SUPPLEMENTARY kit.

The BASIC kit contains drugs and medical supplies for use by health workers with little training. It contains a limited number of drugs, and does not include any injectable drugs. Simple treatment guidelines based on symptoms have been developed to help health workers use the drugs appropriately. These treatment guidelines, which are printed at the back of this man al, should be included in each BASIC kit. Additional copies can be obtained from the Action Programme on Essential Drugs, WHO, Geneva, and from UNICEF/UNIPAC (see page 3 for address).

To facilitate distribution, the quantities of drugs in the BASIC list have been calculated for kits destined for populations of 1000. One BASIC kit for 10,000 people consists of ten identical kits for 1,000 population (although suppliers may be able to provide kits for 1,000 population in quantities that are not multiples of ten). Drugs on the BASIC list can be used by health workers without access to drugs on the SUPPLEMENTARY list.

The SUPPLEMENTARY kit contains drugs for a population of 10,000 to be used only by senior health workers or doctors. It does not contain any drugs from the BASIC kit, and can therefore only be used if there is also access to drugs from the BASIC list.

The selection and quantification of drugs for the BASIC and SUPPLEMENTARY lists have been based on recommendations for standard treatment regimens from technical units within WHO. A manual describing the standard treatment regimens for target diseases, developed in collaboration between Médecins sans Frontières and WHO, is available from Médecins sans Frontières, Paris[2] at cost price and should be included in each SUPPLEMENTARY kit.

1 This document does not constitute the final document for the Emergency Health Kit and has a limited distribution. It is expected that UN agencies and NGOs which adopt this version of the Emergency Health Kit for their operations will provide the Action Programme on Essential Drugs, WHO, Geneva, with comments and suggestions for changes before 1 October 1988. The comments will be considered when preparing the final document for the Emergency Health Kit by the end of 1988.

2 Médecins sans Frontières
68, Boulevard Saint-Marcel
75005 Paris

Telephone: 47.07.29.29
Telex: 201720 F

WHAT IS AN EMERGENCY?

The term "emergency" is applied to several different situations ranging from natural disasters to economic disasters. The WHO Emergency Health Kit has in the past been mainly used in emergencies created by displacements of populations, but it has also been used in countries with shortage of drugs due to economic reasons. It must be emphasized that the drugs in the BASIC and SUPPLEMENTARY lists cover only the initial needs in an emergency. For a longer-term solution the local requirements must be assessed and drugs must be ordered accordingly.

QUANTIFICATION OF DRUG REQUIREMENTS

Quantifying drug requirements in an emergency is very difficult. Morbidity patterns (the relative frequency of different illnesses, for example, severe infections of the lower respiratory tract or diarrhoea) are generally similar in different types of emergencies. However, prevalence rates (the percentage of the population suffering from a certain illness) may vary considerably between emergencies. In emergencies where malnutrition is common, morbidity rates may be initially very high. It must therefore be recognized that the estimation of drug requirements can only be approximate. In one emergency high morbidity rates may mean that all the drugs listed are used within one month, whereas in another emergency there may be sufficient quantities for six months.

PROCUREMENT

The Emergency Health Kit can be procured from all major suppliers of pharmaceuticals. UNICEF/UNIPAC, Copenhagen has a constant stock of Emergency Health Kits ready for shipment within 48 hours, but it is desirable to secure procurement at the regional level to reduce costs of shipping the Emergency Health Kits. The procuring agency or NGO should secure that manufacturers comply with the guidelines for packaging and labelling printed in this document.

THE EMERGENCY IMMUNIZATION KIT

It is the experience from past emergencies caused by displacements of populations that measles is one of the major causes of death among younger children. Measles spreads rapidly in overcrowded conditions, and respiratory tract infections are frequent and serious particularly in malnourished children. An adequate supply of essential drugs may reduce the mortality rate, but MEASLES CAN BE PREVENTED by immunization. An immunization programme against measles should therefore be given high priority in the early phase of an emergency. The Expanded Programme on Immunization (EPI), WHO, the Office of the High Commissioner for Refugees (UNHCR) and OXFAM United Kingdom have collaborated in the development of the Emergency Immunization Kit which may be used to set up an emergency immunization programme against measles. It can also be used for immunizations against the other target diseases for the Expanded Programme on Immunization, i.e., tuberculosis, diphtheria, tetanus, pertussis and polio.

The Emergency Immunization Kit contains cold chain and injection equipment for 5,000 immunizations. Vaccines are not included. It may be ordered from:

The Health Advisor
Health Unit
OXFAM
274 Banbury Road
Oxford OX2 7DZ
United Kingdom

Telephone (0865) 56777
Telex 83610 OXFAM G

Vaccines can be ordered from:

UNICEF/UNIPAC
UNICEF Plads
Freeport
DK - 2100 Copenhagen
Denmark

Telephone 01-262444
Telex 19813 UNICEF COPENHAGEN

BASIC KIT

	Essential drugs	Quantity/1000 population
	acetylsalicylic acid, tab. 300 mg	3000
	paracetamol, tab. 100 mg	2000
	mebendazole, tab. 100 mg	500
	sulfamethoxazole + trimethoprim (cotrimoxazole), tab. 400+80 mg	2000
	chloroquine, tab. 150 mg base	2000
	ferrous sulfate + folic acid, tab. 60+0.25 mg	2000
	aluminium hydroxide, tab. 500 mg	1000
	tetracycline eye ointment 1%, tube 5 g	50
	oral rehydration salts, sachet for 1 ltr	200
	gentian violet, pwdr. 25 g	4
	benzyl benzoate lotion 25%, bottle 1000 ml	1
(1)	chlorhexidine (as digluconate) 5%, bottle 500 ml	1

	Miscellaneous	
	gauze bandages, 7.5 cm x 5 m	40 rolls
	elastic bandages, 8 cm x 10 m	20 rolls
	gauze compresses, 7.5 x 7.5 cm	500
	absorbent cotton wool	1 kg
	adhesive tape, 7.5 cm x 5 m	20 rolls
	scissors, straight and curved, 12-14 cms	2
	forceps, tissue, without teeth, 12-14 cms	2
	tweezers, 12-14 cms	2
	thermometers (oral)	5
	one-litre plastic bottle for dilution of chlorhexidine and benzyl benzoate	2
	syringe, 10 ml, plastic or nylon for dilution of chlorhexidine	2
	bucket, plastic, 20 litres	1
	balance, "salter" type	1
	tape measure	1
	brushes	2
	bars of soap	10
	plastic bags for tablets	1000
	surgeons gloves, size 7	100 pairs
(2)	health cards in plastic cover	500
	hardcover exercise books	4
	small notepads (A6)	10
	ballpens	10
	treatment guidelines	2

(1) May be substituted with another product from the same therapeutic group. Chlorhexidine may precipitate when diluted with hard water (non-distilled). Therefore, when procuring chlorhexidine or another disinfectant it should be specified that it must be formulated to allow dilution with hard water. Additional information about the selection of disinfectants may be obtained from the Action Programme on Essential Drugs, World Health Organization, Avenue Appia, 1211 Geneva 27, Switzerland

(2) A sample of the health card is given in the back of the manual. Health cards can be obtained from UNICEF/UNIPAC, Copenhagen (see p.3 for address).

SUPPLEMENTARY KIT

	Essential drugs	Quantity/10,000 population
	Anaesthetics	
	ketamine, inj. 50 mg/ml, vial 10 ml	25
	lidocaine, inj. 1%, vial 50 ml	10
	Analgesics	
(1)	pentazocine, inj. 30 mg/ml amp. 1 ml	50
*	probenecid, tab. 500 mg	500
	Antiallergics	
	dexamethazone, inj. 4 mg/ml, amp. 1 ml	10
	prednisolone, tab. 5 mg	500
	Antiepileptics	
*	diazepam, inj. 5 mg/ml, amp. 2 ml	50
*	phenobarbitone, tab. 50 mg	1000
	Antiinfectives	
	metronidazole, tab. 250 mg	1000
*	ampicillin, tab. 250 mg	2000
*	ampicillin, inj. 500 mg, vial	100
*	benzathine benzylpenicillin, inj. 2.4 mill. IU/vial	50
	phenoxymethylpenicillin, tab. 250 mg	4000
	procaine benzylpenicillin, inj. 4 mill. IU/vial	1000
	chloramphenicol, caps. 250 mg	2000
	chloramphenicol, inj. 1 g, vial	500
*	tetracycline, caps. or tab. 250 mg	2000
*	nystatin, vaginal tab. 100,000 IU	2000
*	quinine, tab. 300 mg	3000
*	quinine, inj. 300 mg/ml	50
*	sulfadoxine + pyrimethamine, tab. 500 mg + 25 mg	300
	Cardiovascular drugs	
*	methyldopa, tab. 250 mg	500
	Disinfectants	
(2)	povidone iodine 10%, sol., bottle 500 ml	4
	Diuretics	
	furosemide, inj. 10 mg/ml, amp. 2 ml	20

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* See note next page

(1) Pentazocine, although not on the WHO Model List of Essential Drugs, has been chosen, because of practical considerations, as an alternative to morfia or pethidine for which inclusion in the kit is restricted by international regulations on narcotic drugs.

(2) Povidone iodine, although not on the WHO Model List of Essential Drugs, has been chosen because the use of iodine tincture in hot climates may result in toxic concentrations of iodine by partial evaporation of the alcohol

		Quantity/10,000 population
	Gastrointestinal Drugs	
	promethazine, tab. 25 mg	500
*	metoclopramide, inj. 5 mg/ml, amp. 2 ml	50
	atropine, inj. 1 mg/ml, amp. 1 ml	50
	Oxytoxics	
	ergometrine, inj. 0.2 mg/ml, amp. 1 ml	100
	Psychotherapeutics	
	chlorpromazine, inj. 25 mg/ml, amp. 2 ml	20
	Respiratory Tract, Drugs acting on	
	aminophylline, tab. 100 mg	1000
	aminophylline, inj. 25 mg/ml, amp. 10 ml	20
	epinephrine (adrenaline), inj. 1 mg/ml, amp. 1 ml	50
	Solutions Correcting Water, Electrolyte and Acid-Base Disturbances	
	compound solution of sodium lactate (Ringer's lactate), inj. sol. bag 500 ml with giving set and needle	200
*	glucose, inj. sol. 5%, bag 500 ml with giving set and needle	50
	glucose, inj. sol. 50% amp. 10 ml	20
	water for injection, amp.10 ml	1800
	Vitamins	
	retinol (vitamin A), caps. 200,000, IU	2000
	ascorbic acid, tab. 50 mg	500

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* Drugs marked with an asterisk should be packed separately within the kits to indicate that they should be used only for those diseases and groups of people for which they are intended:

diazepam: febrile and other convulsions in children and adults;
phenobarbitone: prevention of convulsions;
ampicillin tabl. and inj.: for use only in neonates and during pregancy;
benzathine penicillin: treatment of syphilis;
probenecid: to be used with procaine benzylpenicillin fortified for treatment of gonorrhoea;
tetracycline caps or tabl.: treatment of cholera and chlamydia infections;
nystatin vaginal tabl.: when chewed, these tablets can be used for the direct treatment of oral candidiasis in children (enteric coated nystatin tablets will treat oral candidiasis only indirectly)
sulfadoxine + pyrimethamine: treatment of resistant malaria;
quinine inj. and tabl.: treatment of cerebral and complicated malaria cases; inj. quinine must always be given diluted in 500 ml glucose 5%;
methyldopa: treatment of hypertension during pregnancy;
metoclopramide: treatment of vomiting during malaria treatment;
glucose 5%, bag 500 ml: for dilution of inj. quinine;

	Miscellaneous	Quantity/10,000 population
(1)	butterfly needle 25 G, disposable	200
	needle, resterilisable, 22 G	20 dz
	syringe, 2 ml, resterilisable nylon	20
	syringe, 5 ml, resterilisable nylon	100
	syringe, 10 ml, resterilisable nylon	20
	pressure cooker for sterilization, 7.5 litres, e.g., UNIPAC double rack	2
	kerosene stove	1
	nasogastric tube Ch. 8, reusable	20
	nasogastric tube Ch. 12, reusable	10
	stethoscope	2
	obstetrical stethoscope	1
	pair of scissors, straight and curved, 12-14 cms	10
	forceps, tissue, without teeth, 12-14 cms	5
	scalpel, no. 4	1
	scalpel blades, no. 4	100
	tweezers, without teeth, 12-14 cms	5
	needle holder, 12-14 cms	2
	dexon suture with cutting needle, size 3 0	36
	tongue depressor, wooden disposable	100
	brushes	10
	bucket, 20 litres	1
	otoscope (with six batteries)	1
	tourniquet	2
	blood pressure apparatus	1
	thermometer (oral)	10
	surgeons gloves, size 7	100 pairs
	sterilization tray, 16 x 8 x 3 cms	2
	dressing tray, 25 x 15 cms	1
	kidney tray	1

(1) Must be destroyed after use.

GUIDELINES FOR LABELLING AND PACKAGING OF DRUGS IN THE EMERGENCY HEALTH KIT

1. Labelling should be in two languages selected from the official languages of WHO.

2. All directions for storage, handling and use should be easy to understand and remember.

3. All labels should bear at least the following information:
   - international nonproprietary name (INN) of active ingredient(s),
   - dosage form,
   - content of active ingredient(s) in the dosage unit (e.g. tablet, ampoule) and the number of units per package or content of the package in weight or volume,
   - batch number,
   - date of manufacture,
   - expiry date (en clair, not in code),
   - pharmacopoeial standard (may be stated in usual abbreviations e.g. BP, USP, etc.),
   - storage instructions,
   - directions for use, warnings, precautions when necessary,
   - name and address (town, country) of the manufacturer,
   - registration number.

4. A printed label on ampoules should contain the following information:

   - INN of the active ingredient(s),
   - quantity of the active ingredient,
   - batch number,
   - name of the manufacturer,
   - expiry date.

   The full label should appear on the collective package (carton, box) of ampoules.

5. In cases when there is not enough space on the label for instructions for use these may be given in leaflets (package inserts). However, leaflets should be considered as a supplement to labelling, not as an alternative.

6. At the time of shipment the age of the product should not be more than six months (from date of manufacture).

7. For articles requiring constitution prior to use (e.g. powders for injection) a suitable beyond-use time for the constituted product should be indicated.

8. Each consignment must be accompanied by a content list stating the number of inside packages and the type and quantity of drugs in package.

9. Tablets/capsules should be packaged in one of the following types of containers:
   - tear off cans with accompanying polythene lids,
   - deep flanged cans with replaceable lower lids - tablets/capsules must be sealed in polythene bags,
   - plastic or glass containers with lines screw cap.

10. Liquids should be packaged in leak-proof bottles with lined screw caps.

11. Ampoules must either have break off neck or sufficient files must be provided.

12. Containers for above preparations and all other preparations must conform to the latest edition of either the British, United States, European or other internationally recognized pharmacopoeial standards for containers for pharmaceutical preparations and be suitable for shipment, storage and use world-wide.

Treatment Guidelines for Basic Kit

Introduction

These treatment guidelines are intended to give simple guidance to primary health care workers using the Basic Kit. In the dosage guidelines four age groups have been distinguished. When dosage is shown as 1 tab. x 2, one tablet should be taken in the morning and one before bedtime. When dosage is shown as 2 tab. x 3, two tablets should be taken in the morning, two should be taken in the middle of the day and two before bedtime.

For the daignosis and treatment of diarrhoea fully detailed schedules have been included as Annex 1 and 2. For the diagnosis and treatment of respiratory tract infections separate schedules are being used for children under five

The Basic Kit contains the following essential drugs:

acetylsalcylic acid (ASA)	tablets 300 mg
aluminium hydroxyde	tablets 500 mg
chloroquine	tablets 150 mg base
cotrimoxazole	tablets 400 mg sulfamethoxozole + 80 mg trimethoprim
ferrous sulphate + folic acid	tablets 200 mg + 0.25 mg
mebendazole	tablets 100 mg
oral rehydration salts	sachets for 1 litre solution
paracetamol	tablets 100 mg
benzyl benzoate lotion 25%	bottle 1 litre
chlorhexidine, solution 5%	bottle 500 ml
gentian violet	powder 25 g
tetracycline eye ointment 1%	tube 5 g

The Treatment Guidelines contain the following diagnostic groups:

Special instructions as to the dilution of chlorhexidine and benzylbenzoate are given as footnotes to the text.

DIAGNOSIS/SYMPTOM	0 to 11 months	1 to 4 years	5 to 14 years	15 and over

ANAEMIA

ANAEMIA moderate (pallor and tiredness)	ferrous sulph. + folic acid 1 tab. daily	ferrous sulph. + folic acid 2 tab. daily	ferrous sulph. + folic acid 3 tab. daily	ferrous sulph. + folic acid 3 tab. daily
ANAEMIA severe (oedemas, dizziness, shortness of breath)	Refer			

DIARRHOEA

DIARRHOEA no dehydration	Continue (breast)feeding, give more fluids than usual, Return to health worker in case of frequent stools, increased thirst, sunken eyes, fever, or when the patient does not eat or drink normally, or does not get better.			
DIARRHOEA moderate dehydration For exact diagnosis see Annex 1	Treat with oral rehydration salts, 50-100 ml/kg in first 4-6 houres, reassess the condition after 4-6 hours. For exact dosage of ORS, see Annex 2B 500 ml within 6 hours	1 litre within 6 hours	2 litres within 6 hours	3 litres within 6
DIARRHOEA severe dehydration	Oral rehydration salts, 100 ml/kg as soon as possible, and refer patient for nasogastric tube and/or IV treatment			
DIARRHOEA bloody stools (check stools)	cotrimoxazole 1/4 tab. x 2 for five days	cotrimoxazole 1/2 tab. x 2 for five days	cotrimoxazole 1 tab. x 2 for five days	cotrimoxazole 2 tab. x 2 for five days
DIARRHOEA lasting more than two weeks, or patient malnourished or in poor condition	Give ORS as in diarrhoea with moderate dehydration, and refer			

DIAGNOSIS/SYMPTOM	0 to 11 months	1 to 4 years	5 to 14 years	15 and over

EYE

RED EYE (conjunctivitis)	Apply tetracycline eye ointment 3 times a day for 5 days If not improved after three days, or if in doubt: refer

FEVER

FEVER no chills	Younger than 1 month: paracetamol 1/4 tab. x 3 Older than 1 month: paracetmol 1/2 tab. x 3 1 to 3 days	paracetamol 1 tab. x 3 for 1-3 days	paracetamol 2 tab. x 3 for 1-3 days	ASA 2 tab. x 3 for 1.3 days
FEVER with chills: assume it is **MALARIA**	chloroquine 1/2 tab. once, 1/4 tab. after 6, 24 and 48h	chloroquine 1 tab. once, 1/2 tabs after 6, 24 and 48h	chloroquine 2 tab. once, 1 tab. after 6, 24 and 48h	chloroquine 4 tab. once, 2 tab. after 6, 24 and 48h
FEVER with cough	see COUGH		see LOW RESP.TRACT INFECTION	
FEVER and patient malnourished or in poor condition, or when in doubt	Refer			

PAIN

PAIN headache, joint pain, toothache, etc	Older than one month: paracetamol 1/2 tab x 3	paracetamol 1 tab. x 3	paracetamol 2 tab. x 3	ASA 2 tab. x 3
PAIN IN THE STOMACH	Refer		aluminium hydroxyde 1/2 tab. x 3 for 3 days	aluminium hydroxyde 1 tab. x 3 for 3 days

DIAGNOSIS/SYMPTOM	0 to 11 months	1 to 4 years	5 to 14 years	15 and over

PREVENTION IN PREGNANT WOMEN

PREVENTION OF ANAEMIA (for treatment, see under Anaemia)				ferrous sulph. + folic acid 1 tab. daily in pregnancy
PREVENTION OF MALARIA (for treatment, see under Fever)				chloroquine 2 tab. weekly in pregnancy

RESPIRATORY TRACT INFECTIONS

SORE THROAT with fever and enlarged ender neck glands	Refer	cotrimoxazole 1/2 tab. x 2 for 5 days	cotrimoxazole 1 tab. x 2 for 5 days	cotrimoxazole 2 tab. x 2 for 5 days
EAR ear pain with fever or ear discharge for less than 2 weeks	Younger than 2 months: Refer Older than 2 months: cotrimoxazole 1/4 tab. x 2 for 5 days	cotrimoxazole 1/2 tab. x 2 for 5 days	cotrimoxazole 1 tab. x 2 for 5 days	cotrimozoxole 2 tab. x 2 for 5 days
EAR ear discharge for more than 2 weeks	Once daily clean the ear by syringe without needle using lukewarm water; repeat untill the water comes out clean. Dry repeatedly with absorbent paper			

DIAGNOSIS/SYMPTOM	0 to 11 months	1 to 4 years	5 to 14 years	15 and over
RESPIRATORY TRACT INFECTIONS (cont'd)				
COUGH (children 0-4) no fast breathing no chest indrawing child able to drink	Continue (breast)feeding, give fluids, do not allow the child to become too cold or too hot, clear the nose to facilitate breathing, avoid smoke, treat fever if present.			
COUGH (children 0-4) fast breathing (more than 50 breaths per minute but less than 70 per minute) no chest indrawing child able to drink	Younger than 2 months: Refer Older than 2 months: cotrimoxazole 1/4 tab. x 2 for 5 days	cotrimoxazole 1/2 tab. x 2 for 5 days		
COUGH (children 0-4) fast breathing (more than 70 breaths per minute) or chest indrawing or child unable to drink	Refer			
COMMON COLD (children over 5 and adults) malaise, fatigue, slight cough no or moderate fever, no or watery sputum			ASA 1 tab. x 3	ASA 2 tab. x 3
LOWER RESP. TRACT INFECTION (children over 5 and adults) cough with fever, yellow sputum			cotrimoxazole 1 tab. x 2 for 5 days	cotrimaoxazole 2 tab. x 2 for 5 days
COUGH Lasting over 30 days	Refer			
SEXUALLY TRANSMITTED DISEASE				
VENERAL DISEASE (syphilis, gonorrhoea)	Refer			

DIAGNOSIS/SYMPTOM	0 to 11 months 1 to 4 years	5 to 14 years 15 and over

SKIN CONDITIONS

WOUNDS limited and superficial	Clean with diluted chlorhexidine solution (1) Apply gentian violet once daily	
WOUNDS extended, deep or on face	Refer	
BURNS mild, moderate	Immerse immediately in cold water, or use a cold wet cloth Continue until pain ceases, then treat as WOUNDS	
BURNS severe (on face or very extensive)	Treat as for MILD BURNS, and refer	
BACTERIAL INFECTION mild	Clean with diluted chlorhexidine solution (1) Apply gentian violet two times daily If not improved after 10 days: refer	
BACTERIAL INFECTION severe (with fever)	Refer	
FUNGAL INFECTION	Apply gential violet once daily for five days	
SCABIES	Apply diluted benzyl benzoate (2)	Apply benzyl benzoate 25%
SCABIES infected	Bacterial infection: clean with diluted chlorhexidine (1) Apply gentian violet twice daily. When infection is cured, apply benzyl benzoate	

URINARY TRACT INFECTION

URINARY TRACT INFECTION	Refer

DIAGNOSIS/SYMPTOM	0 to 11 months	1 to 4 years	5 to 14 years	15 and over
WORMS				
ROUNDWORM (ascaris) **PINWORM** (enterobius)		mebendazole 2 tab. once	mebendazole 2 tab. once	mebendazole 2 tab. once
HOOKWORM, OTHER WORMS **TAPEWORM** (taenia)		mebendazole 2 tab. x 2 for 3 days	mebendazole 2 tab. x 2 for 3 days	mebendazole 2 tab. x 2 for 3 days

1 Chlorhexidine 5% must always be diluted before use: take the one-litre plastic bottle supplied with the kit. Fill 20 ml of chlorhexidine solution into the bottle by using the 10 ml syringe supplied with the kit (20 ml is two full syringes). Fill up the bottle with boiled or clean water.

2 Dilute by mixing one half litre benzyl benzoate 25% with one half litre clean water in the one litre plastic bottle supplied with the kit.

HOW TO ASSESS YOUR PATIENT

FOR DEHYDRATION

		A	B	C
1. ASK ABOUT:	DIARRHOEA	Less than 4 liquid stools per day	4 to 10 liquid stools per day	More than 10 liquid stools per day
	VOMITING	None or a small amount	Some	Very frequent
	THIRST	Normal	Greater than normal	Unable to drink
	URINE	Normal	A small amount, dark	No urine for 6 hours
2. LOOK AT:	CONDITION	Well, alert	Unwell, sleepy or irritable	Very sleepy, unconscious, floppy or having fits
	TEARS	Present	Absent	Absent
	EYES	Normal	Sunken	Very dry and sunken
	MOUTH and TONGUE	Wet	Dry	Very dry
	BREATHING	Normal	Faster than normal	Very fast and deep
3. FEEL:	SKIN	A pinch goes back quickly	A pinch goes back slowly	A pinch goes back very slowly
	PULSE	Normal	Faster than normal	Very fast, weak, or you cannot feel it
	FONTANELLE (in infants)	Normal	Sunken	Very sunken
4. TAKE TEMPERATURE				
5. WEIGH IF POSSIBLE		Loss of less than 25 grams for each kilogram of weight	Loss of 25-100 grams for each kilogram of weight	Loss of more than 100 grams for each kilogram of weight
6. DECIDE		The patient has **no** signs of **dehydration**	If the patient has 2 or more of these signs, he has **some dehydration**	If the patient has 2 or more of these danger signs, he has **severe dehydration**
		Use Plan A	**Use Plan B**	**Use Plan C**

FOR OTHER PROBLEMS

Longer than 14 days duration Blood in the stool	
Severe undernutrition	
Fever – 38.5°C (or 101°F) or greater	

IF YOUR PATIENT HAS:	THEN:
Blood in the stool and diarrhoea for less than 14 days	Treat with an appropriate oral antibiotic for shigella dysentery If this child is also – dehydrated, – severely undernourished, or – less than 1 year of age, reassess the child's progress in 24 - 48 hours. For the severely undernourished child, also refer for treatment of severe undernutrition.
Diarrhoea for longer than 14 days with or without blood Severe undernutrition	Continue feeding and refer for treatment.
Fever – 38.5°C (or 101°F) or greater	Show the mother how to cool the child with a wet cloth and fanning. Look for and treat other causes (for example, pneumonia, malaria).

Source: Treatment of diarrhoea; WHO/CDD, 1987

TREATMENT PLAN A
TO TREAT DIARRHOEA

EXPLAIN THE THREE RULES FOR TREATING DIARRHOEA AT HOME:

1. GIVE YOUR CHILD MORE FLUIDS THAN USUAL TO PREVENT DEHYDRATION.
   SUITABLE FLUIDS INCLUDE:
   - The recommended home fluid or food-based fluids, such as gruel, soup, or rice water.
   - Breastmilk or milk feeds prepared with twice the usual amount of water.

2. GIVE YOUR CHILD FOOD
   - Give freshly prepared foods. Recommended foods are mixes of cereal and beans, or cereal and meat or fish. Add a few drops of oil to the food, if possible.
   - Give fresh fruit juices or bananas to provide potassium.
   - Offer food every 3 or 4 hours (6 times a day) or more often for very young children.
   - Encourage the child to eat as much as he wants.
   - Cook and mash or grind food well so it will be easier to digest.
   - After the diarrhoea stops, give one extra meal each day for a week, or until the child has regained normal weight.

3. TAKE YOUR CHILD TO THE HEALTH WORKER IF THE CHILD HAS ANY OF THE FOLLOWING:
   - passes many stools
   - is very thirsty
   - has sunken eyes

   } These 3 signs suggest your child is dehydrated.

   - has a fever
   - does not eat or drink normally
   - seems not to be getting better.

TEACH THE MOTHER HOW TO USE ORS SOLUTION AT HOME, IF:

- The mother cannot come back if the diarrhoea gets worse,
- It is national policy to give ORS to all children who see a health worker for diarrhoea treatment, or
- Her child has been on Plan B, to prevent dehydration from coming back.

SHOW HER HOW TO MIX AND GIVE ORS

SHOW HER HOW MUCH TO GIVE
- 50-100 ml (¼ to ½ large cup) of ORS solution after each stool for a child less than 2 years old.
- 100-200 ml (½ to 1 large cup) for older children.
- Adults should drink as much as they want.

TELL HER IF THE CHILD VOMITS, wait 10 minutes. Then continue giving the solution but more slowly – a spoonful every 2 - 3 minutes.

GIVE HER ENOUGH PACKETS FOR 2 DAYS

Note: While a child is getting ORS, he should be given breastmilk or dilute milk feeds and should be offered food. Food-based fluids or a salt and sugar solution should *NOT* be given in addition to ORS.

EXPLAIN HOW SHE CAN PREVENT DIARRHOEA BY:

Giving only breastmilk for the first 4 - 6 months and continuing to breastfeed for at least the first year.

Introducing clean, nutritious weaning foods at 4 - 6 months.

Giving her child freshly prepared and well-cooked food and clean drinking water.

Having all family members wash their hands with soap after defecating, and before eating or preparing food.

Having all family members use a latrine.

Quickly disposing of the stool of a young child by putting it into a latrine or by burying it.

TREATMENT PLAN B
TO TREAT DEHYDRATION

1. AMOUNT OF ORS SOLUTION TO GIVE IN FIRST 4 TO 6 HOURS

Patient's age *	2 4 6 8 10 12 18 2 3 4 6 8 15 adult months → ← years →					
Patient's weight in kilograms	3 5 7 9 11 13 15 20 30 40 50					
Give this much solution for 4-6 hours — in ml:	200-400	400-600	600-800	800-1000	1000-2000	2000-4000
Give this much solution for 4-6 hours — in local unit of measure:						

* Use the patient's age only when you do not know the weight.

NOTE: ENCOURAGE THE MOTHER TO CONTINUE BREASTFEEDING.

If the patient wants more ORS, give more.
If the eyelids become puffy, stop ORS and give other fluids. If diarrhoea continues, use ORS again when the puffiness is gone.
If the child vomits, wait 10 minutes and then continue giving ORS, but more slowly.

2. IF THE MOTHER CAN REMAIN AT THE HEALTH CENTRE

- Show her how much solution to give her child.
- Show her how to give it – a spoonful every 1 to 2 minutes.
- Check from time to time to see if she has problems.

3. AFTER 4 TO 6 HOURS, REASSESS THE CHILD USING THE ASSESSMENT CHART. THEN CHOOSE THE SUITABLE TREATMENT PLAN.

NOTE: If a child will continue on Plan B, tell the mother to offer small amounts of food.

If the child is under 12 months, tell the mother to:
- continue breastfeeding or
- if she does not breastfeed, give 100-200 mls of clean water before continuing ORS.

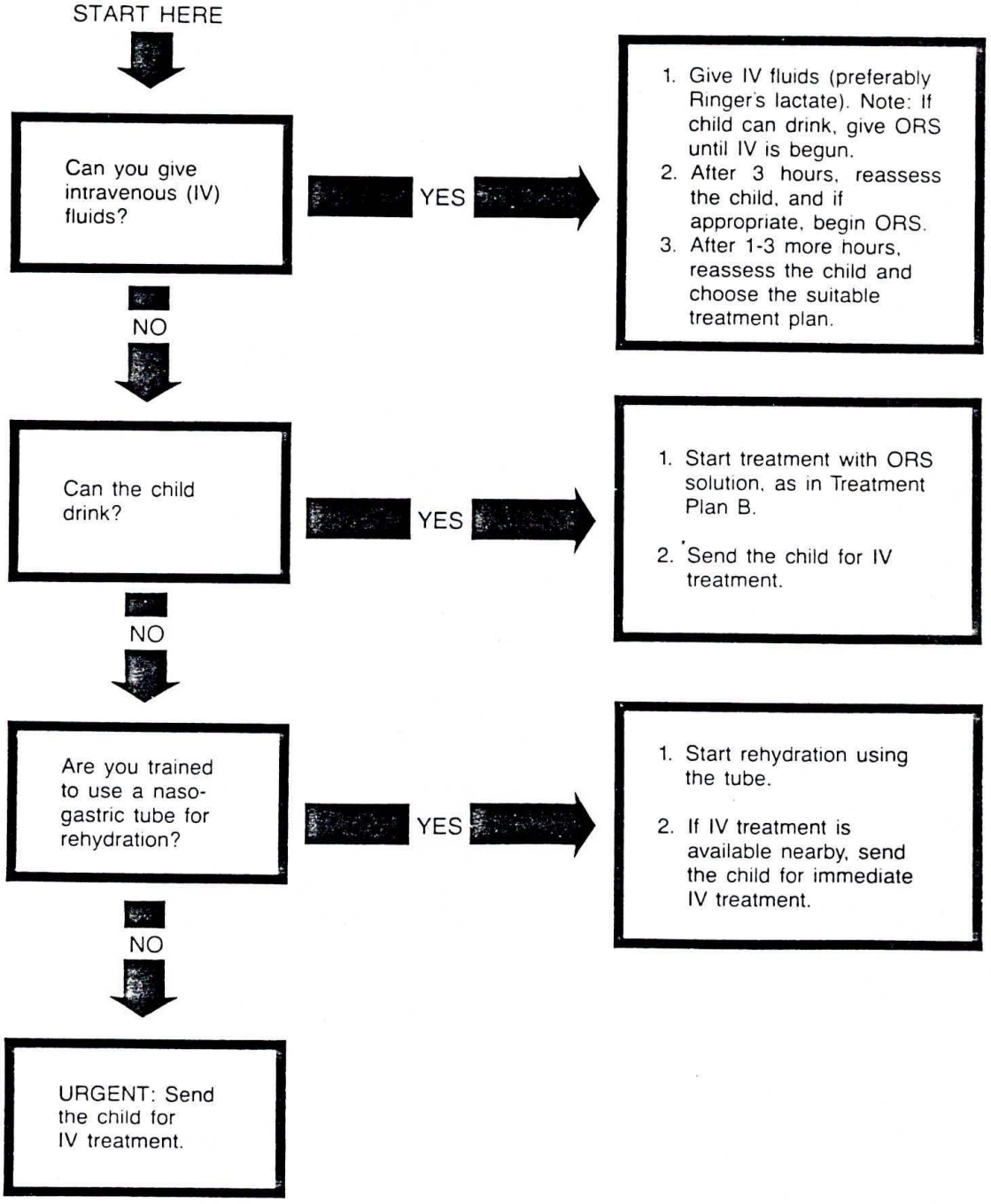
4. IF THE MOTHER MUST LEAVE ANY TIME BEFORE COMPLETING TREATMENT PLAN B

- Give her enough ORS packets for 2 days and show her how to prepare the fluid.
- Show her how much ORS to give to finish the 4-6 hour treatment at home.
- Tell her to give the child as much ORS and other fluids as he wants after the 4-6 hour treatment is finished.
- Tell her to offer the child small amounts of food every 3-4 hours.
- Tell her to bring the child back to the health worker if the child has any of the following:
  - passes many stools
  - is very thirsty
  - has sunken eyes

  } These 3 signs suggest the child is dehydrated.
  - has a fever
  - does not eat or drink normally
  - seems not to be getting better.

TREATMENT PLAN C
TO TREAT SEVERE DEHYDRATION QUICKLY

Follow the arrows. If the answer to the questions is 'yes', go across. If it is 'no', go down.



NOTE: If the child is above 2 years of age and cholera is known to be currently occuring in your area, suspect cholera and give an appropriate oral antibiotic once the child is alert.

HCR 1.84

HEALTH CARD
CARTE DE SANTÉ

CARD No.
CARTE No.

DATE OF REGISTRATION
DATE D'ENREGISTREMENT

SITE
LIEU

SECTION/HOUSE No.
SECTION/HABITATION No.

DATE OF ARRIVAL AT SITE
DATE D'ARRIVEE SUR LE LIEU

FAMILY NAME
NOM DE FAMILLE

GIVEN NAMES
PRENOMS

DATE OF BIRTH OR AGE
DATE DE NAISSANCE OU AGE

OR
OU

YEARS
ANS

SEX
SEXE

M/F

NAME COMMONLY KNOWN BY
NOM D'USAGE HABITUEL

CHILDREN / ENFANTS

MOTHER'S NAME
NOM DE LA MÈRE

FATHER'S NAME
NOM DU PÈRE

HEIGHT
HAUTEUR

Cm

WEIGHT
POIDS

Kg

PERCENTAGE WT/HT
POURCENTAGE POIDS/HAUT.

%

FEEDING PROGRAMME
PROGRAMME D'ALIMENTATION

IMMUNIZATION
IMMUNISATION

MEASLES
ROUGEOLE

DATE

DPT
DTP

DATE

1

2

3

POLIO

DATE

BCG

DATE

OTHERS
AUTRES

WOMEN / FEMMES

PREGNANT
ENCEINTE

YES/NO
OUI/NON

No. OF PREGNANCIES
No. DE GROSSESSES

No. OF CHILDREN
No. D'ENFANTS

LACTATING
ALAITANTE

YES/NO
OUI/NO

TETANUS
TETANOS

DATE

FEEDING PROGRAMME
PROGRAMME D'ALIMENTATION

GENERAL (Family circumstances living conditions etc.)
GENERALES (Circonstances familiales conditions de vie etc.)

COMMENTS
OBSERVATIONS

HEALTH (Brief history present condition)
MEDICALES (Bref resumé des conditions actuelles)

DATE	CONDITION (Signs/symptoms/diagnosis) ÉTAT (Signes/symptômes diagnostic)	TREATMENT (Medication/dose time) TRAITEMENT (Médication/dose durée)	COURSES (Medication due/given) APPLICATION (Médication requise/effectuée)	OBSERVATIONS (Change in condition)/ NAME OF HEALTH WORKER OBSERVATIONS (Changement d'état)/ NOM DE L'AGENT DE SANTÉ