PACK Global

Template for localisation

SAMPLE

2015

ADULT

Contents: symptoms

Assess and manage the patient using his/her symptoms as a starting point

A

Abused patient 55
Abdominal pain 21
Abnormal vaginal bleeding 31
Aggressive patient 52
Anal symptoms 24
Arm symptoms 37

B

Back pain 36
Bites 41
Blackout 9
Body pain 34
Breast symptoms 20
Burns 41
Difficult breathing 18

C

Cervical screening 29
Chest pain 17
Collapse 9
Coma 3
Confused patient 53
Constipation 24
Cough 18

D

Diarrhoea 23
Dizziness 10
Dyspepsia 21
Genital discharge 25

E

Ear symptoms 14
Eye symptoms 12

F

Face symptoms 13
Fatigue 8
Fever 6
Fits 4
Foot symptoms 39
Foot care 39

G

General body pain 34
Genital symptoms 25

H

Headache 11
Heartburn 21

I

Injured patient 40

J

Jaundice 49
Joint symptoms 35

L

Leg symptoms 38
Lymphadenopathy 7

M

Miserable patient 54
Mouth symptoms 16

N

Nail symptoms 50
Neck pain 37
Needlestick injury 103
Nose symptoms 15

O

Overweight patient 72

P

Body/general pain 34
Pap smear 29

R

Rape 55

S

Seizures 4
Sexual problems 32
Skin symptoms 42
Difficulty sleeping 56
Stressed patient 54
Suicidal patient 51
Syphilis 30

T

Throat symptoms 16
Tiredness 8
Traumatised patient 55

U

Genital ulcer 25
Unconscious patient 3
Urinary symptoms 33

V

Abnormal vaginal bleeding 31
Violent patient 52
Vision symptoms 12
Vomiting 22

W

Weakness 8
Weight loss 5

SAMPLE

Contents: chronic conditions

Diagnose and give routine care to the patient with a chronic condition

TB

TB: diagnosis 57
Drug-sensitive (DS) TB: routine care 59
Drug-resistant TB: routine care 62

HIV

HIV: diagnosis 64
HIV: routine care 65

Chronic respiratory disease

Asthma and COPD: diagnosis 69
Using inhalers and spacers 69
Asthma: routine care 70
COPD: routine care 71

Chronic diseases of lifestyle

Cardiovascular disease risk assessment 72
Cardiovascular disease risk management 73
Diabetes: diagnosis 74
Diabetes: routine care 75
Hypertension: diagnosis 77
Hypertension: routine care 78
Heart failure 79
Stroke 80
Ischaemic heart disease (IHD): diagnosis 81
Ischaemic heart disease: routine care 82
Peripheral vascular disease 83

Mental health

Mental health care act (MHCA) 84
Depression: diagnosis 85
Depression and/or anxiety: routine care 86
Substance abuse 87
Schizophrenia: diagnosis 88
Schizophrenia: routine care 88
Dementia 89

Epilepsy 90

Musculoskeletal disorders

Chronic arthritis 91
Gout 92
Fibromyalgia 93

Women's health

Contraception 94
The pregnant patient 96
Routine antenatal care 98
Preventing mother-to-child transmission of HIV 99
Postnatal care 100
Menopause 101

End of life 102

Prescribe rationally 1
Screen the patient in the prep room 2
Protect yourself from occupational infection 103
Protect yourself from occupational stress 104
Communicating effectively 105
Helpline numbers 106

SAMPLE

Seizures/fits

Give urgent attention to the patient who is unconscious and fitting:

- Place in left lateral lying (recovery) position. Do not place anything in the mouth.
- Give 100% facemask oxygen.
- Give sodium chloride 0.9% IV (30 drops per minute).
- Check glucose. If < 4mmol/L or unable to measure, give 50mL of 50% glucose IV over 1 – 3 minutes. Repeat if glucose < 4mmol/L after 15 minutes. Continue 5% glucose in sodium chloride 0.9% IV.
- If ≥ 20 weeks pregnant up to 1 week postpartum →97 for treatment of fit.
- If < 20 weeks pregnant or not pregnant, give lorazepam[1] 4mg IV/IM stat or diazepam[1] 10-20mg rectally as a single dose. Repeat after 10 minutes if fit continues.
- Treat for status epilepticus if fits do not respond to 2 doses of lorazepam/diazepam *or* fits last longer than 30 minutes *or* patient does not recover consciousness between fits:
  - Give phenytoin[2] 20mg/kg IV (through different line to lorazepam) over 60 minutes.
  - If fits continue repeat phenytoin[2] 10mg/kg IV (through different line to lorazepam) over 30 minutes.
  - Refer urgently to hospital.

Approach to patient who is not fitting now

Confirm that patient indeed had a fit: jerking movements of part of or the whole body, with/without tongue biting, incontinence, post-fit drowsiness and confusion.

Yes

Refer patient same day if one or more:

- Temperature ≥ 38˚C: give ceftriaxone 2g IM/IV.
- New onset headaches
- Neck stiffness/meningism
- Patient has HIV
- Reduced level of consciousness > 1 hour after fit
- Glucose < 4mmol/L after 1 hour or patient on glibenclamide/gliclazide/glimepiride/insulin
- New weakness, numbness, visual disturbance, facial asymmetry, unable to name 3 out of 3 objects
- BP ≥ 180/110 1 hour after fit has stopped
- Substance abuse: overdose or withdrawal
- Head injury within past 6 weeks
- Pregnant or up to 1 week postpartum

Approach to patient who had a fit but does not need same day referral

Is patient known with epilepsy?

Yes → Give routine **epilepsy** care →90.

No → Previous meningitis, stroke or head trauma?

- Yes → Chance of recurrent fit is 50%, even 2 years after the event. → A doctor should confirm the diagnosis of epilepsy. → Give routine **epilepsy** care →90.
- No → At least 2 convulsive fits with no identifiable cause on 2 different days in the last year.
  - Yes → A doctor should confirm the diagnosis of epilepsy. → Give routine **epilepsy** care →90.
  - No → Refer for specialist assessment.

No (not a fit) → Episode/s of weakness or disturbance of speech for < 24 hours?

- Yes → **Stroke or transient ischaemic attack** likely →80.
- No → Collapse with twitching < 15 seconds following light-headedness or prolonged standing with rapid recovery?
  - Yes → **Simple faint** likely →9.

Refer for specialist assessment if diagnosis uncertain.

[1]If no doctor available, nurse to get telephonic prescription from doctor. [2]IV phenytoin may cause heart dysrhythmia: do not exceed infusion rate of 50mg/minute and monitor ECG and BP.

SAMPLE

Epilepsy: routine care

- If the patient is fitting →4 to control the fit. If the patient is not known with epilepsy and has had a fit →4 to assess and manage further.
- Epilepsy is a doctor diagnosis in the patient who has had at least 2 definite fits with no identifiable cause or 1 fit following meningitis, stroke or head trauma.

Assess the patient with epilepsy

Assess	When to assess	Note
Symptoms	Every visit	Manage symptoms as on symptom page.
Fit frequency	Every visit	Review fit diary. Assess if fits prevent patient from leading a normal lifestyle.
Adherence	Every visit, if fits occur	Assess attendance, pill counts and if still fitting on treatment, drug level (doctor decision).
Side effects	Discuss at diagnosis, every visit	Side effects often explain poor adherence. Patient may need to weigh side effects with fit control.
Other medication	If fits occur	Check if patient has started other medication like TB treatment, ART or contraceptive. See below.
Risky alcohol/drug use	At diagnosis, if fits occurs or adherence poor	If ≥ 1 of: drinks alcohol every day, > 14 drinks[1]/week, ≥ 5 drinks[1] per session, loses control when drinking, uses illegal or misuses prescription drugs ⮐87.
Pregnancy status/ family planning	Every visit	• Refer if patient is pregnant or planning to be for epilepsy and antenatal care. • Assess contraceptive needs: avoid oral contraceptive and subdermal implant on carbamazepine or phenytoin ⮐94.
Drug level	Only if needed	Doctor to check drug level if unsure about adherence or on higher than maximum dose of phenytoin.

Advise the patient with epilepsy

- Educate about epilepsy and need for adherence to treatment. Advise patient to keep a fit diary to record frequency of fits.
- Refer for social support if necessary and help patient to get a medical bracelet ⮐106.
- Advise avoiding sleep deprivation, alcohol and drug use, dehydration and flashing lights. These may trigger a fit.
- Avoid dangers like heights, fires, swimming alone, cycling on busy roads, operating machinery. Avoid driving until fit free for 1 year.
- Advise patient there are many medications that interfere with anti-convulsant treatment (see below) and to discuss with doctor when starting any new medication.
- Advise patient to seek advice if planning a pregnancy and to use reliable contraception.

Treat the patient with epilepsy

- A single drug is best. Giving 2 anti-convulsant medications together is a specialist decision.
- If still fitting on treatment increase dose as in table every 2 weeks only if patient is adherent and there is no substance abuse.
- If still fitting after 4 weeks on maximum dose or side effects intolerable, add new medication and increase 2 weekly until fit free. Then taper off old drug over 1 month.

Drug	Start	Maintenance dose	Note
Phenytoin	150mg daily	200-400mg daily or in 2 divided doses	Avoid in pregnancy and breastfeeding. Side effects: coarse facial features (avoid in women if possible), skin rash, drowsiness, unsteadiness, slurred speech. Drug interactions: isoniazid, rifampicin, warfarin, furosemide, fluoxetine, fluconazole, theophylline, folic acid, other anti-convulsants, oral or subdermal contraceptives, ART.
Carbamazepine	100mg daily	400-1400mg daily in 2 or 3 divided doses	Side effects: skin rash, blurred/double vision, unsteadiness, nausea. Drug interactions: isoniazid, rifampicin, warfarin, furosemide, fluoxetine, fluconazole, theophylline, folic acid, other anti-convulsants, oral or subdermal contraceptives, ART.
Sodium valproate	200mg twice a day	400-2000mg daily or in 2 divided doses	Avoid in pregnancy and in women of childbearing age unless reliable contraception. Use in HIV patient on or needing ART: if fit-free on anti-convulsant medication, discuss with specialist. Side effects: drowsiness, weight gain, transient hair loss. Drug interactions: AZT, warfarin, aspirin.

- If fit free review 3 monthly. Doctor should review monthly the patient who is fitting until fit frequency improves. Refer if still fitting after maximum doses of 2 drugs for 4 weeks each.
- If no fits for 2 years: doctor to discuss stopping treatment with patient. Gradually withdraw 1 drug at a time over 2 months.

[1]One drink is 1 tot of spirits, or 1 small glass (125ml) of wine or 1 can/bottle (330ml) of beer.

SAMPLE

PACK Global: Adult

This **PACK Global: Adult** is a clinical practice tool designed for use in AREA FOR IMPLEMENTATION public sector primary care consultations with adults. It uses a symptom-based approach to the patient's problem and a standardised integrated approach to the routine care of the patient with one or more chronic conditions, covering 40 symptoms and 20 chronic conditions including HIV, TB, cardiovascular risk and disease, mental health, chronic respiratory diseases, epilepsy, contraception, pregnancy and postnatal care and musculoskeletal disorders.

PACK Global: Adult complies with and integrates AREA FOR IMPLEMENTATION policies including recent updates for TB, HIV, diabetes and contraception. Prescribing provisions are displayed clearly for each drug, its dose and indication to capacitate staff to manage patients with common chronic conditions.

The development and revision of the guideline was a collaborative process with substantial input from managers, clinicians and academics, as well as feedback from end-users of previous editions (see Acknowledgements inside front cover). A more thorough explanation of the development process and role of contributors can be found at *www.knowledgetranslation.co.za*.

This **PACK Global: Adult** was compiled by the Knowledge Translation Unit, University of Cape Town Lung Institute. The Knowledge Translation Unit declares it has no competing interests in pharmaceutical companies or other corporations whose products or services are related to the guideline topics.

This **PACK Global: Adult** forms part of a pack of clinical tools for use in primary care that includes a **Community Care Worker guide** to assist CCWs to provide support to the patient with a chronic condition and **Patient Information Leaflets** designed to reinforce treatment adherence and care-seeking messages for the patient with a chronic condition. These clinical tools are supported by PACK CCW and adult guideline **Training Manuals** and an **Implementation Toolkit** to ensure the programme is embedded in the health system.

© [insert year of creation of Deliverable], University of Cape Town Lung Institute (Pty) Ltd - all rights of copyright vesting in all the original works and material used by the University of Cape Town Lung Institute (Pty) Ltd in the preparation and development of the [insert date of creation of Deliverable], AREA FOR IMPLEMENTATION Edition, in and during [insert year of creation of Deliverable].

Knowledge Translation Unit
University of Cape Town LUNG INSTITUTE

LUNG INSTITUTE

SAMPLE