

SECTION 11

CLINICAL TIPS

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- Counselling
- Tuberculosis
- Asthma
- Diarrhoea
- Vitamin A use
- HIV/AIDS
- Contraceptive Services
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SECTION 11: CLINICAL TIPS

INTRODUCTION

Continuing education is an important responsibility of the supervisor in clinics. Staff cannot be expected to leave the clinic and attend outside workshops on a regular basis, it is simply too costly and disruptive. However, every month new information should be shared and staff should have the feeling that the supervisor always brings new insights and education keeping them up to date and progressing their knowledge and skills. This section on clinical tips provides examples of 1 - 2 page educational aids that can be copied and provided to clinic staff to facilitate discussions and lead to new knowledge and improve quality of services. These are purposely kept brief and are designed to encourage discussion and self analysis in the clinic. The enclosed clinical tips may prove useful, but these should be supplemented by others drawn up locally to meet local need. A continuing inclusion of 1 - 2 page information sheets provided by provincial program managers will facilitate the supervisors task of providing continuing education.

The organisers of this manual hope that as you find useful tips to include in this section that you will send them to us for inclusion in future versions of this manual.

Fact Sheet

TUBERCULOSIS

A thin and ill-looking John comes to your clinic: "I have been coughing for the last month. I have chest pains. I feel weak and tired. I have come to the clinic twice but your treatment did not work. Can you help me? Sister! What do you think is the problem?" **Answer: PTB**

Why is TB so important?

- TB is a major health problem affecting many persons in SA
- It is a treatable disease
- The AIDS epidemic will lead to a great increase in TB patients

What is the most important objective of the TB Control Programme

The most critical area of the TB CP is to treat new sputum positive TB cases (infectious cases). New cases are those who develop pulmonary TB for the first time. The government has given us the target to cure 85% of these new cases. By effectively treating these cases the epidemic will be slowed and controlled and the problem of MDR TB cases will be diminished. **"What is MDR TB? What can we do to prevent MDR TB?"** (see pg 59-61 of TUBERCULOSIS. A Training Manual for Health Workers).

What tools do we have to assist us in dealing with our TB patients?

We have a number of tools to help us to deal with TB patients. You listen to your patient's complaints and you listen to his chest and you use one of the tools you have at hand to help John. What is the first tool you have to use?

The sputum examination (diagnosis) - When a patient comes in for the first time and we suspect TB we can request a sputum specimen from our patient, which is then sent for a direct smear. **"What is a direct sputum smear? When do we request a direct sputum smear? How many specimens do we request?"** **What about the use of chest x rays?** (See chapter 5 – How to diagnose Pulmonary TB. TUBERCULOSIS. A Training Manual for Health Workers)

The results come back positive – John has TB. What is your second tool you have?

Good drugs - TB drugs work and are able to cure most patients. You look in the TB CP guidelines and decide which drugs and then –oops! **What do you do? What is the third tool you have to use?**

DOTS - DOTS is a tool you have in your hands to ensure that John receives all his treatment in a supervised fashion. **Why do we use DOTS?** You have now diagnosed John's TB, you have started his treatment and you have arranged for DOTS – **what is the next tool you have available to support you?**

TB Register - Your TB register can support you in helping John. The TB register tells you where John lives, who his treatment supporter is, his response to treatment and eventually serves as a source of information when you have to submit John's statistics to the district office. **When do you enter the patient's name into the register? How do you know that the register is correctly completed? When are statistics compiled? How do you know when they are correct?**

The last tool you have is the documentation provided by the NDOH.

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TB documentation - The NDoH have provided us with very useful resource materials to consult when we have a query about a patient with TB or the TBCP. These documents are very useful sources of information and should be readily available. They include the following:

- **The South African TB Control Programme.** Practical Guidelines 2000 - This documents you and other health workers to do the same thing when managing TB (it provides for uniformity in TBCP which is essential when you develop a national TBCP)
- **TUBERCULOSIS** - A Training Manual for Health Workers. This document gives a lot of background information on TB – clinical and non-clinical.
- **EDL/STG Guidelines**
- **Manual** – completing the register

TB programme dilemmas:

Most of your TB patients will present with pulmonary TB – at times problems will crop up.

- There are however patients who will present like John but you won't get a positive sputum result back for them. What do you do then? (See flow diagram Page 7. Practical Guidelines. 2000)
- At other times John will tell you that he has a child of four at home. What do you do? Oh yes and what about the rest of John's family (see p 20 Practical Guidelines. 2000)?
- John comes back after he has been on treatment for two months and tells you that he feels nauseous when he takes his treatment. What do you do? (See Page 13 Practical Guidelines 2000)
- John's 2 month sputum comes back and it is still positive. What do you do? (Refer flow diagrams – page 12 Practical Guidelines 2000)
- The worst possible thing happens! John comes to your clinic for treatment and you don't have TB drugs! You've got a problem! What do you do?
- Then one day, John's treatment supporter comes to you and tells you that John has gone to look for work in Johannesburg. What do you do?

How do you know that you are dealing effectively with the problem of TB in your clinic?

Eventually John is cured. He is one of a number of TB cases you are responsible for in your community. How well are you doing with your TB patients as individuals and are you lessening the impact of the TB epidemic?

You are doing really well when:

- You are curing 85% of your PTB patients.
- Less than 10% of your PTB patients are interrupting treatment.
- The sputum of 85% of new cases (at 2 months) and 80% for retreatment cases (3 months) converts from positive to negative.
- You are really looking for new TB suspects and sending their sputum off for investigation.

Fact Sheet

ASTHMA

What do I need to know about asthma?

- Asthma is a chronic condition – there are recurrent episodes and it needs long term management.
- Asthma is due to a combination of reversible spasm of the bronchi and inflammatory oedema of the bronchi for example from a virus infection.
- The bronchi react to a variety of substances to which the patient is allergic for example cats fur or nuts or house dust.
- Because there can be both inflammation in the bronchi and spasm two drugs are most used – anti-inflammatory (steroids such as beclomethasone) and anti-spasm (Beta agonists such as salbutamol).
- The drugs are most quickly effective when given by inhalation but can also be given by mouth.
- There is a strong genetic tendency with asthma being common in some families
- Any child with asthma can have a severe or life-threatening attack at any time.

What does a chronic illness mean in childhood?

Asthma is one such illness and it will affect a child more if parents do not understand the disease and how to avoid recurrence and know how to manage it while allowing the child a normal life.

Clinics must manage a child quickly, efficiently and with love so the visits to the clinic do not become something for the child to fear. Parents will spend money repeatedly on travel if episodes are not managed properly by the clinic and by the parents who have been given the right information.

What is needed in the clinic?

- Posters and pamphlets on asthma in the correct language for patients or their carers.
- A chronic disease register
- The green standard treatment guidelines and the drugs mentioned for asthma (inhalation and oral)
- Nebulizers
- Spacers made from 500ml plastic juice bottles
- A peak expiratory flow rate (PEFR) meter
- Oxygen and nasal catheters for child or masks for adult and child

How will I recognize asthma and its likely triggers?

It is shown by wheezing, shortness of breath and cough.

The wheezing which is the most important symptom is most marked during breathing out which is prolonged. When airways are severely obstructed more effort is needed as shown by intercostal retraction.

During an attack the wheezing sounds can be heard with or without a stethoscope. In children wheezing is most probably due to asthma triggered by an allergy or viral infection, vigorous exercise or emotion. In early childhood, respiratory infections are the most important trigger and as the child gets older other triggers become more important.