

Staff Training Diarrhea Treatment Centre, THQ Hospital Kunri

Reported By: Bansi Malhi

Date of Training: 02nd November 2011

Today I have visited DTC, THQ Hospital Kunri where training of all staff of DTC Kunri of all shifts.

Training held by HANDS in collaboration with WHO team. Brief sessions on the

Facilitators:

Dr. Wali Muhammad Rahimoon, SO-DEWS WHO

Eng: Ramesh Kumar, Environmental Engineer WHO

Participants:

1. Dr. Fazal Haq Jan
2. Dr. Prem Kumar
3. Dr. Subhash Chandar
4. Mr. Ashok Kumar
5. Mr. Bhooro Mal
6. Mr. Allaudin
7. Ms. Saba
8. Ms. Sumaira
9. Ms. Lata Kumari
10. Mr. Muhammad Ali Sand
11. Mr. Sarwan Kumar
12. Mr. Khalid Ali
13. Mr. Santosh
14. Mr. Parkash
15. Dr. Satram Roopani
16. Bansi Malhi

Agenda:

- DTC KUNRI staff Training
- Practical Work Monitoring

Objective of the Training:

- Training of Staff on “INFECTION CONTROL AT DTC”
- Training of staff about “Management of Diarrhea Patients at DTC”

“INFECTION CONTROL AT DTC”

By: Eng. Ramesh Kumar

What measures taken for Infection control within the DTCs:

Disinfection Procedures:

At the entry / exit point

- Install a foot bath (0.2% solution) with obligation to pass through
- Change the solution at least 3 times a day

At the admission

- Spray or wash the patient and his companion (skin, clothes, and sheets)
- Disinfect the mean of transport of the patient with the 0.2% solution (stretcher, bed, and vehicle)
- Dip the clothes of the patient in a 0.05% solution during 30 minutes, then rinse with clean water and dry under the sun.
- Restrict and control movements into and within the wards as much as possible
- Keep water and soap for hand-washing
- Wash hands with soap or chlorine solution (0.05%) before and after examining each patient
- Those caring for patients should not be allowed to prepare or serve food
- One relative attends each patient

During hospitalization

- Disinfect the shelters, beds and floor at least twice daily with the 0.2% solution
- Disinfect the showers, the latrines and the washing area with a 0.2% solution at least
- Dispose of stools of patients in a specific, regularly disinfected (2%), latrine
- Wash and disinfect (0.2%) the clothes and bed linen of cholera patients frequently and separately

At the discharge

- Spray or wash the person, his hands and his clothes with the 0.05% solution
- Disinfect any others items which exit from the DTC with the 0.2% solution

- In case of death, wash the corpse with a 2% solution in a reserved area, close the orifices of the body with chlorinated cotton wool (2%), and pack the corpse in a sheet.

- The burial must be immediately done

WATER Requirement in the DTCs:

- Quantity: **a minimum of 50 to 60 liters / patient / day** (ideally more)

- Chlorination is the most efficient and simple treatment to kill the micro-organisms in the water

Disposal of Waste:

If hospital waste is not managed properly it proves to be harmful to the environment. It not only poses a threat to the employees working in the hospital, but also to the people surrounding that area.

Infectious waste can cause diseases like AWD, Cholera, Hepatitis A & B, AIDS, Typhoid, Boils, etc.

A 4X4 ft cavity, 3ft deep dugout at safe side in hospital and daily waste material should be thrown safely in that and fill with mud completely when it remains 6 inches.

How to make Chlorine solutions:

As Calcium hypochlorite at 70% active chlorine (“HTH”, “high-test hypo-chlorite”) supplied. It will be used as:

1. Calcium Hypochlorite 0.05% Solution
Take 7g or ½ tablespoon and add in 10 liters of water.
Use for disinfection of:
Hands
Skin
Clothes
2. Calcium Hypochlorite 0.2% Solution
Take 30g or 2 tablespoon and add in 10 liters of water.
Use for disinfection of:
Floor
Utensils
Beds
1. Calcium Hypochlorite 2% Solution
Take 30g or 2 tablespoon and add in 01 liters of water.
Use for disinfection of:
Excreta
Corpses

“Management of Diarrhea Patients at DTC”

By: Dr. Wali Muhammad Rahimoon, SO-DEWS WHO

WORLD HEALTH ORGANIZATION (WHO) GUIDELINES ON TREATMENT OF DIARRHEA

Definition of Diarrhea

What is not diarrhea?

Types of diarrhea

Assessment of the child with diarrhea

Dehydration

	No dehydration	Some dehydration	Severe dehydration
Condition	Well, alert	Restless, irritable	Lethargic or unconscious
Eyes	Normal	Sunken	Sunken
Thirst	Drinks normally, not thirsty	Thirsty, drinks eagerly	Drinks poorly, or not able to drink
Skin pinch	Goes back quickly	Goes back slowly	Goes back very slowly
Treatment	Plan A	Plan B	Plan C
Fluid deficit	< 5% of body wt or < 50 ml/kg body wt	5-10% of body wt or 50-100 ml/kg of body wt	> 10% of body wt or > 100 ml/kg of body wt

Management of Acute Diarrhea (without blood)

The objectives of treatment are to:

Prevent dehydration

Treat dehydration when present

Prevent malnutrition

Reduce duration and severity of diarrhea and occurrence of future episodes by giving supplemental zinc

Management of suspected cholera

Management of Acute bloody diarrhea (dysentery)

Management of persistent diarrhea

Does the child have diarrhoea?

IF YES, ASK:

- For how long?
- Is there blood in the stool?

LOOK AND FEEL:

- Look at the child's general condition. Is the child:
Lethargic or unconscious?
Restless and irritable?
- Look for sunken eyes.
- Offer the child fluid. Is the child:
Not able to drink or drinking poorly?
Drinking eagerly, thirsty?
- Pinch the skin of the abdomen. Does it go back:
Very slowly (longer than 2 seconds)?
Slowly?

Classify DIARRHOEA

for DEHYDRATION

and if diarrhoea 14 days or more

and if blood in stool

Two of the following signs: • Lethargic or unconscious • Sunken eyes • Not able to drink or drinking poorly • Skin pinch goes back very slowly.	SEVERE DEHYDRATION	<ul style="list-style-type: none"> ➤ If child has no other severe classification: - Give fluid for severe dehydration (Plan C). OR ➤ If child also has another severe classification: - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding. ➤ If child is 2 years or older and there is cholera in your area, give antibiotic for cholera.
Two of the following signs: • Restless, irritable • Sunken eyes • Drinks eagerly, thirsty • Skin pinch goes back slowly.	SOME DEHYDRATION	<ul style="list-style-type: none"> ➤ Give fluid, zinc supplements and food for some dehydration (Plan B). ➤ If child also has a severe classification: - Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way. Advise the mother to continue breastfeeding. ➤ Advise mother when to return immediately.
Not enough signs to classify as some or severe dehydration.	NO DEHYDRATION	<ul style="list-style-type: none"> ➤ Give fluid, zinc supplements and food to treat diarrhoea at home (Plan A). ➤ Advise mother when to return immediately.
• Dehydration present.	SEVERE PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ➤ Treat dehydration before referral unless the child has another severe classification. ➤ Refer to hospital.
• No dehydration.	PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ➤ Advise the mother on feeding a child who has PERSISTENT DIARRHOEA. ➤ Give multivitamin and minerals (including zinc) for 14 days. ➤ Follow-up in 5 days.
• Blood in the stool.	BLOOD IN STOOL	<ul style="list-style-type: none"> ➤ Treat for 5 days with an oral antimicrobial recommended for Shigella in your area. Treat dehydration and give zinc ➤ Follow-up in 2 days.

GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

➤ Plan A: Treat Diarrhoea at Home

Counsel the mother on the 4 Rules of Home Treatment: Give Extra Fluid, Give Zinc Supplements, Continue Feeding, When to Return

1. GIVE EXTRA FLUID (as much as the child will take)

➤ TELL THE MOTHER:

- Breastfeed frequently and for longer at each feed.
- If the child is exclusively breastfed, give ORS or clean water in addition to breastmilk.
- If the child is not exclusively breastfed, give one or more of the following: ORS solution, food-based fluids (such as soup, rice water, and yoghurt drinks), or clean water.

It is especially important to give ORS at home when:

- the child has been treated with Plan B or Plan C during this visit.
- the child cannot return to a clinic if the diarrhoea gets worse.

➤ TEACH THE MOTHER HOW TO MIX AND GIVE ORS. GIVE THE MOTHER 2 PACKETS OF ORS TO USE AT HOME.

➤ SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:

Up to 2 years	50 to 100 ml after each loose stool and between them
2 years or more	100 to 200 ml after each loose stool and between them

Tell the mother to:

- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue giving extra fluid until the diarrhoea stops.

2. GIVE ZINC SUPPLEMENTS

➤ TELL THE MOTHER HOW MUCH ZINC TO GIVE:

Up to 6 months	1/2 tablet per day for 14 days
6 months or more	1 tablet per day for 14 days

➤ SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS

- Infants dissolve the tablet in a small amount of expressed breastmilk, ORS or clean water, in a small cup or spoon
- Older children tablets can be chewed or dissolved in a small amount of clean water in a cup or spoon

➤ REMIND THE MOTHER TO GIVE THE ZINC SUPPLEMENTS FOR THE FULL 14 DAYS

3. CONTINUE FEEDING

4. WHEN TO RETURN

See COUNSEL THE MOTHER chart

➤ Plan B: Treat Some Dehydration with ORS

Give in clinic recommended amount of ORS over 4-hour period

➤ DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS.

AGE*	Up to 4 months	4 months up to 12 months	12 months up to 2 years	2 years up to 5 years
WEIGHT	< 6 kg	6 - < 10 kg	10 - < 12 kg	12 - 19 kg
In ml	200 - 400	400 - 700	700 - 900	900 - 1400

* Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75.

- If the child wants more ORS than shown, give more.
- For infants under 6 months who are not breastfed, also give 100-200 ml clean water during this period.

➤ SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.

- Give frequent small sips from a cup.
- If the child vomits, wait 10 minutes. Then continue, but more slowly.
- Continue breastfeeding whenever the child wants.

➤ AFTER 4 HOURS:

- Reassess the child and classify the child for dehydration.
- Select the appropriate plan to continue treatment.

➤ IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:

- Show her how to prepare ORS solution at home.
- Show her how much ORS to give to finish 4-hour treatment at home.
- Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
- Explain the 4 Rules of Home Treatment.

1. GIVE EXTRA FLUID

2. GIVE ZINC SUPPLEMENTS

3. CONTINUE FEEDING

4. WHEN TO RETURN

} See Plan A for recommended fluids and
} See COUNSEL THE MOTHER chart

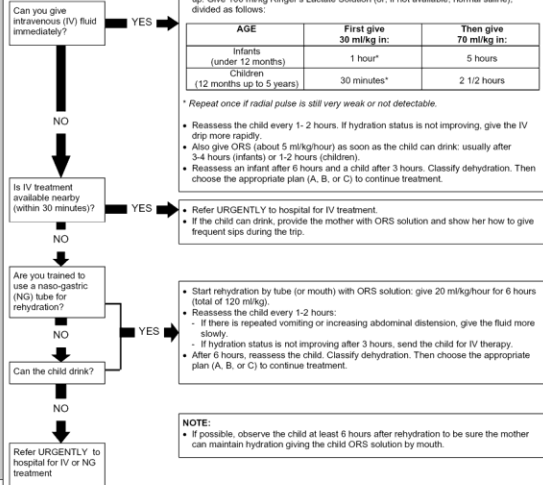
GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

Plan C: Treat Severe Dehydration Quickly

FOLLOW THE ARROWS. IF ANSWER IS "YES", GO ACROSS. IF "NO", GO DOWN.

START HERE



IMMUNIZE EVERY SICK CHILD, AS NEEDED

GIVE FOLLOW-UP CARE

- Care for the child who returns for follow-up using all the boxes that match the child's previous classifications.
- If the child has any new problem, assess, classify and treat the new problem as on the ASSESS AND CLASSIFY chart.

PNEUMONIA

After 2 days:

Check the child for general danger signs.

Assess the child for cough or difficult breathing.

Ask:

- Is the child breathing slower?
- Is there less fever?
- Is the child eating better?

} See ASSESS & CLASSIFY chart.

Treatment:

- If **chest indrawing** or a **general danger sign**, give a dose of second-line antimicrobial or intramuscular chloramphenicol. Then refer URGENTLY to hospital.
- If **breathing rate, fever and eating are the same**, change to the second-line antimicrobial and advise the mother to return in 2 days or refer. (If this child had measles within the last 3 months refer)

BLOOD IN STOOL

After 2 days:

Assess the child for diarrhoea. > See ASSESS & CLASSIFY chart.

Ask:

- Are there fewer stools?
- Is there less blood in the stool?
- Is there less fever?
- Is there less abdominal pain?
- Is the child eating better?

Treatment:

- If the child is **dehydrated**, treat dehydration.
- Continue giving zinc supplements for 14 days.
- If **number of stools, amount of blood in stools, fever, abdominal pain, or eating is the same or worse**, refer to hospital.
- If **fewer stools, less blood in the stools, less fever, less abdominal pain, and eating better**, continue giving the same antibiotic until finished.

PERSISTENT DIARRHOEA

After 5 days:

Ask:

- Has the diarrhoea stopped?
- How many loose stools is the child having per day?

Treatment:

- If **the diarrhoea has not stopped (child is still having 3 or more loose stools per day)**, do a full reassessment of the child. Give any treatment needed. Then refer to hospital.
- If **the diarrhoea has stopped (child having less than 3 loose stools per day)**, tell the mother to follow the usual feeding recommendations for the child's age.

FEVER

If fever persists after 2 days:

Do full reassessment of the child > See ASSESS & CLASSIFY chart

Assess for other causes of fever

Treatment:

- If the child has **any general danger signs or stiff neck**, treat as VERY SEVERE FEBRILE DISEASE.
- If the child has **any apparent cause of fever**, provide treatment.
- If fever has been present for 5 days, refer for assessment.
- If there is no apparent cause of fever and it has not been present for 5 days, advise mother to return in 2 days if fever persists. Make sure that the child is given increased amounts of fluid and offered food.















