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CHN Intensive(day1^02)

Community health nursing (University of Cebu)



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CHN

Day 1

(*Intensive_Mr. Jessie Daclis*) ***Aug.13, 2023***

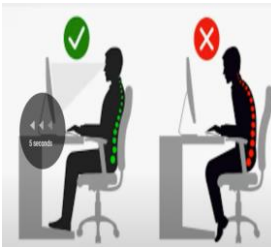
→ *outside the hospital* (karamihan ng pt ay well, not sick). *We can do something to the healthy patients, by helping them achieve* ***OPTIMUM LEVEL of FUNCTIONING (OLOF)*** → *highest level of health.*

DIFFERENT FIELDS OF CHN:

a.) **SCHOOL NURSING** → *focus on the health of the kids. if okay ang health sa kids, then okay pud ang grades sa kids.*
PHYSICAL ASSESSMENT: *to be perform once a year.*

b.) **OCCUPATIONAL HEALTH NURSING:**

- **Company Nursing** → *focus on the safety of the employees & workers.*
  → **Ergonomics:** *fitting a job to a person—helps lessen muscle fatigue, increases productivity & reduces the number & severity of work-related MusculoSkeletalDisorders.* (*focus on avoiding discomfort on their job*)



→ *if a company has* ***50 or more emplyees,*** *it must have a* ***company nurse.***

c.) **MENTAL HEALTH NURSING:** *the important thing to assess is the* ***mental hygiene*** (*prevents from turning to mental disabilities*) *of the pt.*

R.A.1.1.0.3.6

→ ***MENTAL HEALTH ACT.***

→ *set up mental health program to promote mental hygiene & prevents mental-health related problems.*

PUBLIC HEALTH NURSE: *paid by the Government.*

SALARY GRADE: *15*

SALARY: *36k a month.*

→ *naa silay plano to increase the salary up to 60k.*

DOH: *is considered as* ***NATIONAL AUTHORITY for HEALTH.***

→ *if there's a matter that is related to health, approach the* ***DOH.***

VISION: *Filipinos will be considered as the Healthiest among all the Southeast Asia.*

!!! How to determine if a community is healthy?

Answer: *It's because of* ***life expectancy.*** *In Singapore, we can find the person who has the longest life expectancy. Mostly Singaporean has reached the age of 83, 84. Life expectancy of the Filipino is* ***72 yrs.old.*** *In the whole Asia, we are ranked in* ***7th place,*** *we are at the bottom of the life expectancy. That's why we need to fulfill that Vision made by the DOH by following healthy lifestyle.*

!!! *In whole ASIA,* ***Hongkong*** **(85.3)** *is the healthiest which has a life expectancy of* ***85.3 yrs.old.*** *Then,* ***JAPAN*** **(85.1)** *was ranked as the* ***2nd place in high life expectancy.*** *The secret of HONGKONG in achieving the high life expectancy it's because of* **AFFLUENCE** (*madami silang pera para mas mahaba ang kanilang buhay.*) *White* ***JAPAN*** *secret it's because they* ***PORTION their foods.*** *The life expectancy of Filipinos are getting higher.*

MISSION: **DEVELOP** → *is something that is much more specific. We want to develop the following:*

P → ***roductive*** → (*mas madami na health programs ang e promote*)

R → ***esilient*** → (*kahit anong pagsubok ang dinadaanan, ay malalagpasan nila*)

E → ***quitable*** → (*dapat pantay2*)

P → ***eople-oriented-*** → (*PhilHealth and other programs are for everyone*)

DOH has 3 MAIN FUNCTIONS:

(*L.E.A*) → *Mnemonics*

1. Leadership in Health → *Gumawa ng policies related sa health.*

Example: *Dapat ang mga botika require mag comply sa Principles ng FDA.*

2. Enabler & Capacity Builder → *trabaho ng DOH ng gumawa ng new* ***strategies & training for health.***

Example: *Programs that are made by the DOH* → ***UNANG YAKAP.***

3. Administrative Function → *DOH are responsibilities in managing* ***Tertiary Facilities.***

→ *In Philippines, we have these* ***3 levels of Philippine Health Care Delivery System:*** *but ang pinahala ng DOH ay ang TERTIARY.*

a.) ***PRIMARY*** → *the most accessible* (*malapit*) *within* ***3-5 km, within 30 minutes naabot na siya sa area. Can only provide BASIC HEALTHCARE SEVICES.*** ***Manned by the LGU***

EXAMPLE: *Simple cases nga ma cater are the following;* ***fever, colds, running nose.***

- ***Barangay Health Station*** (*is a Satellite Station, means extension*), **smallest unit. manned by** ***Midwife & BHW, no Doctor.***
- ***RHU*** (*main primary Center with Complete Health Care Team*) ***/ Health Center***
- ***CHN***

b.) ***SECONDARY*** → *it's capable of performing* ***common medical, common surgical, common diagnostic procedure.*** ***Manned by the LGU***
EXAMPLE: *Can give antibiotic. Can*

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EXAMPLE: *Can give antibiotic. Can perform minor surgery* ***(common)***

Can give common diagnostic procedure like; ***CBC, X-RAY, Troponin, CKMB.***

- ***EMERGENCY HOSPITAL***
- ***DISTRICT HOSPITAL***
- ***PROVINCIAL HOSPITAL***

C. TERTIARY → *can cater advance health care services.* ***Manned by the DOH****. Have something to do with the* ***complex cases like; MI with kidney failure; DM with highblood.***

- ***REGIONAL HOSPITAL***
- ***MEDICAL CENTER*** *(Private Hospital, mas malaki pa sa Regional Hospital)*
- ***NATIONAL HOSPITAL***
- ***NATIONAL MEDICAL CENTER*** **(***ST. LUKE'S MEDICAL CENTER, MAKATI MED CEN, ASIAN HOSPITAL***)**
- ***SPECIALTY HOSPITAL*** **(***HEART CENTER, LUNG CENTER, KIDNEY INSTITUTE***)**

COMPLETE HEALTH CARE TEAM

- **PHM/ Midwife:** *is considered as the* ***FRONTLINE.*** *Tumatanggap ng pasyente.*
- **PHN/ Nurse:** *is considered as the* ***SUPERVISOR.*** *Oversee/ supervise the work of the midwife.*
- **HO/RHP, Doctor:** *is considered as the* ***MANAGER.***
- **Med Tech:** *is in charge in the* ***laboratories.***
- **Sanitary Inspector:** *responsible in* ***environmental sanitation****, if you need a* ***sanitary permit,*** *you need a sanitary inspector.*
- **Dentist**: *responsible in Dental Health Program.*

LOCAL GOVERNMENT CODE ***(R.A. 7160)***

→ *manned by the LGU. It has something to do with* ***Decentralization & Devolution***

- **DECENTRALIZATION:** *transfer of power. Mula sa DOH, binigyan nan ga kapangyarihan ang LGU.* ***LGU*** *ang taga impliment at taga tupad.*

2 division of Local Government:

- **Provincial Government:**
- **Municipal/ City Government:**

PROVINCIAL GOVERNMENT	MUNICIPAL/ CITY GOVERNMENT
➢ **Chairman:** *-is considered as a* ***local chief executive.*** ***Example:*** ***Governor.****-si Gov na ang in charge sa pagpama mahala ng secondary facility.*	➢ **Chairman:** ***Mayor*** *is the chairman in Municipal. Tagapa mahala ng* ***primary facility.***
➢ **Vice-Chairman:** *-ang gagabay ni Gov dapat si* ***Provincial Health Officer - DOCTOR,*** *dahil siya lang ang may alam sa mga policies.*	➢ **Vice-Chairman:** ***M****unicipal Health Officer/* ***C****ity Health Officer → they are Doctors.*

NATIONAL OBJECTIVE for HEALTH:

➢ *Goal of DOH "****We want to provide the roadmap*** **(***Guide***)** ***for All Stakeholders*** **(***DOH; LGU***)** ***of Health****."*

Health Sector Reform Agenda

→ *overriding goal of DOH*

→ *nagbabantay sa corruption ng DOH*

Program under overriding Goal:

F1 PLUS **(***Fourmula One Plus for Health***):** **"Implementation Framework for Health Sector Reform."** → *ito ang ginangamit sa pagpapatupad ng programa.*

F1 Plus has 5 Pillars

1.) Health Financing

→ *want to achieve better investment for health.*

→ *remember the National Health Insurance Program* **(NHIP)** → *hindi tayo magbibigay ng pera sa mga tao but rather just a health insurance.* ***EXAMPLE: PhilHEALTH*** → *for all.*

→ **"Universal Health Care Act"** → **(R.A. 1123)** *All Filipinos are automatically enrolled in PhilHealth.*

→ ***Case Rate Method*** → *nakabase ang ating coverage for health insurance* ***per diagnosis.***

Example:

Dengue → *10k covered by PhilHealth.*

Severe Dengue → *16k covered by 16k.*

2.) Health Regulation

→ *dapat affordable & quality ang healthcare services.*

!!! *Remember the mnemonics of* **R.A.Q**

Regulation **is** **A**ffordable **&** **Q**uality,

3.) Health Service Delivery

→ *health services must be* ***accessible*** *&* ***available****.* ***PS:*** *Ang kawawa ay mga taong naka tira sa mga bundok dahil hindi accessible ang mga health services.*

4.) GOOD GOVERNANCE

→ *magpipili tayo ng* ***STAKEHOLDERS,*** *sila yung may hawak ng gobyerno.*

Good governance must possess these following qualities:

- ✓ ***Transparent*** → *ipinakita yung* **SALN** **(***Statement of Liabilities & Network***)**
- ✓ ***Accountable***
- ✓ ***E****fficient* →

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5.) Performance Accountability

→ *outcome based approach* (*titingnan natin ang resulta*). *titingnan nating ang epekto ng ginagawa mo.*

Example: *If you give vaccine, dapat mo ubos na ang sakit, monitor the pt's health if it gets better or worsen.*

4 CLIENTS in COMMUNITY

PS: *We will not call them patient but client because most of them are* ***healthy, not sick.***

1. ***INDIVIDUAL*** →
2. ***FAMILY*** → *relationship.* ***PS:*** *Family is considered as the* ***basic unit of service. Parent*** *should be the 1st one to educate their children about sex.*
3. ***POPULATION/GROUP/Aggregate*** → *people who share common characteristics.*
4. ***COMMUNITY*** *"Primary Client"* →

FAMILY → Home Visit

FAMILY CARE PLAN (*Apply Nursing Process*)

A. P. I. E

Assessment → *first step on solving problem.*

DATA COLLECTION

- ***First Level Assessment:*** *determine* ***"What are the problems?" List all the problems of the pt.***

CATEGORIES OF HEALTH PROBLEMS:

1. ***Wellness State:*** *Healthy, if pt is already healthy we can make the pt healthier.*
2. ***Health Deficit:*** *have something to do with* ***disease, disability*** (results after a disease; stroke after hypertension).
3. ***Health Threat:*** *situations that would increase your risk for illness or injury.*

   Example: 1.) *Palagi kang umiinom.* ***2.)*** *Kulang ka sa tulog.* ***3.) Wet floor, broken stairs, scattered rags*** *can increase risk for patient in injury.*
4. ***Forseeable Crisis/ Stress Points:*** *the problems are said to be anticipated, the problem is developmental or social.*

   Example: *Nawalan ka ng trabaho, lilipat ka ng trabaho.*

- ***Second Level Assessment:***

→ *ask* ***Why?*** *Is there a problem.* ***How to determine if there's WHY? Answer:*** *there's a word* ***"inability"***

Example: *Nakita mo yung bata na walang tsinelas at tinanong mo ang nanay. Sabi ng nanay ay wala siyang pambiling tsinelas.* ***Inability of the mother to provide her child's needs.***

Planning → *the first step in planning is* ***GOAL SETTING.***

→ *the goal must be SMART* ***(Specific, Measurable, Attainable, Realistic & Time-bound.)***

→ *constructing* ***PLAN of ACTION.***

→ *choose nursing intervention.*

→ *develop an operational plan.*

"Prioritized" → *through solving.*

-Nature of the Problem: 1 weight

- WELLNESS STATE: 3
- HEALTH DEFICIT: 3
- HEALTH THREAT: 2
- FORSEEABLE CRISIS: 1

-Modifiability of the Problem: 2 wgt

→ *It talks about soln't of the problem.*

- Easily Modifiable: 2
- Partially Modifiable: 1
- Not Modifiable: 0

-Preventive (*Potential*): 1 weight

- HIGH (*Hindi na mauulit ang problema*): 3
- MOD (*Minsan nauulit;* ***Ex****; Dengue*): 2
- LOW (*Paulit-ulit na problema; EX: fever, colds*) 1

-Salience: 1 weight

→ *perception of client about the problem.*

- Immediate Problem: 2
- Not that Immediate: 1
- Not a Problem: 0

5 → ***is the highest total score.***

!!! *The* ***highest score*** *is the* ***highest priority.***

!!! *The* ***lowest score*** *is the* ***lowest priority.***

FORMULA!

$$\frac{\text{Score}}{\text{Highest Score}} \times \text{Weight}$$

Example: *Si tatay ang hilig kumain ng danggit, nagkape at hilig rin kumain ng lechon. Si tatay ay may hypertension.*

Nature of the Problem:

$$\frac{3\ (\textit{Health deficit})}{3\ (\textit{Highest score})} \times 1 = 1$$

Modifiability of the Problem:

$$1/2 \times 2 = 1$$

Preventive Potential:

$$2/3 \times 1 = 1/3$$

Salience:

$$0/2 \times 1 = 0$$

FATHER's Score= 2 1/3

Implementation →

- ***Dependent:*** *nursing intervention that needs Doctor's order.*
- ***Independent:*** *it has something to do with the scope of nursing* **(R.A 9173)** → *it has something to do with* ***Section. 3.*** *Like:* ***Health education, Positioning of the pt.***
- ***Interdependent:*** ***Collaborative care*** → *it has something to do with the collaboration of different health care providers.*

Evaluation → *check the outcome of care.*

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Factors that affect Evaluation:

***Q**-uality*

***A**-ssurance*

***E**-lements*

3 ELEMENTS:

1. ***Structural Elements:*** *lahat ng pwede mahawakan.* ***Manpower*** **(***may Doctor or Nurses ba?***), Money** **(***may budget ba?***), Materials/Equipments** **(***may Stethoscope, BP app ba?***).**
   Ex: *may Healthcenter ba sila? May Hospital ba sila?*
2. ***Outcome Elements:*** *it has something to do with changes resulting from nursing intervention.*
   Example: *Si pt ay may lagnat at ang temp niya ay 39, at binigyan mo ng paracematol. Naging 38 na lang yung temp niya. So naay changes.*
3. ***Process Elements:*** *it has something to do with the* ***Steps of Nursing Process*** **(***A. P. I. E***)**

Nothing follows……

GOAL of CHN

→ ***optimum level of functioning*** *which is to achieve* ***High level wellness.***

2 TYPES of HIGH-LEVEL WELLNESS

Health Promotion (1986)	***Primary Health Care (1978)***
○ ***GOAL:*** *optimum level of functioning* ○ *Ottawa Charter:* *The convention was held in Canada.*	○ ***Focus:*** *People will be* ***self-reliance.*** ○ *Alma ata Conference: concept made by* ***WHO.*** *The conference was held in* ***U.S.S.R*** *(Kazakhstan)* ○ ***Letter of Instruction 949*** → *it was signed on* ***October, 1979*** *by* ***Pres. Marcos.*** *This serves as the legal basis of primary health care.* ○ ***VISION:*** *Health in the Hands of the People* **(***Self-Reliance***).** ○ ***MISSION:*** *Increase opportunities that people will manage their own Health Care. Meaning, train them with Health Services.*

2 CORE PRINCIPLES OF PRIMARY HEALTH CARE:

➢ **Partnership** *with the people. Promote active partnership with the people.*

	…..Active partnership has something to do with the people itself. ➢ ***Empowerment:*** *It's the transfer of knowledge, skills, & attitude. If people are willing to learn, we are going to empower them.*

4 PILLARS of PRIMARY HEALTH CARE

1. **ACTIVE COMMUNITY PARTICIPATION:** *the community will help the activities.*
2. **INTRA & INTER SECTORAL LINKAGES:**

INTRA SECTORAL	**INTER SECTORAL**
→ *within the healthcare delivery system.* ***2 way referral system*** ***1.****If pt kay nagkasakit una duol sa Primary Facility.* ***2.*** *If dli Makaya sa Primary kay adto sa Secondary Facility.* ***3.*** *If dli makaya sa secondary facility kay adto sa Tertiary Facility.*	→ *outside the healthcare delivery system.* → *humingi ng tulong outside the healthcare delivery system.* **EX:** *Nangayo kag tabang para sa imo sakit para ma Hospital ka sa* ***Government Association*** *or* ***Non-Government Association****.* ***Ex:*** *Si mother kay gi bugbug sab ana niya kay e refer siya sa* ***DSWD.***

3. **USE OF APPROPRIATE TECHNOLOGY:** → *it has something to do with the use of* ***local indigenous resources for health.*** *Like e promote ang herbal instead of tambal sa pharmacy.* ***Ex:*** *If pt kay anemic we provide them green leafy vegetables.*
4. ***SUPPORT MECHANISM MADE AVAILABLE:*** *support from the Local Government, pwede sila mag promote ug livelihood projects.* ***EX:*** *Like pagtahi, pagbuhat ug mga bags para maka income ang mga taw.*

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CHARACTERISTICS OF PRIMARY HEALTH-CARE

- **Community-based:**
- **Accessible: (**within 3-5 kilometer radius**)**
- **Sustainable:**
- **Affordable: (***low cost to promotes self-reliance, para dli magsalig if free tanan.***)**
- **Self-Reliance**
- **Available**

E.L.E.M.E.N.T.S

these are the following to empower people in the community:

- **E***ducation*
- **L***ocally Endemic Diseases*
- **E***ssential Drugs*
- **M***aternal Child Health*
- **E***p*
- **N***utrition*
- **T***reatment of Common Diseases*

EDUCATION

→ *education to all levels of people.*

	PRIMARY	***SECONDARY***	***TERTIARY***
WHO?	*Healthy*	*High Risk*	*Post Treatment*
ACTIVITY?	*Health Promotion* *Illness Prevention*	*Diagnostic Test* *Treatment*	*Rehabilitative (binabalik ang pt sa pagiging healthy ,like;* ***prevent other complications, provide maintenance)*** *Palliative (quality life)*

LOCALLY ENDEMIC DISEASE

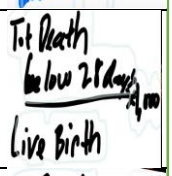
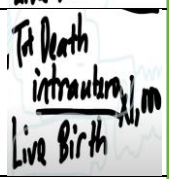
→ *it has something to do with* ***EPIDEMIOLOGY.***

Epidemiology → *the study of occurrence & distribution of diseases.*

→ *the Backbone of Preventing Diseases.*

VITAL STATISTICS

→ *the study of vital events. It has something to do with health statistics.*

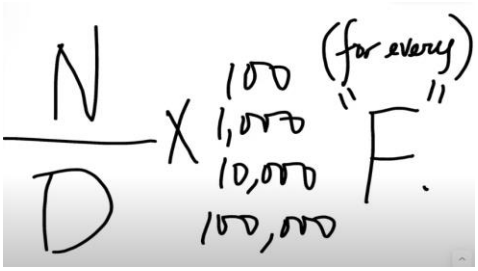
Title	***SIGNIFICANCE***	***FORMULA***
Crude Birth Rate	*Measures the natural increase in population.*	
Crude Death Rate	*Measures the natural decrease in population.*	
Maternal Mortality Rate	*Index of Prenatal visit.*	
Neonatal Mortality Rate	*Index of Post-partum care*	
Infant Mortality Rate	*Index of the Health Status of the whole community.*	
Fetal Death Rate	*Measures of pregnancy wastage.*	

Pattern of the Formula:

N: *numerator*

D: *denominator* ***= total popu. / total live birth***

F: *factor*



Opposite of percentage is called ratio. It is use when population is few.

100, 1000, 10,000, 100,000→ *are the standard factor.*

Nothing follows……..

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CHN

Day 2

(*Intensive_Mr. Jessie Daclis*)

INCIDENCE RATE	PREVALENCE RATE
→ *to monitor cases of the disease.* → *Monitor* ***Acute Diseases of the Community*** (*illness that is less than 6 months*) **Example:** Measles, Cholera, Diptheria, Rabies **FORMULA:** TOTAL No. of New Cases / TOTAL POPULATION X 1,000	→ *to monitor cases of the disease.* → *to monitor* ***Chronic diseases.*** (*diseases that are more than 6 months*) **Example:** Tuberculosis, HIV, *Chronic Hepatitis.* **FORMULA:** TOTAL No. of Old Cases + New Cases / TOTAL Person Examined X 100

SEX RATIO

→ *balance of Male/Female.*

Formula:

Male Population / *Female Population* X 100

Total population in Philippines: *117 M*

Example: *Calculate the Sex ratio of these following:*

Total Population: *5,000*

Male: *1,500*

Female: ??? → *5,000-1,500 = 3,500*

1,500 / *3,500* X 100 = 43

SWAROOP'S INDEX

→ *longevity of life.*

→ *index of the health status of the whole community.*

SWAROOP'S INDEX

Total Death **(50 up)** / Total Death X 100

Example: *the given are the following:*

Total population: *50,000*

Total Death: *4,000*

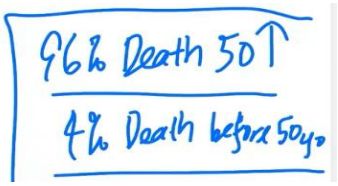
0-24 yrs. old: *50*

25-49 yrs. old: *120*

DEATH 50 up: *???--> 4000-120-50=* ***3830***

3830 / 4000 X 100 = 96%

Swaroop's Index: *80 up → Good, 80 below → Bad.*



ESSENTIAL DRUGS

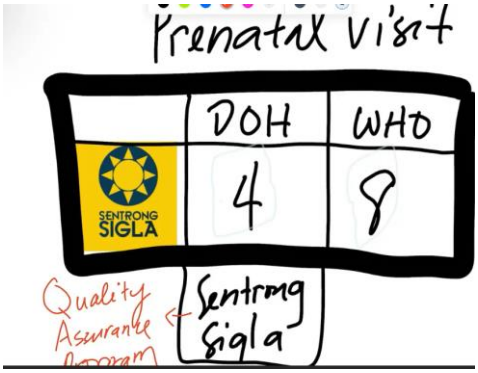
(*R.A. 8.4.2.3*)/ Herbal Medicine Law

→ *undergo in* ***Research Institute Tropical Medicine. RITM*** *is not only limited to herbal but also applied to* ***Traditional Alternative Medicine Act*** **(TAMA)**.

MATERNAL CHILD HEALTH

Goal: *reduce Maternal Mortality Rate.*

How to reduce MMR? *Prenatal visit.*



BEmOC

(Basic Emergency Obstetrical Care)

→ *consider that all pregnant women are high risk of pregnancy*

→ *We should address common problems of pregnancies, but does not address all problems of pregnancies.*

CAPABILITY BUILDING (*Training*)

- ***Parenteral Oxytocin*** → *for maternal bleeding.*
- ***Parenteral antibiotic*** → *for maternal infection.*
- ***Parenteral Magnesium Sulfate*** → *for anticonvulsant.*
- ***Parenteral Steroids*** (*Bethametasone*) → *to promote lung maturity for baby.*

ASSISTED DELIVERY:

- ***Manual Removal of Placenta.***
- ***Retained products of conception.***

CEmOC

(Comprehensive Emergency Obstetrical Care)

→ *allowed to perform blood transfusion.*

→ *allowed to perform cesarean section delivery.*

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Expectation in the Future:

→ ***Community Based-Care*** (*lahat ng services ay expected na gagawin sa Community.*)

ACTIVITIES for PREGNANT WOMEN

1. **MC Booklet** (*Mother-Child Booklet*)→ *it has something to do with mother child booklet. Nakikita ni mother sa booklet na ito ang mga physiological, emotional changes sa iya body, ug mga expected na buhatonon at that specific stage sa iya pag buntis, & mga risk related to pregnancy.*
2. **Micronutrient Supplementation:**
   - (*Vit.A, Retinol*)→ *teratogenic meaning don't give it at* ***1st trimester of pregnancy*** **: 2nd Trimester (4th Month)**→ *start giving the Vit.A-low dose* (*10,000 IU*) **:POSTPARTUM**→ *give Vit.A* (*200,000 IU*)
   - **IRON**→ 60 mg Iron + 400 mg Folic Acid.
     : *daily*
     : *best absorb in empty stomach/ acidic environment.*
     : *with orange juice/vitamin C.*
   - **IODINE** (*Potassium Iodide*)
     : *is given in order to prevent goiter.*
3. **TETANUS TOXOID (TT)/ Tetanus Toxoid + Diptheria (TD)**
   → *is given* ***IM (90 deg),*** **deltoid site**.
   → *active immunity ma receives ni mother, while Passive immunity kay baby.*

TT	Schedule	MOTHER	BABY
1 2 ACTIVE IMMUNITY	*Anytime during 5th-6th months.*	0 Protection	0 Protection
	1 month after TT 1	3 Yrs. Protection (80%)	Passive Immunity (6mos-1 yr)
3 4 5 Booster doses	6 mos after TT2	5 yrs Protection (95%) Subsequent Pregnancy (3rd Pregnancy)	Passive Immunity (6mos-1 yr)
	1 yr after TT3	10 yrs Protection (99%) (4th Pregnancy)	Passive Immunity (6mos-1 yr)
	1 year after TT4	Lifetime (99%) (5th Pregnancy)	Passive Immunity (6mos-1 yr)

→ *minimum TT dose to be given are* ***2 doses.***

→ *If ever si mother kay nakalimot ug balik para sa 3rd dose niya nibalik siya after 3 days, proceed ra gihapon sa 3rd dose.* (*Rules sa vaccine: Okay ralang late, bawal early*)

ESSENTIAL INTRAPARTAL NEWBORN CARE

(*E.I.N.C*)

→ *nanganak na ang mother & use Evidence-based practice. Like: Inig panganganak kay we have to educate pt that ot's acceptable to do any positions during delivery as long as comfortable si pt.*

NEWBORN SCREENING

→ *purpose is to* ***genetic disorder.***

→ *this is a secondary level of prevention. Because of the screening.*

→ *newborn screening test is best done* ***after 24 hours.***

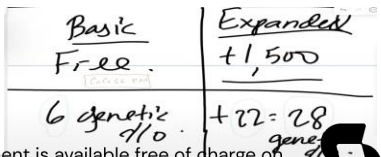
→ *kumukuha tayo ng dugo sa* ***heel prick.*** *The first prick of blood kay wipe it out.*



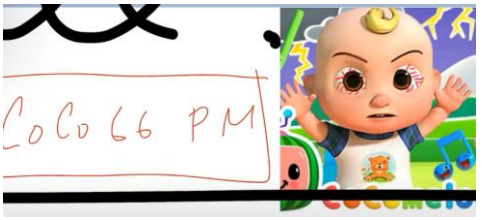
R.A. 9.2.8.8 (*New Born Screening Law*)

→ ***BASIC*** *kay free ra. But limited ra na disorder.*

→ *if* ***EXPANDED*** *kay naay bayad na* ***1500.***



6 Genital Disorders in NewBorns Screening Test.



→ **CoCo Galit** na **Galit Pa More.**

- **Congenital Hypothyroidism:**
- **Congenital Adrenal Hyperplasia.**
- **Galactosemia**
- **G6 PD Deficiency**
- **PKU** (*PhenylKetonUria*)
- **Mapple Syrup Urine Disease**

+ 22 Disorders

- ***Cystic fibrosis***
- ***Organic Acid Disorder***
- ***Amino Acid Disorder***
- ***Fatty Acid Disorder***

EXPANDED PROGRAM IMMUNIZATION (*EPI*)

- ***P.D.9.9.6*** → ***1976*** (*All Children below 8 years old will be provided vaccines that are free*)
- ***R.A.1.0.1.5.2*** → ***2011*** (*Mandatory Immunizations below 5 years old;* ***more on UPDATE of the vaccines.***)
  Example: ***Pentavalent Vaccine***

5 ELEMENTS

(*S.I.C.A.T*)

- **S**→ ***Surveillance:*** *we are going to observe or search for cases as a form of evaluation to know if the vaccines are effective or not.*
- **I**→**IEC** (*Information, Education, Communication*)→
  : National Immunization Day (Wednesday)

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: Barangay Health Center without REFRIGERATOR **(Schedule: *MONTHLY*)**

: Geographically Isolated Disadvantage & Disadvantage Areas **(Schedule: *Every 3 months*)**

- **C→ Cold Chain & Logistic**

MNGT: *it has something to do with proper storage & transport of vaccine. All Vaccines are sensitive to heat. (Put it on a refrigerator)*

VACCINES THAT MUST BE STORE IN A COLD PLACE	
OPV (Oral Polio Vaccine)	*FREEZER (-15 to -25 degree Celsius)
BCG, DPT, Hep B, Measles, Rotavirus	*REF COMPARTMENT (2 to 8 degree Celsius)

BCG	MMR Measles Mumps Rubella

→ ***Vaccine Vial Monitor*** **(*VVM*):** *indicator if ang vaccine pwede pa gamiton or dili na.* ***Remember:*** *If the square is lighter than the circle, kay pwede ra magamit ang vaccine.*









F.I.F.O	F.E.F.O → *the most accurate basis for vaccines.*
First In First Out	*First Expiry First Out*

- **A→Assessment & Evaluation**

: **BCG (*Bacillus Calmette Guerin*),** *this is a live attenuated vaccine* ***(Avoid giving this to Immuno-Compromised Pts.)***

BCG *prevents* ***TB Meningitis*** *&* ***Leprosy****.*

SIDE EFFECTS OF BCG

KOCH'S PHENOMENON→ *it's normal & just* ***keep it dry.***

NORMAL

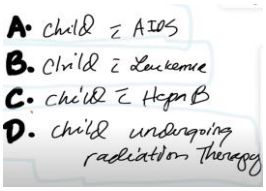


DEEP ABSCESS

MNGT: ***Incision & Drainage + INH Powder.***

Board Question:

Which among the choices does BCG vaccine can be given?



HEP B Vaccine

→ *a special vaccine that is made up by* ***Recombinant RNA*** *(meaning sa recombinant kay mura siya prototype/ Gen technology.*

PENTAVALENT VACCINE

(*5 in 1 vaccine*)-DPT, Hep B, Haemophilus Influenza B

→ *is a bacteria-made vaccine.*

→ ***cold compress.***

→ *avoid giving Penta 2 & Penta 3.*

→ ***SIDE EFFECTS****:* ***fever*** *(Give paracetamol every 6 hours good for 24 hours)****, local tenderness at the site of injection.***

→ ***ADVERSE EFFECTS****:* ***convulsion/ seizures within 3 days.***

OPV

aka ***(Sabin V.),*** *live attenuated vaccine* **(lav meaning weakened, pinahina ng microorganisms)**.

→ *given orally* **(on *the tongue*). 2gtts**

→ *if the vaccine is being vomit, observe for it if it's* ***within 30 minutes or after 30 minutes.*** *If* ***within 30 minutes, you must give another dose of that vaccine kay wala pa to na absorb ang vaccine****, however if the pt vomits after 30 minutes of taking the vaccine, then it's okay kay na absorb na ang vaccine sa pt.*

IPV

Salk V *→ dahil siya ay tinutusok* **).**

Inactivated/ killed microorganisms in the vaccine.

→ *can be given to pts who are IMMUNO-COMPROMISED.*

→ *if si pt ky nagka* ***fever*** *after administration if IPV, just give* ***Paracetamol.***

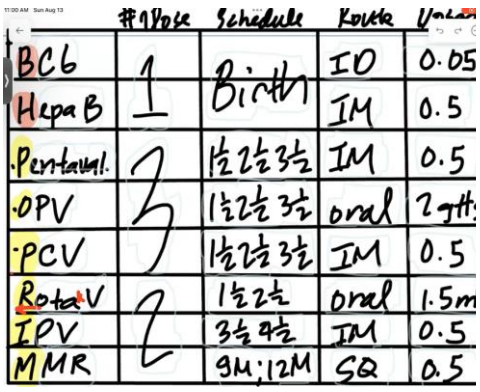
MMR (*Measles, Mumps, Rubella*)

→ *live attenuated vaccine.*

→ *avoid this to the pregnant women.*

→ ***SIDE EFFECTS****: Rashes → keep it dry.*

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	# of Dose	Schedule	Route	Volume
BCG	1	Birth	ID	0.05
Hepa B			IM	0.5
Pentaval.	3	1½2½3½	IM	0.5
OPV		1½2½3½	oral	2 gtts
PCV		1½2½3½	IM	0.5
Rota V	2	1½2½	oral	1.5ml
IPV		3½9½	IM	0.5
MMR		9M;12M	SQ	0.5

- **T → target setting**

→ *is a primary element → EPI.*

→ *kailangan natin mag calculate ng vaccine.*

→ *we need to know the* ***Eligible Population,*** *to calculate the Eligible Population, we need to know that there's a vaccine for Infant & also in Pregnant.*

INFANT: *Total Population* ***X 2.7 %***

PREGNANT: *Total Population* **X 3.5 %**

Example:

Total Population: 50,000. Compute for eligible target population.

Infant: *50,000* ***X*** *2.7%* **(**0.027**) = *1,350***

Pregnant: *50,000* ***X*** *3.5%* **(**0.035**)= *1,750***

ANNUAL VACCINE REQUIRE

→ *this is in 1 year gaano kadaming dose ang e bibigay natin?*

FORMULA

E.P X Dose X W.F

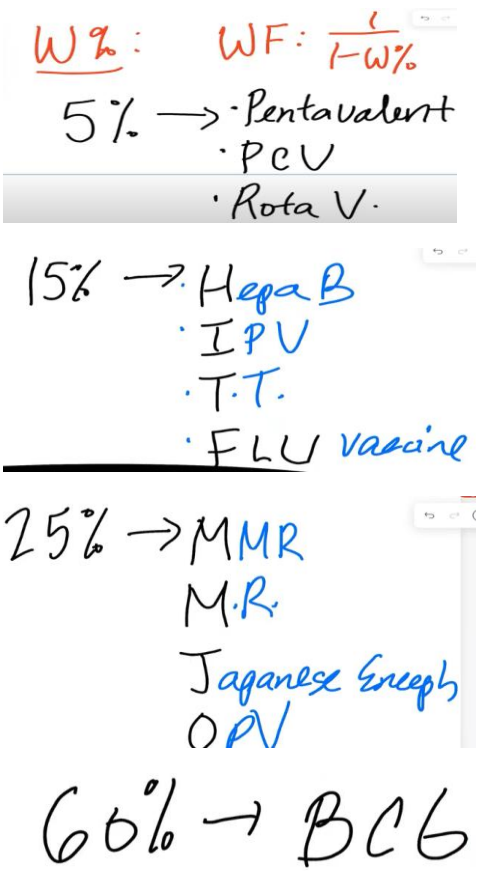
Legends:

E.P: *Eligible Population/ Total Population*

DOSE: **BH (1)** **POP (3)** **RIM (2)**

WF: *Wastage Factor*

$WF: \frac{1}{1-W\%}$



5% = 0.05 **15%** = 0.15 **25%** = 0.25

60% = 0.6

1. *Compute for the* ***WF*** *of Pentavalent.*
2. *Compute for the* ***WF*** *of Hepa B.*
3. *Compute for the* ***WF*** *of MMR.*
4. *Compute for the* ***WF*** *of BCG.*

Answer:

1. **1.05**
2. **1.18**
3. **1.33**
4. **2.5**

Solve above for the **Annual Vaccine Require**, with a total population given:

1. **(**80,000 **X 2.7%) X 3 X** 1.05 = **6,804 doses/year**
2. **(**75,000 **X 2.7%) X** 1 **X** 1.18 = **2,389.5 or 2,390 doses/year**
3. **(**90,000 **X 2.7%) X** 2 **X** 1.33 = **6,463.8 or 6,464** doses/ year
   divide it by 12
   Monthly Vaccine Require: 539 doses/month.
4. **(**55,000 **X 2.7%) X** 1 **X** 2.5= **4,543**

AUTO DISABLE SYRINGE

→ *syringe that is widely used in the community.*

→ *ito ang syringe na kapag na push mo na ang plunger, dili na pwede mabalik.*

FORMULA:

ADS: E.P X Dose X WS *(Wastage Stocks)*

ADS: *E.P* **X** *Dose* **X 1.1 (***Constant***)**

Example:

Compute for the ADS of Pentavalent with a given total population of ***80,000.***

ADS: (80,000 X 0.027**) X** 3 **X** 1.1 = **7,128 syringes/ year**

NUTRITION

→ **MALNUTRITION:** *is the term use for people who has problem with Nutrition.*

Malnutrition has 2 types:

- ***MACRONUTRIENT*** → *these are foods that you take in large amount everyday. These are the* **CHO** **(***Carbohydrates***) & CHON (***Proteins***).**
  → *mga taong hindi kumakain ng gulay.*
- ***MICRONUTRIENT*** → *lack of* ***Vitamins*** **&** ***Minerals*****.**

MACRONUTRIENT MALNUTRITION

MARASMUS	KWASHIORKOR
(-)CHO **(-) CHON** *-walang kanin, walang ulam, which is common in Africa* ***(Waka Waka Pagkain).*** *-kulang sa carbs ug proteins.* • **Thin** • **Skin & bones** • **Apathy (***no reaction in everything***)** • **Wrinkled skin** • **Prominent Ribs (***baby back ribs***)**	**(+) CHO** **(-) CHON** -mayroon kang **carbs, but walang proteins (***proteins are important for muscles***).** *-problem with* ***fluid balance → edema*** • **Thin extremities** • **Edema (***bec. of fluid shifting***)** • **Moon face** • **Ascites (***Malaki ang tiyan***)** • **Thin;Sparse hair**

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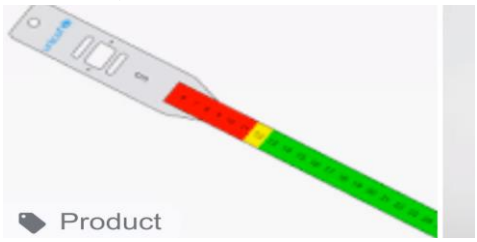
How to Diagnose pts with Malnutrition?

→ *with the use of* **MUAC TAPE** (*Mid-Upper-Arm Circumference*).

RED: *Severe Malnutrition* (***less than 115 millimeter***)

YELLOW: *Moderate Malnutrition* (**115-125 millimeter**)

GREEN: Normal (***greater than 125 millimeter***)



MANAGEMENT: ***FEEDING PROGRAM***

RUTF: *Ready to Use Therapeutic Food*

2. MICRONUTRIENT

→ *lack of vitamins & minerals.*

→ *sa mahilig kumain ng junkfoods* (**Junkfoods:** *empty calories → meaning empty ang vitamins & minerals*)

FOOD FORTIFICATION PROGRAM (*R.A 8976*)

Fortified= *Added*

SANGKAP PINOY

→ ***2 x a year***

→ ***April*** (*Summer*)***; October***

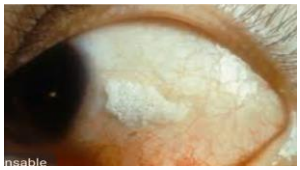
VITAMIN A (*Retinol*)

→ *taken Orally*

	Normal	***Vit A Deficiency***
6-11 mo (Infant)	***100,000 IU***	***100,000 IU***
12-60 mos (Child)	***200,000 IU***	***200,000 IU***
SCHEDULE:	***Today, 6 mos after***	***Today, tomorrow, 2 weeks after***

Vitamin A DEFICIENCY:

- **Nightblindness** (*hindi nakakakita tuwing dilim*)
- **Xeropthalmia** (*tuyong tuyo ang mata ni pt*)→ **Xero=0 (dry)**
- **Bitot's Spots** (*parang may bubbles sa mata ni pt.*)



COMMUNICABLE DISEASE

Treatment of Non-Communicable Disease

→ *it has something to do* ***with lifestyle related diseases.*** **RISK FACTORS**: ***Physical Inactivity; Unhealthy diet; Smoking.***

Treatment of EMERGENCY SERVICES

→ *there's a* ***disaster.***

→ ***DISASTERS****: Disruption in Society*

2 TYPES

NATURAL	***MAN MADE***
→ *earthquake, hurricane, typhoon.*	→ *wildfire, floods*

ACUTE ONSET	***CHRONIC ONSET/ Creeping Disaster***
→ *within* ***days*** *to* ***weeks***	→ *within* ***months*** *to* ***years*** **Example:** *Climate Change*

Nothing follows……

R.A. 10121 (*NDRRMC*)

National Disaster Risk Reduction Management Council

EMERGENCY FUND:

National Gov't: 2%

LGU: 5%

If naay problema, sa LGU una mangayo then sa National. Pero mas dako ug funds sa National.

PRINCIPLES:

→ *If there's disasters, dapat tulong2 ang lahat.*

1. *It is* ***responsibility*** *of* **All.** (*dapat alam ng bawat Filipino ang gagawin tuwing may Disaster, hindi lamang aasa sa gobyerno*)
2. **Capability building** (*Disaster Drills*)→ *ginagawa before the impact of the disaster*.
3. **First Priority:** *People's safety*
   Second Priority: *Resources*

SANITATION: Environment

- **SANITATION CODE: P.D. 8.5.6**
- **GARBAGE DISPOSAL ACT: P.D. 8.2.5**

ASPECTS OF SANITATION

FOOD SANITATION

CLASS	RATING
A	***Excellent*** → ***sobrang linis***
B	***Very Satisfactory***
C	***Satisfactory***

-***Sanitary Permit*** *ay makukuha sa* ***Health Center*** *dahil nandiyan ang* ***Health Inspector.***

SANITARY PERMIT → *need ni* ***Owner*** *mo comply aning Sanitary Permit.*

HEALTH CERTIFICATE → *need sa* ***Food Handler*** *nga e comply para ma releasan ug* ***Medical Certificate.***

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4 RIGHTS of FOOD SAFETY

1. ***RIGHT SOURCE***: Fresh
2. ***RIGHT PREPARATION:*** *Wash*
3. ***RIGHT COOKING***: *minimum of **70 degree Celsius***,
4. ***RIGHT STORAGE***

Room Temp: *2 hours* → *If molapas ug 2 hours ang pagkain, mapapanis na yan.*

Warm: *60 degree Celsius*

Cool: *10 degree Celsius*

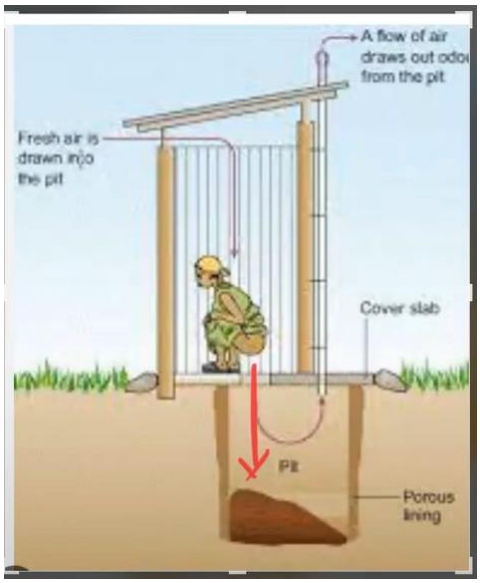
WATER FACILITY APPROVE

Level 1	***Level 2***	***Level 3***
Point Source *-Protected well.* *-Developed Spring.* *-sa **bundok** makikita, hindi ka dapat pumunta ng more than **250 m**, sobrang layo ay prone sa **contaminatio n.***	***Communal faucet*** *-**Stand post*** ***-bomba nga puso nga tubig.***	***Water Work System*** *-Individual Household connection* *-The **cleanest** among all level.*

TOILET FACILITY

LEVEL 1	***LEVEL 2***	***LEVEL 3***
-non-water carriage *(dumiretso yung tae sa butas)* ***-pit latrines-*** ***-small amount water toilet facility para e flush.*** *(POOR FLUSH TOILET)* *- inig ilo kay dli mag need ug water, dahon or paper ang gigamit.*	***-water sealed & flushed type*** *-ang tae diretso ra sa septic tank.*	***-diretso sa sewer and treatment plant. Di drain ang water at ebabalik sa ilog.*** *-the **cleanest among all level**.*

PIT LATRINES



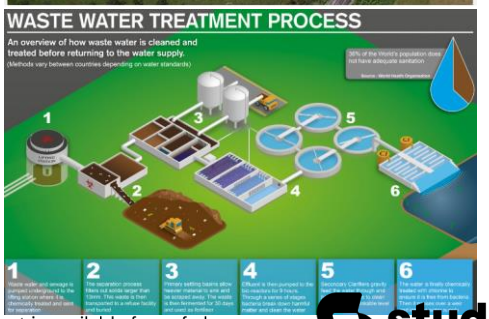
Level 2 Toilet Facility



Level 3 Toilet Facility

Treatment Plant





Nothing follows……..

Owner: *Elare, Reann May P. -**S.N***

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