2011/12

PRIMARY CARE MANAGEMENT OF ADULTS

HIV/AIDS

TB

MALARIA

ASTHMA/COPD

STIs

SAMPLE

June 2011

Dear Zomba district health providers and managers in primary care facilities,

RE: PALM Plus Update for 2011-12

It's been more than a year since the Ministry of Health and Zomba DHO embarked on a trial of PALM Plus with its implementing partner, Dignitas International. The PALM Plus intervention aims to standardize the clinical approach to and treatment of a number of common health conditions, particularly HIV/AIDS, TB, STIs and malaria. As the only district implementing PALM Plus in Malawi, we're pioneers exploring new approaches in training health workers through **educational outreach** and integrating essential health services at primary level using the **PALM Plus guideline**. Since the project began in January 2010, 13 health staff were trained as PALM Plus Trainers who oriented staff at their health center in using PALM Plus. So far (March 2011), trainers conducted more than 170 sessions at 14 intervention sites for 106 medical and nursing staff at no cost to the district (44 completed the PALM Plus program by attending at least 6 sessions).

The DHMT continues to work with Dignitas International and its collaborators (Knowledge Translation Unit-University of Cape Town Lung Institute and REACH Trust-LLW) to research, evaluate and update PALM Plus every year, so that primary care providers will have access to the most current information to diagnose and manage patients more competently and confidently. By the end of 2011, we anticipate every primary care facility in Zomba district will have a PALM Plus trainer who has conducted enough sessions for all nursing and medical staff to be proficient in the use of PALM Plus so that client care and outcomes improve.

New in the 2011 PALM Plus edition

The guideline has been updated to include policy changes in treatment regimen and recommendations from users and local stakeholders. The 2011 PALM Plus has the following features:

- Symptom, not disease, is the starting point and algorithms guide the health provider from the client's presenting complaint to a diagnosis and management plan.
- It incorporates and integrates up-to-date Ministry of Health guidelines/protocols/STGs including the 2011 Guidelines for Clinical Management of HIV. Major changes can be found in PMTCT (universal ART), criteria for starting ART (CD4 <350), family planning at HIV clinics plus a new pediatric HIV/ART page.
- New pages to remind health workers how to communicate effectively and protect themselves from occupational exposure.
- A new page for managing clients with positive VDRL for syphilis.
- Aggression or Violence added to mental symptoms (previously psychiatric symptoms).

How Educational Outreach works

The main points of the educational outreach model includes:

a) preparing health providers to become an on-site trainers for fellow workers at that health facility,

b) utilizing interactive, regular (1-2 weeks), short (1-1.5 hours) sessions employing case studies for health workers to discover ways PALM Plus can assist in reaching the appropriate diagnosis and management,

c) building on previous training sessions where key clinical approaches and messages are reinforced.

As familiarity with PALM Plus grows, use may only be required for more complex or difficult cases. Nursing and medical professions will be awarded CPD points for participation at the health center training sessions.

Thank you for your continued support for this program as we strive to provide staff with innovative tools to ensure provision of quality care to the clients we serve.

Yours sincerely,

Mr. Medon Semba
District Health Officer
Zomba District
Malawi

SAMPLE

CONTENTS

A

Abdominal pain 12
Abdominal swelling 12

B

Burning feet 22

C

Confusion 5
Cough 7

D

Diarrhoea 14
Difficulty breathing 7
Disturbed client 5

E

Ear symptoms 10

F

Fatigue 3
Fever 1
Foot symptoms 22

G

Genital symptoms 16

H

Headache 6

L

Lymphadenopathy 4

M

Malaise 3
Mental symptoms 5
Mouth symptoms 11

N

Nose symptoms 9

R

Raped client 21

S

Sexual abuse 21
Skin symptoms 23

T

Throat symptoms 11
Tiredness 3

U

Urinary symptoms 15

V

Vomiting 13

W

Weight loss 2
Weakness 3

Protect yourself from occupational infection 48
Communicating effectively 49

TUBERCULOSIS

TB: diagnosis 29
TB: routine care 31

HIV

HIV: diagnosis 33
HIV: routine care 34

CHRONIC RESPIRATORY DISEASE

Asthma and COPD 36
Using inhalers and spacers 36
Asthma: routine care 37
COPD: routine care 38

WOMEN'S HEALTH

Contraception 39
Pregnancy 41
Postnatal care 43

HIV IN THE CHILD

HIV: diagnosis in the child < 2 years 44
HIV: routine care of the child 45

SAMPLE

MENTAL SYMPTOMS

The client with a recent onset of changing level of consciousness has delirium and is severely ill:

- Varying levels of drowsiness and alertness
- Unaware of surroundings
- Unsure of the day in the week, the time of day, own name
- Poor attention span

Management:

- If glucose < 3.5mmol/ℓ or unable to measure, give 50ml of 50% glucose IV.
- If temperature ≥ 38°C, give quinine IV/IM 900mg in 1 litre of fluid over 3–4 hours and benzyl penicillin G 5MU IV stat and chloramphenicol 1 g IV stat.
- Refer same day.

Approach to client with mental symptoms who does not have delirium.

- Depressed mood
- Loss of pleasure
- Changes in appetite, sleep.
- Poor concentration, libido, energy
- Tearful or agitated
- Psychomotor retardation

Depression likely

- In the HIV client, depression may occur following diagnosis or on falling ill.
- Look out for depression in post-partum period, especially in those with poor social support.

- Ask about suicidal ideation and intent. Arrange same-day referral if suicidal.
- Explore emotional and social issues.
- Refer same week for psychiatric assessment.
- HIV client: efavirenz may cause depression. Refer to HIV specialist for drug change.

- Feeling excessively worried
- Agitation
- Panic attacks
- Obsessive behaviour
- Compulsive thoughts

Anxiety likely

In the HIV client, commonly occurs around the time of testing and diagnosing HIV, as well as with advancing disease.

- Psychosocial support
- Refer for psychiatric assessment if anxiety persists despite counselling and support.

- Delusions – fixed false beliefs
- Hallucinations eg hearing voices
- Disorganised speech and behaviour
- Social or occupational dysfunction

Psychosis likely

Refer for:

- haloperidol and lorazepam IM if acutely psychotic
- investigation for any underlying cause, especially if first psychotic episode.
- psychiatric assessment

- Cognitive slowing
- Problem-solving difficulties
- Poor memory
- Low mood
- Psychomotor retardation

Dementia likely

Dementia in young people might be HIV-related. If status unknown, test for HIV ⮌ 33.

HIV positive:

- HIV-associated dementia is a stage 4 illness.
- Client needs ART →34.
- Response to ART is often good.

HIV negative:

- Refer for psychiatric assessment with family member.

SAMPLE

HEADACHE

Recognise the client with headache needing urgent attention:
Headache and 1 or more of the following warning signs or symptoms:

- New onset, different to usual headache
- Headache that wakes or is worse in the morning
- Vomiting
- Temperature > 38°C
- Neck stiffness/meningism
- BP ≥ 180/110
- Decreased level of consciousness
- Confusion
- Vision problems (e.g. double vision, photophobia)
- First seizure
- Sudden weakness on one or both sides
- Speech disturbance
- Pregnant with diastolic BP > 90 mmHg

Management:
- If temperature > 38°C, treat for meningitis and malaria. Give benzyl penicillin G 5MU IV stat and chloramphenicol 1 g IV stat *and* quinine 1200mg IV in 5% dextrose over 4 hours.
- Refer same day to hospital.

Approach to client with headache not needing urgent attention
- If client also has any of fever, body pain, pallor, weakness or diarrhoea exclude malaria ⮐ 1.
- Is the pain worse on bending forward?

No
Are the neck muscles tense?

Yes
- Give paracetamol 2 tablets 4 times a day.
- Advise gentle massage, exercise and heat.

No
Check client's medication.
- ARVs: This common side effect usually resolves within the first 6 weeks of ARVs. Ensure there are no signs of meningitis.
- Overuse of analgesics: This can cause headaches. Advise client to avoid regular use and to cut down on amount used.

Yes

Treat for **sinusitis**:
- Paracetamol 2 tablets 4 times a day
- If pus from nose or symptoms > 7 days, give amoxycillin 500mg 8 hourly for 5 days. If penicillin allergic, erythromycin 500mg 6 hourly for 5 days instead.
- Refer if tooth infection, poor response to treatment, swelling over sinus/around eye, meningism.
- If client has recurrent sinusitis, test for HIV if status unknown →33.

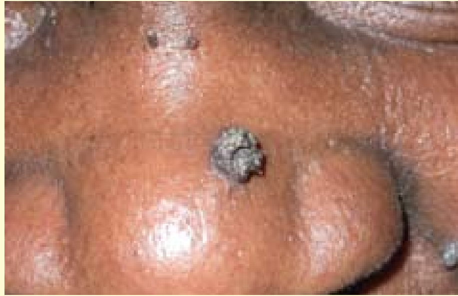
If none of the above, check if client is stressed.
A non-severe headache with no other cause may be stress-related. Give paracetamol 2 tablets 4 times a day or aspirin 300–600mg 3 times a day with food.

Review the client within 2 weeks if diagnosis is uncertain or headache not responding to treatment.

SAMPLE

LUMP/S (NO PAIN OR ITCH)

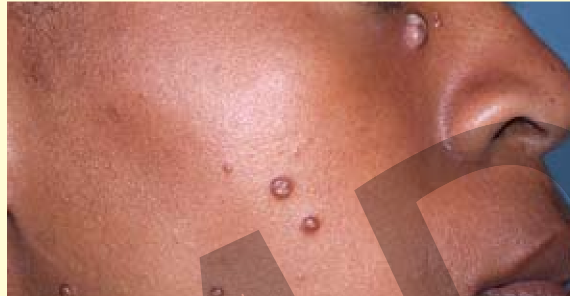
Raised nodules



Warts likely
Common on hands in young adults. Plantar warts are thick and hard with a black central point.

- Reassure
- Warts often disappear spontaneously.
- Apply podophyllin.
- If no response and warts distressing, refer.

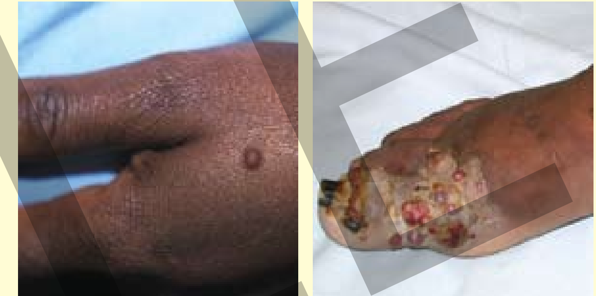
Small, skin-coloured bumps with pearly central dimples.



Molluscum contagiosum likely
May be extensive in HIV.
If status is unknown test for HIV ⮐ 33.

- Reassurance (usually resolves quickly with ART)
- If distressing to client, try local destructive treatment (open molluscum with sterile blade/needle and paint with tincture of iodine).
- Refer if no response to ART or local destructive treatment.

Purple lumps on skin or in mouth



Kaposi's sarcoma likely
These can vary from isolated lumps to florid tumours.
If status is unknown test for HIV ⮐ 29.

- This is an AIDS-defining illness.
- Client needs ART →34.

SAMPLE

HIV: DIAGNOSIS IN ADULT AND CHILD ≥ 2 YEARS

Encourage your client and his/her partner and children to test for HIV.
- HIV is treatable. Knowing one's status can save one's life.
- If client is < 24 months of age →44 to test for HIV.

Obtain informed consent
- Educate client about HIV/AIDS, methods of HIV transmission, risk factors and benefits of knowing one's HIV status.
- Explain test procedure and that it is voluntary.
- Obtain informed consent. If client is a child ≤ 12 years get parental/guardian consent. If consent is granted, proceed to testing immediately.

Test
Do first rapid HIV test on finger-prick blood.

Positive

Do a second rapid HIV test on finger-prick blood.

Positive

Negative

Discordant results:
Do a third rapid HIV test on finger-prick blood.

Positive

Negative

Negative

HIV test result negative

- The HIV rapid test detects HIV antibodies which may take up to 3 months to be formed.
- Was client at risk of HIV infection in the past 3 months?

Client has HIV.

- Give adult client ≥ 15 years routine HIV care →34.
- Give child < 15 years routine HIV care →45.

Yes

Repeat HIV test after the 3 month window period.

No

- Client does not have HIV.
- Encourage adult client to remain negative:
  - Demonstrate and provide male and fmale condoms.
  - Encourage client to have only one partner at a time and to test between partners.

Support
Ensure client understands test result and knows where and when to access further care..

SAMPLE

ASTHMA AND COPD: DIAGNOSIS

- The client with chronic cough may have more than one disease.
- In the client with chronic cough, first exclude TB, PCP, lung cancer, chronic bronchitis, heart failure and post infectious cough ↩ 7.
- Then consider asthma or chronic obstructive pulmonary disease (COPD) which both present with cough, difficult breathing, tight chest or wheezing.
- If the cause of wheezing is not known, distinguish COPD and asthma as follows:

• Onset before 20 years of age • Associated hayfever, eczema, allergies • Intermittent symptoms with normal breathing in between • Symptoms worse at night, early morning, with cold or stress • Personal or family history of asthma	• Onset after 40 years of age • Symptoms are persistent and worsen slowly over time • Cough with sputum starts long before difficult breathing • Client is or was a heavy smoker, had TB and/or was exposed to wood smoke • Previous doctor diagnosis of COPD
Asthma likely. • Confirm diagnosis with doctor. • Give routine asthma care →37.	**COPD** likely. • Confirm diagnosis with doctor. • Give routine COPD care →38.

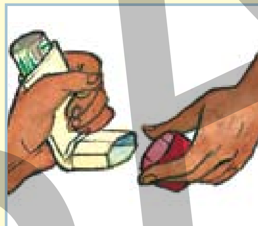
If unsure of diagnosis, treat as asthma →37 and refer to doctor within 1 month.

USING INHALERS AND SPACERS

- Incorrectly using an inhaler leads to poor delivery of medication into the lungs and poor control of symptoms.
- Add a spacer if the client is unable to use a spacer correctly to increase drug delivery to the lungs especially in an emergency and/or if using inhaled corticosteroids to prevent oral thrush.

Check that client can use inhaler and spacer correctly

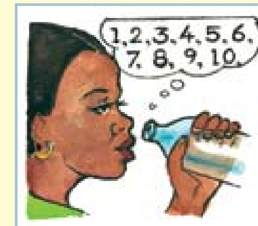
Shake inhaler.


Remove inhaler cap.

Fit inhaler into spacer. Check the seal is tight.

Exhale first and then form a seal with lips around mouthpiece.

Press pump once and take a deep breath from spacer. Do not pump inhaler more than once for each breath.



Hold that breath and count up to 10.

Breathe out.

- Rinse mouth after using inhaled corticosteroid.
- Wash the spacer with soapy water once a week. Allow it to drip dry. Do not rinse with water after each use.
- Prime the spacer with two puffs after washing before use.

SAMPLE

PALM PLUS is derived from the PAL (Practical Approach to Lung Health) strategy, a World Health Organization initiative designed to improve the detection and management of tuberculosis and other common respiratory conditions like respiratory infections and asthma. In 2001, it was adapted to a South African public sector setting by the Knowledge Translation Unit, University of Cape Town Lung Institute, to become PALSA. The addition in 2004 of HIV/AIDS and sexually transmitted infections saw the birth of PALSA PLUS.

PALM PLUS has been carefully developed as a Malawi-specific version of PALSA PLUS based on existing Ministry of Health policies and guidelines for antiretroviral therapy, prevention of mother-to-child transmission of HIV, opportunistic infections, tuberculosis, sexually transmitted infections, malaria, pregnancy, family planning, asthma and chronic obstructive pulmonary disease. PALM PLUS also complies with Malawi's 2009 Standard Treatment Guidelines and the Essential Drug List.

PALM PLUS is a clinical guideline designed for use in primary care consultations. Its clinician-friendly format uses symptoms as a starting point and algorithms to guide the clinician from the client's presenting problem to a diagnosis and management plan. PALM PLUS prioritizes the diagnosis and management of HIV and TB, appropriate care for the severely ill client and the integration of HIV and TB care for the co-infected client.

The 2010 edition of PALM PLUS was piloted in 14 health centers in Zomba district in order to study the effects of its implementation. This 2011/12 PALM PLUS edition was adapted to reflect evolving policy and guideline changes in Malawi. Input has come from a broad range of sources including PALM PLUS Trainers, front line clinical staff using PALM PLUS, health officials from district, zone and national levels and other relevant stakeholders, acknowledged on the contributors' list on the inside back cover.

SAMPLE

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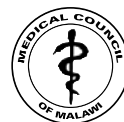

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