**Community Health Nursing**

**Practice Book**



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**Community Health Assessment**

**Definition of Community Health Assessment**

Community Health Assessment is anongoing process that seeks to identify a community’s strengths and needs to guide in establishing priorities that improve the population’s health status

**CHA includes three dimensions**:

• It is a technical process, because it uses analytical tools and technologies to generate and evaluate evidence.

• It is a social process, because it invites participation from citizens

and health care providers in decision making.

• It is an ethical process because it deals with issues of the worth of

health and life, societal fairness and resource priorities.

**CHA activities** involve measuring, monitoring and reporting on the health status of the population, while examining contributory factors to health or health disparity

**Purpose of Community Health Assessment**

The purpose of a CHA is to collect, analyze and present information so that the health of the population can be understood and improved and that health services can be planned according to evidence. The information from the CHA helps to:

• Provide baseline information about the health status of community

residents (i.e., the patterns of health, illness, injury ……etc

• Encourage collaboration with community members, stakeholders and a wide variety of partners involved in decision-making processes within the health care system

• Focus public discussion on health issues and expectations of the health system, and increase understanding about difficult choices that need to be made (ex: service priorities, resource allocation)

• Provide insight into the fundamental causes and pathways of disease and ill health and provide population based information to identify opportunities for disease prevention, health promotion and health protection

• Influence evidence-informed decision-making and priority setting in the health system

• Assess health outcomes and results in the longer term

• Provide information on which to base funding allocations

• Guide policy and program development

• Assist in mapping out links and opportunities to collaborate with other Sectors

**CHA process**

**The CHA Process**

The CHA process consists of eight steps **CHA Process CHA Process**

**The CHA Process**

1. Decide what information is needed

2. Review existing information

3. Gather new information

4. Analyze the information to identify needs and strengths in

communities

5. Select priorities from the needs identified

6. Invite feedback from community and stakeholders

7. Share and facilitate use of CHA findings

8. Evaluate the CHA process

**CHA performance**

**Getting Ready**

1-Locate the target community & area on the map and carry the Map

2- Locate source of data from the following key areas:

- Health unit ,health office within the community

- Members of the community through surveys or contacts

- Statistics branch within Government departments

3. Assessment of personal supplies & equipment

**Gather Information About:**

1. **People**

**A-Vital & demographic statistic**

- Population density

- Population composition : sex ratio, age &race distribution

- Population characteristics: occupation, educational level,

- Mortality rate: crude death, infant mortality, maternal

Mortality, specific death rate

- Morbidity characteristic: incidence rate of

specific disease, prevalence rate of specific disease

**B-** **Political history**:

-- Ask people how long have they lived here, has

the area Changed

- Ask if there were old people who knows the

history of the Area

**C**- **Values and believes**: related to health,

religion, education -

D- **Individuals & families’ living practice**

* Types of family
* Number of children
* Leisure activities

**2-Environment**

1. **Physical**:

-natural sources - Geography

- Climate - roads, transportations

- boundaries, - Housing condition,

- waste collection - Park and open space,

- river quality - noise complaints

**B- Biological and chemical**:

- Water supply, - Air quality,

- Food supply - Presence of animals and vector

- Waste disposal,

**3-** **Systems**

a- Health b- Welfare (essential services)

c- Economic d- Government

e- Recreation f- Religion

**4. Community dynamics**

**Communication**: common areas “where people gather”,vertical (community to large society), horizontal (community to itself), specific resources (radio, T.V.)

**5. Major sources of community data**

**a-** **Government**: local health department, city planning office

**b- Private**: chamber of commerce, key informants

**Conduct Community Assessment**

1- interviewing key informants in the community: People who occupy leadership positions in various community sectors such as educators, public officials, clergy and business representatives

2- holding a community forum: Public meetings, surveys, and questionnaires involve asking individuals in the community.

3- use public records

**Post Activities**

1. interpret the data (analyze the result)
2. statistical analyses are applied
3. Rank-ordered list of the most important changes identified by the community; this ranking can be used to set needs priorities
4. writing the report

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**Home Visit**

**Home Visit *defined as*** providing nursing services to a patient in their own home, *for example* wound care or health assessment. This may be suitable for a patient who, for medical or social reasons, is unable to attend the surgery and provides an opportunity to assess environment and social factors impacting on the patient’s health. While home visiting has significant benefits to patients, there are a number of risks associated with nurse home visits (NHV) for the nurse, patient and employer that require policies and procedures to be established by practices or employers. These systems should address occupational health and safety (OH&S) requirements, potential risks and ensure the NHV role is maximized. Your practice may have a policy that covers home visits and this document can be used to reflect on existing policy.

**Rationale**: **Why Team Home Visits?**

* Pro-active approach to parent involvement
* Reach out to families
* Convenient for families
* Address student concerns and develop family-centered action plan
* “Effective home visiting furthers the mental, emotional, and physical health and development of the child by serving the whole family”-*Michigan State Board of Education*

**Staff Participation: Who Can Do a Home Visit?**

* Administrator
* Attendance Connection
* Counselor
* Dean

**The process of home visit:**

The nurse home visit process can be classified to:

* Planning
* Implementation
* Review

**Staff Preparation**

* Identify a staff member who has relationship with family
* Staff members team up, go in pairs
* Notify caregiver, schedule visit in advance when possible (provide translation if necessary)
* Review records, family history, cultural background
* Make copies of pertinent records (i.e. emergency card, attendance record)
* Prepare informational material (Resources, district brochures, business cards, etc.)
* Notify secretary/school personnel of location and time of home visit
* Bring copies of Consent form and Release of Information forms (in case necessary)
* Review Safety Tips

**A Guide to Team Home Visits**

* Nurse
* Parent Connection
* Outreach Consultant
* School Resource Officer (SRO)
* Student Advisor
* Teacher
* Wellness Coordinator
* Any staff person informed of home visit protocol

**The Visit: Protocol and Timeline**

1. **Arrival**

* Set the tone (warm introduction, thank family for time and participation, etc.)
* Establish rapport/develop caring relationship
* Include all family members in the home who would like to participate
* Suggest an environment conducive to meeting- Visit can occur somewhere in the community (i.e. café, library, conference room, etc.) if family feels more comfortable.

1. **During the Visit**

* Review purpose of visit; allow family input
* Refer to *Team Home Visit Report* and record pertinent information
* Student/family strengths
* Establish goals
* Give information
* Elicit feedback from family
* Share resources
* Answer questions

1. **Concluding the Visit**

* Summarize Visit
* Discuss next steps
* Provide business cards, contact info.
* Closure and goodbye

1. **After the Visit**

* Document visit
* Evaluate visit
* Follow-through on referrals, action items, etc.
* Additional follow-up items, documentation.
* Send family a copy of document

**Phases of home visit**

***Implementation Phase:***

If this is the first visit, assessment of:

1. Client’s environment.

2. Thorough physical assessment.

3. Psychosocial needs.

4. Functional abilities.

5. Medication.

6. Nutrition.

7. Safety issues.

***During Subsequent Visit:***

1. Takes vital signs.

2. Perform a routine head- to- toe assessment.

3. Explain any procedure (according to situation) before, during and after care.

4. Clean, dispose contaminated materials. The client & caregivers should be taught proper management of contaminated wastes & rational behind such management.

5. Wash hands before returning materials.

6. Wash hands between family members.

7. Maintain safe environment.

8. Use proper communication technique.

9. Appropriate referral.

10. Teaching related to individual, use simple and understandable language.

11. Teaching related to family.

12. Use appropriate methods & materials in the instruction process.

***Termination Phase:***

1. Briefly summarizes the continuing plan of care with the family.

2- Set up a time & the purpose for the next home visit.

***Post visit activities***

1. Document home visit in complete, concise, & accurate manner.

2. Communicate finding to other health care provider.

3. Review of the family’s chart.

4. Prepare nursing care plan.

5. Contact the family to set up appropriate time for home visit.

6. Assessment of personal supplies & equipment (Inventory of nurse’s bagcontent)

**A Guide to Team Home Visits Suggestions**

***Remember to:***

* Be a good listener
* Have specific goals or objectives for each visit
* Be flexible
* Be prompt to your home visits
* Realize the limitations of your role
* Help parents become more independent
* Keep language appropriate
* Dress appropriately and comfortably
* Be confident
* Remember that small improvements lead to big ones
* Be yourself
* Respect cultural and ethnic values
* Monitor your own behavior- the parent is observing you

***Avoid:***

* Imposing values
* Bringing visitors without the parent’s permission
* Socializing excessively at the beginning of the visit
* Excluding other members of the family from the visit
* Talking about families in public
* Being the center of attention
* Expecting perfection from the parent
* Asking the parent to do something you wouldn’t do

**Safety Tips *Safety First!***

* Try to complete home visits early in the day
* Stay alert
* Dress appropriately
* Leave jewelry at home
* Leave purse at office or trunk
* Carry necessary cash, keys, and driver’s license on person
* Remove yourself from dangerous situations
* Travel in pairs when possible
* Survey the neighborhood
* Identify safe areas (i.e. restaurants, telephones, rest rooms, police stations)
* Trust your instincts
* Consider a neutral meeting location if visit cannot be made safely at home

(i.e. library, conference rooms, restaurants)

* Take universal precaution by washing hands before/after visit
* Ask family members to come out to meet you if uncomfortable with area
* Keep car in good repair
* Keep emergency supplies in car, include all-weather gear
* Ask family to secure pets before arrival
* Attend safety seminars
* Consider the use of cellular phones or pagers

**Bag Technique**

The nursing bag referred to as a healthcare bag, public health bag, medical bag, visiting bag, and supply bag, has been used by home care staff for decades to carry the needed equipment and supplies to provide patient care. For purposes of this article, the term nursing bag will be used; although it’s not just used by nurses, the nursing bag is also used by visiting rehabilitation staff and aides.

The nursing bag is transported from patient home to patient home and may serve as a vehicle for transmitting microorganisms, including multidrug-resistant were cultured.

**Purposes:**

1. Prevent contamination of the healthcare bag.
2. Protect patients, family members, and Health care workers from the spread of infection.
3. Demonstrate compliance with federal, state, and local laws and regulations, accreditation standards, infection control principles, and standard precautions

**To include in the healthcare bag for every visit:**

1. Alcohol wipes\*
2. Adhesive remover pads\*
3. Adhesive bandages\*
4. Non-sterile 4x4s Tape, 1” paper\*
5. Antiseptic towelettes\*
6. Blood pressure cuff\*
7. Red bags for disposables\*
8. Hard surface disinfectant\*
9. Spill cleanup kit\*
10. Penlight\*
11. Personal protection kit (PPE)\*
12. Gloves (nonsterile)\*
13. Bag barrier, disposable\*
14. Liquid soap\*
15. Waterless hand cleanser\*
16. Paper towels\*
17. Sharps unit
18. Stethoscope\*
19. Thermometer\*
20. Water-soluble lubricant, sterile\*
21. Oral barrier device for CPR\*
22. Anything else your agency requires.
23. Medical Products

**Procedure:**

1. Select a healthcare bag that has at least three separate compartments, one of which should be lockable to secure patient records.
2. Designate two “clean” compartments, one for clean disposables and the other for patient records.
3. Pack the bag with necessary supplies before leaving for visits. Pack hand washing supplies near the top or in a side pocket where they are easily accessible.
4. Store the healthcare bag in a clean cardboard box or other separate compartment of the car.
5. Do not take the healthcare bag into “infested homes” or homes of patients with MRSA or VRE.
6. In the home, identify a clean and safe area for the healthcare bag:
7. Choose a place to set the bag that gives you enough work space, is close to the patient, has a source of water, and is away from pets and children.
8. Never set the healthcare bag on the floor.
9. Spread an impervious barrier on the surface before setting the bag down.
10. Plan where you will discard disposable items and sharps ahead of time.
11. Remove hand washing supplies first.
12. Wash and dry hands thoroughly, following proper technique.
13. Remove any items needed for patient care, including any personal protective equipment necessary.
14. Close the bag before performing patient care.
15. Wash your hands again if you need to re-enter the bag for additional supplies during patient care.
16. Sharps disposal: Use only an approved sharps disposal container; it must be kept in a separate “dirty” compartment. Never put used sharps directly in the bag.
17. Discard disposables in a sealed trash bag in the family trash receptacle. Follow local and state regulations for infectious waste disposal.
18. Bag soiled reusable items that cannot be cleaned in the patient’s home and transport according to agency policy. Do not put back into the healthcare bag.
19. Wash your hands, then repack and close the healthcare bag.
20. Clean and disinfect the healthcare bag weekly.
21. Hand wash in mild soap and warm water; air dry.
22. Spray inside and outside with Sanizide Plus; air dry.

**Breast self-exam**

**Definition**

A breast self-exam is a screening technique women can do at home to check for breast lumps. The exam is sometimes referred to as a “BSE.” A breast self-exam can help screen for tumors, cysts, or other abnormalities in the breasts.

**Prepare for a Breast Self-Exam**

1. The best time to do a breast self-exam is seven to 10 days after the first day of menstrual period. Because hormonal changes can affect the size and feel of your breasts, it is best to perform the exam when your breasts are in their normal state.
2. If you are pregnant, or no longer have menstrual cycles, you can perform your BSE at any time, but make it the same time each month.
3. If you are breast feeding, you should also perform your monthly BSE at the same time each month. Be sure to do it after you have fed the baby, not before. Any time of the day is okay.
4. BSE will only take a few minutes, but it is best to choose a time when you have some privacy and will not be disturbed.

**Procedure of Brest Self Examination**

1. Stand before a mirror and look at both breasts. Check for anything unusual, such as nipple retraction, redness, puckering, dimpling, or scaling of the skin. Look for nipple discharge. Some discharge can be normal, due to hormones or medication. However, all discharge should be reported to your doctor .Note the color of the discharge, whether it came from both breasts and whether it came from one or more openings.



1. Press your hands firmly on your hips and lean slightly toward your mirror as you pull your shoulders and elbows forward with a squeezing or hugging motion. Look for any change in the normal shape of your breasts. Now, bend forward at the waist, hold your head up and look in the mirror. You may notice that one breast is larger than the other and this is normal.

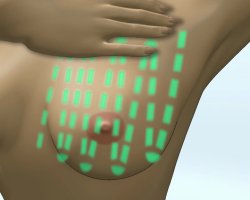


1. Looking in the mirror, raise your arms and rest your hands behind your head. This allows you to see the underside of your breasts.



1. Raise your left arm. Use the pads of three or four fingers of your right hand to examine your left breast. Use three levels of pressure (light, medium, and firm) while moving in a circular motion. Check your breast area using a set pattern. You can choose (a) lines, (b) circles or (c) wedges.
2. Lines

Beginning at the outer edge of your breast move your fingers downward using a circular motion until they are below the breast. Then move your fingers slightly toward the middle and slowly move backup. Go up and down until you go over the entire breast area.



1. Circles

Beginning at the outer edge of your breast use the flat part of your fingers, moving in circles slowly around the breast. Gradually make smaller and smaller circles toward the nipple. Be sure to cover the entire breast and check behind the nipple.

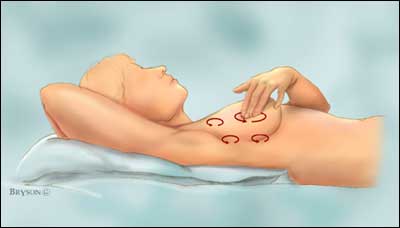


1. Wedges

Starting at the outer edge of the breast, move your fingers toward the nipple and back to the edge. Check your entire breast, covering one wedge-shaped area at a time.



1. Lie flat on your back, left arm over your head and a pillow or folded towel under your left shoulder. This position flattens the breast and makes it easier to examine. Use the same motion described in step E. Some women like to use body lotion, cream or bath powder in this step.



**After a Breast Self-Exam**

If you find a lump or abnormality, don’t panic. Remember that the vast majority of breast abnormalities turn out to be **benign**(non-cancerous).

Besides cancer, breast lumps can be caused by:

* **adenofibroma**: a benign tumor of the breast tissue
* **fibrocystic breast disease**: painful, lumpy breasts caused by hormone changes
* **intraductal papilloma**: a small, benign tumor of the milk ducts
* **mammary fat necrosis**: lumps formed by bruised, dead, or injured fat tissue

However, this doesn’t mean that you should ignore a lump or abnormality. Make an appointment with your doctor to have your breast professionally examined

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| **Breast abnormalities** | |
| C:\Users\Dr-thoera mohamed.Dr-thoera\Desktop\Breast digital atlas - Breast self-Examination (BSE)_files\lump.jpg | Lumps, bumps or thickening: Feel for a lump, bump or thickening that has not been there before. |
| C:\Users\Dr-thoera mohamed.Dr-thoera\Desktop\Breast digital atlas - Breast self-Examination (BSE)_files\lump3.jpgC:\Users\Dr-thoera mohamed.Dr-thoera\Desktop\Breast digital atlas - Breast self-Examination (BSE)_files\lump2.jpg | Lumps, bumps or thickening: Feel for a lump, bump or thickening that has not been there before.  Lumps, bumps or thickening: Feel for a lump, bump or thickening that has not been there before. |
| C:\Users\Dr-thoera mohamed.Dr-thoera\Desktop\Breast digital atlas - Breast self-Examination (BSE)_files\pain.jpg | Pain (only when it is a new and persistent pain report to doctor). |
| C:\Users\Dr-thoera mohamed.Dr-thoera\Desktop\Breast digital atlas - Breast self-Examination (BSE)_files\peauorange.jpg | Change in skin color or texture: redness / eczema (beginning). |
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| C:\Users\Dr-thoera mohamed.Dr-thoera\Desktop\Breast digital atlas - Breast self-Examination (BSE)_files\redness2.jpg | Change in skin color or texture: redness / eczema (advanced). |
| C:\Users\Dr-thoera mohamed.Dr-thoera\Desktop\Breast digital atlas - Breast self-Examination (BSE)_files\blooddischarge.jpg | Leaking: Look for dripping, leaking or discharge from a nipple (blood discharge). |
|  |  |
| C:\Users\Dr-thoera mohamed.Dr-thoera\Desktop\Breast digital atlas - Breast self-Examination (BSE)_files\retraction.jpg | Nipple change: Look for a change in the way your nipple is pointing: Another aerola change. |

**Premarital Care**

**Definition of premarital care**

Premarital care (PMC) is a worldwide activity aiming to diagnose, treat unrecognized disorders, and reduce transmission of diseases to couples.

Premarital care (PMC) is the promotion of the health and well-being of a woman and her partner before pregnancy; it is considered as the primary preventive approach for couples planning for conception; it can identify and modify behavioral, medical, and other health risk factors known to impact pregnancy outcomes through prevention and management

**Components of the premarital package according** to integrated standards of practice, settled by ministry of health and population (MOHP), in 2005 are:

* premarital history taking and examination,
* premarital investigations and premarital immunization
* premarital education
* premarital counseling,

**A-Premarital Examination**

**1-History taking**

* Take personal & family medical History

**2-Physical Examination**

* Explain each procedure to couples
* Ensure couples privacy
* Measure couples’ weight
* Measure couples’ height
* Measure Blood Pressure
* Palpate uterus and ovaries
* Record the findings

**B-Laboratory investigation**

* Assist in blood sample taking.
* Label the name of the spouse on each sample
* Record the investigation findings
* Refer to Chest X-ray.
* Check ultrasound & hormone analysis
* Conduct premarital Immunization

**C- Premarital Education: Explain;**

- Explain and shows video about:

* Couples Roles.
* Parent's Health
* Nutrition
* Safe Environment
* Child Rearing.
* Sex Education
* Family planning.

**D- Premarital Counseling**

Premarital counseling is a type of therapy that helps couples prepare for marriage. Premarital counseling can help ensure that you and your partner have a strong, healthy relationship giving you a better chance for a stable and satisfying marriage. Premarital counseling can also help you identify weaknesses that could become problems during marriage.

**Objectives**

1. To prepare the couple for the transition to married life.

2. To assist the couple in development of relationship skills.

3. To confirm the couple's decision to marry each other or encourage them to postpone their wedding until further relational growth occurs.

4. To helps partners improve their ability to communicate, set realistic expectations for marriage and develop conflict-resolution skills.

**Procedure of Premarital Counseling**

* Prepare a proper atmosphere for counseling.
* Ensure the privacy of the couple.
* Help couples to understand sexual health, parenthood, family planning, & Conception.
* Help couples to make decisions about their future lives and their marriage.
* Provide information about the wedding night.
* Roles in marriage
* Children and parenting
* Family relationships
* Decision-making
* Dealing with anger
* Time spent together

**Post procedure activities**

Document the results in complete, concise, and accurate Manner

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| **Home birth**  Home birth is defined as giving birth to a baby in your place of residence. Home birth can be planned or unplanned. It can be attended by a midwife, a physician, or others, such as family members or emergency medical technicians.  **Indication for home birth**  1-A woman who is pregnant with a single baby and has made an informed choice to birth at home  2-Baby is head down at term Between 37 and 41-42 weeks pregnant (researchers differ on the 41-42 weeks)  3-No serious medical conditions (heart disease, kidney disease, blood clotting disorders, type I diabetes, gestational diabetes managed with insulin, preeclampsia, or bleeding)  4-No placenta Previa at beginning of labor  5-No active genital herpes  6-No thick meconium  7-No prior C-section  8-Spontaneous labor  **Contraindication of home birth**  There are some medical conditions that can prevent a woman from qualifying for a home birth include :  1- Heart disease, renal disease, diabetes  2- Preeclampsia, placenta Previa, placenta abruption  3- Antepartum hemorrhage after 20 weeks gestation,  4- Active genital herpes.  5- Prior cesarean deliveries.  It is important that a woman and her health care provider discuss the individual health risks prior to planning a home birth  **Getting Ready**  1- Prepare of needed supplies for delivery  2-Choose the delivery room.  3-Prepare the delivery bag  4-Ensure the equipment is functioning properly  5- Ensure the equipment is functioning properly  6- Prepare the delivery bed.  7- Adjust the room temperature to be closer to birth.  8. Ensure Privacy.  **Procedure**  1-Spread out a plastic sheet and covers with a freshly  washed clean sheet  2- Use sterile technique in all procedure  **Latent Phase**  1-General assessment for mother health condition  2- Abdominal examination For:  -Duration of pregnancy  -Determine presentation, lie, position, and engagement of the presenting part,  -Cervix dilatation  -Labor progress  **Active Phase**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1. Assess the fetal heart sound every 15 minutes, during active labor and plot in the Partograph. | | | | | | 2. Assess the fetal heart sound every 5 minutes closer to birth. | | | | | | 3. Keep One hand on the fundus of the uterus, and apply gentle but firm pressure for the next full hour to detect uterine a tony. | | | | | | 4. Take the maternal pulse every 15 minutes for the first hour. | | | | | | 5. Take blood pressure every 15 minutes for the first hour. | | | | | | 6. Record vital signs. | | | | | | 7. Monitor the progress of labor in each stage, maternal and fetal condition using Partograph. | | | | | | 8. check the degree of hardness of the Fundus | | | | | | 9. estimate the time between hardness and relaxation of the fundus | | | | | | 10. Wash hands and wear the gloves | | | | 11. as the head is delivered the nose &mouth are wiped | | | | 12. Cut the umbilical cord using aseptic technique. | | | | 13. Clear the airway by soft rubber suction catheter. | | | | 14. Provide warm. | | | | 15. Eye care using normal saline. | | | | **a.care For mother** | | | | | | | 1. Inspect perineum frequently for visible signs of bleeding.  2. Inspect breast & Encourage women for breast-feed immediately.  3. Check fundus frequently and massage gently if not firm.  4. Clean Vulva and perineal area.  5. Check Blood pressure. | | | | | | | **b. For the baby:** | | | | | | | * Evaluate infant condition by APGAR scoring at 1 and 5 minutes after birth. * Examine for birth injuries, trauma, or congenital abnormalities. * Measure weight, length and head circumference. | | | |   **Post Procedures activities**   |  | | --- | | 1. Wash hands | | 2. Record any drugs given. | | | 3. Document all data about the mother and newborn. | | 4. Report & communicate findings to health center. | | 5. Wash the equipment. | | 6. Replace Equipment in the bag. |   **Post-Partum Care**  **What Is Postpartum Care?**  You’ve been concentrating on a healthy pregnancy and delivery, but you may not have thought about care after delivery. Right after a woman gives birth, her body goes through huge changes. Problems can happen and it’s good to know how to have a healthy postpartum phase.  **Definition of Postpartum Professionals:**  **Postpartum Professionals are** trained support specialists who assist the new mother, her baby and her family within the first few months after the birth of the baby.  They may be a doula, newborn care specialist or an RN/RPN. They are patient, nonjudgmental and knowledgeable about newborn care & breastfeeding. **The goal of a Postpartum Professional** is to supply the parents into their new roles. As they experience success & their knowledge & self-confidence grow, their need for professional support will diminish.  **The benefits of having postpartum care:**   * Increase parents confidence in their skills * Increase success of breastfeeding * Facilitating parent-infant bond * Decrease postpartum mood disorders and depression * Greater feeling of support for and from both mom and dad * Increased baby soothing skills often leading to sleeping longer stretches sooner * Better coping skills * Fathers and siblings feel included in life with a new baby   **Activities During Post-Partum Care 1- First Visit**  **Getting Ready**  1. Revise Infection control procedures.  2. Prepare necessary equipment and supplies.  3. Ensure the equipment are functioning properly.  4. Contact mother according to the time schedule.  5. Prepare Nursing Bag.  6. Prepare Nursing care plan.  **First Visit- 2nd Postpartum Day.**  **For the Mother:**  1. Check vital signs and blood pressure.  2. Estimate the Fundal level.  3. Ask about Lochia, bleeding, urine and bowel movement.  4. Episiotomy care (if performed).  5. Check the condition of the lower extremities.  6. Assess the condition of the breast and perineum.  **For the Infant:**  1. Check vital signs.  2. Weight the baby.  3. Assess the eye and cord condition.  4. Make cord dressing.  **Post Procedure Activities:**  1. Wash hands.  2. Educate the mother for:  - Early ambulation.  - Nutrition.  - Breast feeding.  - Postpartum exercises.  - Hygiene.  - Newborn care.  - Record the findings.  - Referral if needed.  3. Document all data about the mother and newborn.  4. Report & communicate findings to MCH.  5. Wash equipment.  6. Replace equipment.  7. Terminate the Visit and make appointment for the next visit.  **Activities During Post-Partum Care 2- Second Visit**  **Getting Ready**  1. Revise Infection control procedures.  2. Prepare necessary equipment and supply.  3. Ensure the equipment are functioning properly.  4. Contact mother according to the time schedule.  5. Prepare Nursing Bag.  6. Prepare Nursing care plan.  **Second visit (4th postpartum day).**  **For the mother:**  1. Assess the mother's general condition.  2. Check vital signs and blood pressure.  3. Estimate the Fundal level.  4. Check Lochia condition, and perineal condition.  5. Check flow of milk and breast condition.  **For the Infant:**  1. Check vital signs.  2. Make cord dressing.  3. Make baby bath.  4. Assess color of skin.  **Post Procedure Activities:**  1. Wash hands.  2. Educate the mother for:  - Personal hygiene.  - Rest & sleep.  - Postpartum exercise.  - Breast-feeding.  - Nutrition.  3. Document all data about the mother and the newborn.  4. Report & communicate findings to MCH.  5. Wash equipment.  6. Replace Equipment.  7. Terminate the Visit and make appointment for the next visit.  **Activities During Post-Partum Care 3-Third Visit Getting Ready**  1. Prepare necessary equipment and supplies.  2. Ensure the equipment are functioning properly.  3. Contact mother according to the time schedule.  4. Prepare Nursing Bag.  5. Prepare Nursing care plan.  **Third Visit: (7th Postpartum Day).**  **For the Mother:**  1. Assess mother's general condition.  2. Check the level of the fundus.  3. Check the Lochia.  4. Check the breast condition.  5. Ensure the mother is assuming normal activities.  6. Check the condition of the lower extremities.  **For the Infant:**  1. Check vital signs.  2. Weight the baby.  3. Check the cord drop.  4. Make cord dressing.  **Post Procedure Activities:**  1. Wash hands  2. Educate the mother for:  - Personal hygiene.  - Rest & sleep.  - Postpartum exercise.  - Breast-feeding.  - Nutrition.  3. Document all data about the mother and the newborn.  4. Report & communicate findings to MCH.  5. Wash equipment.  6. Replace Equipment.  7. Terminate the Visit and make appointment for the next visit.  **Activities During Post-Partum Care 4- Fourth Visit**  **Getting Ready**  1. Prepare necessary equipment and supplies.  2. Ensure the equipment is functioning properly.  3. Contact mother according to the time schedule.  4. Prepare Nursing Bag.  5. Prepare Nursing care plan.  **Fourth Visit: (14th Day).**  **For the mother:**  1. Assess mother's general condition.  2. Check the uterus involution.  3. Check the Lochia.  4. Check the breast condition.  **For the Infant:**  1. Check vital signs.  2. Weight the baby.  3. Check the cord drop.  4. Newborn care.  **Post Procedure Activities:**  1. Wash hands  2. Educate the mother for:  - Personal hygiene.  - Rest & sleep.  - Postpartum exercise.  - Breast-feeding.  - Nutrition.  - Counsel for mother about family planning.  3. Document all data about the mother and newborn.  4. Report & communicate findings to MCH.  5. Wash equipment.  6. Replace Equipment.  7. Terminate the Visit and make appointment for the next visit.  **Activities During Post-Partum Care 5- Fifth visit**  **Getting Ready**  1. Prepare necessary equipment and supplies.  2. Ensure the equipment are functioning properly.  3. Contact mother according to the time schedule.  4. Prepare Nursing Bag.  5. Prepare Nursing care plan.  **5- Fifth visit: (40th day visit).**  **For the mother:**  1. Assess mother's general condition.  2. Check the uterus involution..  3. Check the color of discharge.  4. Family planning.  **For the Infant:**  1. Weight the baby.  2. Assess the infant's growth and development.  3. Infant care.  **Post Procedure Activities**  1. Wash hands  2. Educate the mother for:  - Personal hygiene.  - Rest & sleep.  - Postpartum exercise.  - Breast-feeding.  - Nutrition.  - Counsel for mother about family planning.  - Compulsory vaccination.  3. Document all data about the mother and the newborn.  4. Report & communicate findings to MCH.  5. Wash equipment.  6. Replace Equipment.  7. Terminate the Visit. |

**Counselling**

**Definition**

Counseling is the means one person helps another through purposeful conversation

Counselling is a process aims to help people cope better with situations they are facing. This involves helping the individual to cope with their emotions and feelings and to help them make positive choices and decisions.

**Purpose of Counseling**

|  |  |
| --- | --- |
| |  | | --- | | -To help clients achieve their personal goals, and gain greater insight into their lives.  -One hopes that by the end of this process one will be more satisfied with his or her life.  - helps people build skills they can use in solving their problems  **Counselling process** | |

Counselling is a process that usually has a beginning, middle, and end:

1-**The beginning**: The counsellor starts to build a trusting relationship with the client and finds out important information about the client’s problem

2- **The middle**: the counsellor helps the client set goals — make decisions about what the client wants. Once goals are decided, the counsellor and client develop ideas about how the client can reach those goals. During this period, the client will try certain things. Then the counsellor and client discuss what happened and whether the method is working.

3- **The end:** When the client feels she has achieved what she wanted, the client and counsellor prepare for the end of counselling

**Procedures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Getting Ready | | | | |
| 1. Greet the client |  |  |  |  |
| 2. assure necessary privacy |  |  |  |  |
| 3. Introduce yourself |  |  |  |  |
| **Procedure** | | | | |
| 1. Ask the client about herself/ himself |  |  |  |  |
| 2. Ask the client about her/his goals |  |  |  |  |
| 3. Ask the client about her/his needs/ problems |  |  |  |  |
| 4. Tell the client what to expect to happen during the consultation |  |  |  |  |
| 5. Give complete attention to the client |  |  |  |  |
| 1. Use simple and understandable language |  |  |  |  |
| 7. Encourage the client to ask question. |  |  |  |  |
| 8. Answer the client questions clearly |  |  |  |  |
| 9. Provide complete and accurate information |  |  |  |  |
| 10.Paraphrase the sentences of information |  |  |  |  |
| 11. Help the client to take a decision |  |  |  |  |
| 12. Explain the procedure /examination what to expect in full details |  |  |  |  |
| 13. Repeat the instruction |  |  |  |  |
| 14. Ask the client to repeat the instruction |  |  |  |  |
| 15**.** Use appropriate media in explanation |  |  |  |  |
| 16**.** explain the warning sings that require immediate return |  |  |  |  |
| 17. summarize what you have said to the client |  |  |  |  |
| 18**.** Discuss with the client the needs to return for follow up  **Post Procedure Activities** |  |  |  |  |
|  | | | | |
| 1. Document the result in complete, concise, and accurate Manner |  |  |  |  |
| 2**.** Communicate findings to other health care provider (clinical instructor) |  |  |  |  |

**Consultation and Referral**

**Consultation & Referral**

* Consultation: the doctor responsible for the patient asks a colleague for his or her opinion about the patient.
* The term "consultant" in this context means a person who is consulted.
* Referral: a transfer of responsibility for some aspects of the patient's care. Sometimes, the term referral used to denote both consultation and referral.

**Consultation**

* It not binding.
* The patient remain under the care of the physician requesting consultation
* Most requests for consultation are from generalists to specialists.
* Selection of the consultant most appropriate to the patient's needs is an important responsibility of the family physicians.
* Two types of consultation: formal or informal.

**Effective Consultation**

* The physicians requesting consultation should communicate directly with the consultant.
* Consultation request should include: the patient's significant problems, the physician's main findings, the investigations carried out, the medications prescribed and the purpose of the consultation.
* The reason for the consultation should be explained to the patient.
* The consultant should write back promptly giving his or her findings and opinion to the physician requesting the consultation.

**Difficult issues related to consultation**

1. Consultation upon the patient request.

2. Disagreement of the referring physician with the consultant opinion:

- discuss the disagreement with the consultant.

- refer the patient back to the consultant for a reconsideration.

- offer the patient a third opinion if he/she wish so.

**Types of Referral**

1. Interval referral: the patient is referred for complete care for a limited period. The referring physician has no responsibilities during this period.

2. Collateral referral: the referring physician retains overall responsibility but refers the patient for care of some specific problem

3. Cross referral: the patient is advised to see another physician and the referring physician accept no further responsibility for the patient's care.

4. Split referral: when responsibility is divided evenly between two or more physicians.

**Referral System in F&CM Department**

1. Referral is a joint decision by both the family physician and the patient.

2. Referral can be considered in the following conditions.

1. Unavailability of service or required experience.
2. Patient condition is out of scope.
3. Patient’s request for a second opinion

3. Referral is to be documented on the encounter sheet and the approved referral form.

4. Data pertaining to referral should include; personal data about the patient, important items in the history and physical examination, results of relevant laboratory and radiological investigation, provisional diagnosis and the reason for referral.

5. Referral form is composed of one original and two duplicates; the original form is to be kept in the patient’s medical record and the patient is given one duplicate and another duplicate is to be sent to Continuous Quality Improvement (CQI) unit.

6. Referral is either urgent or routine. This has to be specified in the form, and in case of urgent referral, the family physician will have to contact the referred to specialty on call to arrange for the patient to be seen immediately or arrange for a near appointment. In either case, this should be documented in the file along with the accepting physician name and time.

7. The need for referral should be explained to the patient and his family. This should be documented in the patient encounter sheet

8. In case of routine referral, it is the patient responsibility to forward the referral duplicate form to the concerned appointment office for fixing an appointment.

**Hearing tests for children**

**Introduction**

Routine hearing tests are offered to newborn babies and children to identify any problems early on in their development.

Although serious hearing problems during childhood are rare, early testing ensures that any problems are picked up and managed as early as possible.

**Important of hearing tests:**

Hearing tests carried out soon after birth can help identify most babies with significant hearing loss, and testing later in childhood can pick up any problems that have been missed or have been slowly getting worse.

Without routine hearing tests, there's a chance that a hearing problem could go undiagnosed for many months or even years.

It's important to identify hearing problems as early as possible because they can affect your child's speech and language development, social skills and education.

Treatment is more effective if any problems are detected and managed accordingly early on. An early diagnosis will also help ensure you and your child have access to any special support services you may need.

**When will my child's hearing be checked?**

Your child's hearing may be checked:

* **Within a few weeks of birth** – this is known as [newborn hearing screening](http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/newborn-hearing-test.aspx) and it's often carried out before you leave hospital after giving birth. This is routine for all children and even those having a home birth will be invited to come to hospital to have this.
* **At around eight months to one year old** – a follow-up to the newborn hearing screen may be required at this time for some children.
* **From eight months to two and a half years of age** – you may be asked whether you have any concerns about your child's hearing as part of a [review of your child's health and development](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/baby-reviews.aspx), and hearing tests can be arranged if necessary.
* **At around four or five years old** – most children will have a hearing test when they start school, this may be conducted at school or an audiology department depending upon where you live.

Your child's hearing can also be checked at any other time if you have any concerns. Speak to health visitor if you're worried about your child's hearing.

**Newborn hearing screening:**

Newborn babies can be screened for any potential hearing problems using two quick and painless tests. The tests are normally conducted on the ward before you leave hospital. They are the:

* **Automated Otoacoustic Emissions (AOAE)** **test** – a soft earpiece is placed in your baby's ear and quiet clicking sounds are played through it; the earpiece picks up the response from the inner ear and a computer analyses the results
* **Automated Auditory Brainstem Response (AABR) test** – three small sensors are placed on your baby's head and neck, and soft headphones are used to play quiet clicking sounds; the sensors detect how your baby's brain and hearing nerves respond to the sound and a computer analyses the results

Many babies will only need to have the AOAE test, but if it's not possible to get a clear result, or there is a possibility they have a problem with their hearing, they may need to have an AABR test as well.

It's common for babies to have a second screening hearing test. This doesn't necessarily mean they have a hearing problem. It may be offered because your baby was unsettled during the first test, or they may just have a temporary blockage in their ear.

If the results are inconclusive or concerns are raised during the screening process, a referral will be made for a more detailed assessment with your local audiology service.

**Visual Reinforcement Audiometry**

Visual reinforcement audiometry (VRA) is usually used to test hearing in children from approximately seven months of age up to two-and-a-half years old.

During the test, your child will sit on your lap or a chair while sounds are presented. Your baby will be taught to link the sound to a visual reward such as a toy or computer screen lighting up.

Once your child is able to associate the sound and the visual reward the volume and pitch of the sound will be varied to determine the quietest sounds your child is able to hear.

**Play audiometry**

Young children between two and five years old may have a play audiometry test.

During the test, sounds will be played through headphones or speakers and your child will be asked to perform a simple task when they hear the sound. This may vary from putting a ball in a bucket to completing a puzzle.

As with VRA, the volume and pitch of the sound will be varied to determine the quietest sounds your child is able to hear.

**Pure tone audiometry**

Older children may have a test called pure tone audiometry. This is the test often used to screen a child's hearing before they start school, when it is sometimes referred to as the "sweep test". It's similar to a hearing test an adult might have.

During pure tone audiometry, a machine generates sounds at different volumes and frequencies. The sounds are played through headphones and your child is asked to respond when they hear them by pressing a button.

By changing the level of the sound, the tester can work out the quietest sounds your child can hear.

**Bone conduction test**

In addition to using speakers or headphones, most of the tests above can also be carried out using a small vibrating device placed behind the ear.

This device passes sound directly to the inner ear through the bones in the head, which can help identify which part of the ear isn't working properly if your child is having hearing problems.

**Speech perception test**

Speech perception tests assess your child's ability to recognise words.

This can be performed in a variety of ways depending on your child's age and ability. Some may be performed using voice and others may involve playing speech through headphones or a speaker. The child may need to identify words they hear by pointing at a toy, picture, or repeating what they hear.

**Tympanometry**

Tympanometry is a test to assess how flexible the eardrum is.

For good hearing, your eardrum needs to be flexible to allow sound to pass through it. If the eardrum is too rigid – for example, because there is fluid behind it ([glue ear](http://www.nhs.uk/conditions/Glue-ear/Pages/Introduction.aspx)) – sounds will bounce back off the eardrum instead of passing through it.

During the test, a soft rubber tube will be placed at the entrance of your child's ear. Air is gently blown down the tube and a sound is played through a small speaker inside it. The tube then measures the sound that's bounced back from the ear.

**Hearing screening In the School Setting.**

**Purpose**

The purpose of any screening program is to detect those individuals with a suspected deviation that requires further examination at the earliest age possible in order to refer for diagnosis and treatment, if required.

Hearing screenings should be done in schools for the following reasons:

* Large numbers of children of many ages are readily accessible;
* Can be accomplished in a short period of time with relative ease;
* Far less expensive than a comparable service performed in another sector of the health care system;
* Allows an ongoing opportunity to observe, assess, and investigate potential areas of concern; and
* Provides the opportunity to screen children who have not been previously identified.

**Procedure of hearing screening**

***Getting Ready***

1. Hand washing.
2. Explain the procedure to the student.

***Hearing Test***

1. Have the student occlude one ear with a finger.
2. Test the other ear by standing behind the student at a distance of 30 to 36 cm.
3. Whisper a word or phrase.
4. Ask student to repeat what was whispered.
5. Repeat for the other ear.

***Post Procedure Activities***

1. Documents the result in complete, concise, and accurate manner
2. Communication of finding to other health care provider (clinical instructor)
3. Hand washing.
4. Explain the procedure to the student.

**Vision Screening Procedures**

**History and External Observations**

**Purpose:** To detect any history or outwardly obvious ocular pathology or abnormalities.

**Grades:** Should be ongoing, year round observation of all students by parents, teachers, and other school personnel.

**Procedure:** Provide the school personnel with a list of symptoms and student complaints that might indicate a vision problem.

1. **Appearance of Eyes**

* One eye turns in or out at any time; eyes are crossed
* Pupils/eyes appear different sizes
* Reddened eyes or lids
* Eyes tear excessively
* Drainage encrusted eyelids
* Frequent sties or swollen lids
* Drooping lids
* Discharge from the eyes

1. **Behavioral signs of visual problems**

1. Eye movement abilities (Ocular Motility)

* Head turns as reads across page
* Loses place often during reading
* Needs finger or marker to keep place
* Displays short attention span when reading or copying
* Frequently omits words
* Repeatedly omits “small” words
* Writes up or down hill on paper
* Rereads or skips lines unknowingly
* Unusual orientation of drawings

2. Eye teaming abilities (binocularity)

* Repeats letters within words
* Complains of seeing double (diplopia)
* Omits letters, numbers, or phrases
* Misaligns digits in number columns
* Squints, closes, or covers one eye
* Tilts head extremely while working at desk
* Consistently shows gross postural deviations with close work

3. Eye-hand coordination abilities

* Must feel things to assist in any interpretation required
* Eyes not used to “steer” hand movements (extreme lack of orientation, placement of works, or drawings on the page)
* Writing is crooked, poorly spaced and child cannot stay on the ruled lines
* Misaligns both horizontal and vertical series of numbers
* Uses hand or fingers to keep place on the page
* Uses non-writing hand as “spacer” to control spacing and alignment
* Repeatedly confuses left-right directions

4. Visual form perception (visual comparison, visual imagery, visualization)

* Mistakes words with same or similar beginnings
* Fails to recognize same word in next sentence
* Reverses letters and/or words in writing and copying
* Confuses same word in same sentence
* Repeatedly confuses similar beginnings and endings or words
* Fails to visualize what is read either silently or orally
* Whispers to self for reinforcement while reading silently

5. Refractive Status (Nearsightedness, Farsightedness, and Focus Problems)

* Comprehension reduces as reading continues: loses interest quickly
* Mispronounces similar words while reading
* Blinks excessively with close work and reading
* Holds book closely to face or face close to the desk top
* Avoids all near/close tasks
* Complains of discomfort in tasks that demand visual attention
* Closes or covers one eye when reading or doing close work
* Makes errors in copying from reference book to paper
* Makes errors in copying from the board to paper
* Squints to see the board or overhead screen or asks to move nearer
* Rubs eyes during or after short periods of visual activity
* Fatigues easily
* Blinks excessively to “clear up” when changing focus from near to far

Referral Criteria: If a student has any of the listed symptoms, even if he or she passes all other vision screening, refer.

Tips:

* This list should be distributed to the teachers prior to the screening.
* This list could be printed in the school newsletter for parents prior to the screening.
* Use the “ABC Checklist” before the screening date and throughout the school year, for teacher referrals, for screeners noting a concern at the time of the screening, and prior to re-screen and/or referral11

**Color Vision Screening Purpose:**

To identify any deficiency in the ability to recognize color.

**Grades:** First grade, new students, and referrals; at least once during their school career is sufficient.

**Note:** Color vision screening may be done earlier if a potential problem is identified.

**Equipment:** Pseudo isochromatic plates for testing.

**Note:** Use normal lighting for valid color testing. If dim lighting is used, color vision testing is likely to be inaccurate.

**Procedure:**

1. Place the plates on the table with the book closed.
2. Seat student comfortably at table.
3. Sits next to the student.
4. Show student how to use a clean soft paint brush or clean cotton tipped swab to trace symbols on the color plate. Do not use fingers or pencil to trace as oil in the skin can cause color change of the plates.
5. Follow manufacturer’s directions for scoring. Referral Criteria:

**Note:** Failure in this test is not a cause for referral to an eye care practitioner since no correction is possible. Some younger children may not do well on this test because of difficulties in seeing figures against background, unrelated to color deficiency. Reevaluate 6-12 months later.

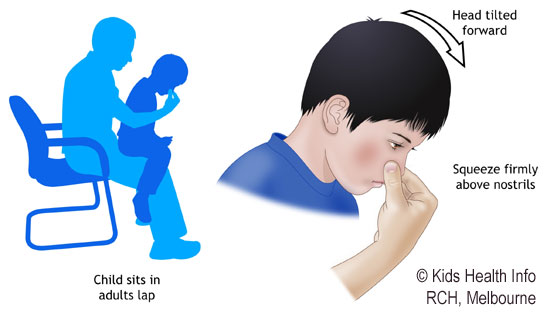
Provide consultation to parents and teachers.

* Inform parents of the student’s color vision deficiency, if present. Color deficiency is usually non-progressive, cannot be corrected, and usually does not affect visual acuity or visual function.
* Inform the teachers and counselors of the student’s color vision deficiency so that they may:
* Adjust educational materials to situations where color discrimination is not a criterion for progress.
* Help the student to develop special techniques for compensating for their limitations.
* Take into account color vision difficulties for driver training and vocational guidance.

**First Aid Guide**



**# Nosebleeds Treatment**



1. ***Stop the Bleeding***

* Have the person sit up straight and lean forward slightly. Don't have the person lie down or tilt the head backward.
* With thumb and index finger, firmly pinch the nose just below the bone up against the face.
* Apply pressure for 5 minutes. Time yourself with a clock.
* If bleeding continues after 5 minutes, repeat the process.

1. ***Call a Health Care Provider***

See a [health care](http://www.webmd.com/health-insurance/default.htm) provider immediately if:

* [Nosebleed](http://www.webmd.com/first-aid/nosebleeds-causes-and-treatments) doesn't stop after 10 minutes of home treatment.
* There is so much bleeding that it is hard to breathe.
* Nosebleed happens after a severe [head injury](http://www.webmd.com/fitness-exercise/guide/head-injuries-causes-and-treatments) or a blow to the face.

1. ***Medical Treatment***

* The [health care](http://www.webmd.com/a-to-z-guides/condition-15/insurance/rm-quiz-insurance-basics) provider may use specialized cotton material, insert a balloon in the nose, or use a special electrical tool to cauterize the [blood](http://www.webmd.com/heart/anatomy-picture-of-blood) vessels.

1. ***Follow Up***

* Broken noses often are not fixed immediately. The [health care](http://www.webmd.com/health-insurance/america-asks-health-reform/what-is-the-aca) provider will refer the person to a specialist for a consultation once the swelling goes down.
* The person should avoid strenuous activity; bending over; and blowing, rubbing, or picking the nose until it heals.
* The nostrils should be kept moist with a water-based lubricant or by increasing the humidity in the home.

**# Choked person**



**If the Person Is Conscious but Not Able to Breathe or Talk:**

**1. Give Back Blows**

* Give up to 5 blows between the [shoulder](http://www.webmd.com/pain-management/picture-of-the-shoulder) blades with the heel of your hand.

**2. If Person Is Still Choking, Do Thrusts**

**If the person is not**[**pregnant**](http://www.webmd.com/baby/default.htm)**or too**[**obese**](http://www.webmd.com/diet/am-i-obese)**, do abdominal thrusts:**

* Stand behind the person and wrap your arms around the waist.
* Place your clenched fist just above the person’s navel. Grab your fist with your other hand.
* Quickly pull inward and upward as if trying to lift the person up.
* Perform a total of 5 abdominal thrusts.
* If the blockage is still not dislodged, continue cycles of 5 back blows and 5 abdominal thrusts until the object is coughed up or the person starts to breathe or [cough](http://www.webmd.com/first-aid/coughs).
* Take the object out of his [mouth](http://www.webmd.com/oral-health/anatomy-of-the-mouth) only if you can see it. Never do a finger sweep unless you can see the object in the person's [mouth](http://www.webmd.com/oral-health/ss/slideshow-mouth-problems).

**If the person is**[**obese**](http://www.webmd.com/diet/obesity/video/obesity-risks)**or pregnant, do high abdominal thrusts:**

* Stand behind the person, wrap your arms them, and position your hands at the base of the [breast](http://www.webmd.com/women/picture-of-the-breasts) bone.
* Quickly pull inward and upward.
* Repeat until the object is dislodged.

**3. Give CPR, if Necessary**

If the obstruction comes out, but the person is not breathing or if the person becomes unconscious:

* For a child, start [CPR for children](http://www.webmd.com/first-aid/cardiopulmonary-resuscitation-cpr-for-children).
* For an adult, start [CPR for adults](http://www.webmd.com/first-aid/cardiopulmonary-resuscitation-cpr-treatment).

**4. Follow Up**

When emergency medical personnel arrive, they will take over and may do CPR or take the person to the hospital, if needed.

**# Cuts and wounds**



* A cut is bleeding severely
* [Blood](http://www.webmd.com/heart/anatomy-picture-of-blood) is spurting out
* Bleeding can't be stopped after 10 minutes of firm and steady pressure

In general, a cut that needs [stitches](http://www.webmd.com/skin-problems-and-treatments/getting-stitches-and-caring-for-stitches) should be repaired within 6 hours of the injury. The exception is cuts to the face and scalp, which generally can be repaired up to 24 hours after the injury.

**Take the following steps for minor cuts.**

**1. Stop the Bleeding**

* Apply direct pressure on the area.

**2. Clean and Protect**

* Clean the area with warm water and gentle soap.
* Apply an antibiotic ointment to reduce chance of infection.
* Put a sterile bandage on the area. In some people, antibiotic ointments may cause a [rash](http://www.webmd.com/skin-problems-and-treatments/guide/common-rashes). If this happens, stop using the ointment.

**3. Call a Health Care Provider**

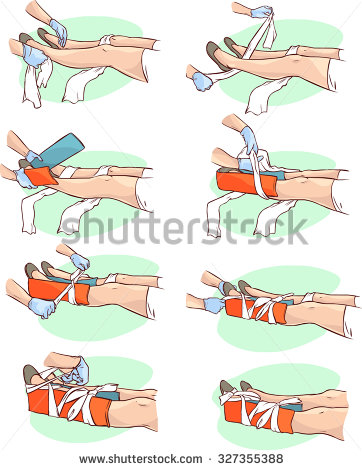
Call a [health care](http://www.webmd.com/health-insurance/default.htm) provider if:

* The cut is deep or over a joint
* You cannot get the cut or laceration clean
* The injury is a deep puncture wound or the person has not had a recent (within the last 5 to 10 years) [tetanus shot](http://www.webmd.com/vaccines/tetanus-vaccine) or booster
* The cut is from a human or animal bite

**4. Follow Up**

* For a minor cut or laceration, remove bandage after a couple of days to promote healing.
* See a [health care](http://www.webmd.com/a-to-z-guides/condition-15/insurance/rm-quiz-insurance-basics) provider if the cut doesn't heal or shows signs of infection, including redness, swelling, pus, or excessive pain.

**# Broken Leg Treatment (Simple Fracture)**



**1. Reduce Swelling and Avoid Further Injury**

* Keep the injured leg as still as possible. Do not let the person bear any [weight](http://www.webmd.com/diet/healthy-weight-what-is-a-healthy-weight) on the leg.
* Apply ice.
* Keep the leg raised with pillows or cushions.

**2. Seek Medical Care Immediately**

* Take the person to see a [health care](http://www.webmd.com/health-insurance/default.htm) provider. If you think a thighbone is broken or you are unable to move the person, call 911 and have the person taken to the hospital.

**3. Follow Up**

Treatment will depend on the nature of the injury.

* A [health care](http://www.webmd.com/a-to-z-guides/condition-15/insurance/rm-quiz-insurance-basics) provider will examine the person's leg and likely do an X-ray.
* The bone may be realigned and a splint, cast, or brace put on.
* Surgery may be needed.

**# Broken Arms in Children (Simple Fracture)**



As long as you get medical treatment right away, a broken arm usually heals well.

*Call Doctor If:*

You think your child has a broken arm. Symptoms include pain, redness, swelling, and refusal to move the arm.

**1. Examine the Injury**

* Do not try to straighten the arm.
* If the bone has broken through the skin, do not touch it. Drape gauze or a clean diaper over the injury, apply pressure to control the bleeding, and get emergency help.

**2. Make a Splint**

* Don't try to straighten the arm. Try to keep it still and don't move it.
* Put some soft padding around the arm, like a soft cloth.
* Splint the wrapped arm with a ruler, newspaper, or magazine to keep it from moving too much.
* Gently wrap cloth or tape around the splint and wrapping to hold them together.
* Make sure the splint and wrapping aren't cutting off circulation.

**3. Get Help**

If your child may have a broken arm, go to the pediatrician's office or the emergency room.

**4. Reduce Swelling and Pain**

* While waiting to see a doctor, put a wrapped ice pack or ice in a towel on the arm for a few minutes at a time.
* If possible, keep your child's arm elevated.
* Check with a doctor before using any pain reliever.

**# Food Poisoning Treatment**

* You think the [food poisoning](http://www.webmd.com/food-recipes/food-poisoning/default.htm) may be from seafood or mushrooms
* If the person is severely dehydrated

**1.** **Control**[**Nausea and Vomiting**](http://www.webmd.com/digestive-disorders/digestive-diseases-nausea-vomiting)

* Avoid solid foods until [vomiting](http://www.webmd.com/children/ss/nausea-vomiting-remedies-treatment) ends. Then eat light, bland foods, such as saltine crackers, bananas, rice, or bread.
* Sipping liquids may help avoid vomiting.
* Don’t eat fried, greasy, spicy, or sweet foods.
* Don’t take anti-nausea or anti-[diarrhea](http://www.webmd.com/digestive-disorders/digestive-diseases-diarrhea) [medication](http://www.webmd.com/drugs/index-drugs.aspx) without asking your doctor. They may make some kinds of [diarrhea](http://www.webmd.com/digestive-disorders/diarrhea-10/zzexpired-slideshow-foods-to-avoid) worse. Your doctor may give you anti-nausea medication if you are at risk of being dehydrated.

**2. Prevent**[**Dehydration**](http://www.webmd.com/fitness-exercise/rm-quiz-know-about-hydration)

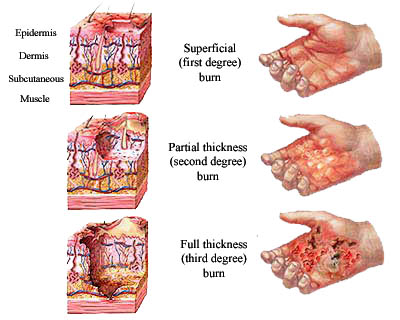
* Drink clear fluids, starting with small sips and gradually drinking more.
* If vomiting and diarrhea last more than 24 hours, drink an oral rehydration solution.

**3. When to Call a Doctor**

Call a doctor immediately if symptoms include:

* Lasting more than 3 days
* Severe belly pain
* Fever
* Bloody diarrhea or dark stools
* Vomiting that is prolonged or bloody
* [Signs of dehydration](http://www.webmd.com/a-to-z-guides/dehydration-adults), such as [dry mouth](http://www.webmd.com/oral-health/guide/dental-health-dry-mouth), decreased urination, [dizziness](http://www.webmd.com/first-aid/understanding-dizziness-basics), [fatigue](http://www.webmd.com/women/guide/why-so-tired-10-causes-fatigue), or increased [heart rate](http://www.webmd.com/heart-disease/pulse-measurement) or breathing rate

**# Burns**



**1. Stop Burning Immediately**

* Put out fire or stop the person's contact with hot liquid, steam, or other material.
* Help the person "stop, drop, and roll" to smother flames.
* Remove smoldering material from the person.
* Remove hot or burned clothing. If clothing sticks to skin, cut or tear around it.

**2. Remove Constrictive Clothing Immediately**

* Take off jewelry, belts, and tight clothing. Burns can swell quickly.

Then take the following steps:

**# First-Degree Burns (Affecting Top Layer of Skin)**

**1. Cool Burn**

* Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides.
* Use compresses if running water isn’t available.

**2. Protect Burn**

* Cover with sterile, non-adhesive bandage or clean cloth.
* Do not apply butter or ointments, which can cause infection.

**3. Treat Pain**

* Give over-the-counter pain reliever such as [ibuprofen](http://www.webmd.com/drugs/mono-9368-IBUPROFEN+-+ORAL.aspx?drugid=5166&drugname=ibuprofen+oral), [acetaminophen](http://www.webmd.com/drugs/2/drug-362/acetaminophen+oral/details) ([Tylenol](http://www.webmd.com/drugs/2/drug-7076/tylenol+oral/details)), or [naproxen](http://www.webmd.com/drugs/mono-1289-NAPROXEN+-+ORAL.aspx?drugid=5173&drugname=Naproxen+Oral) ([Aleve](http://www.webmd.com/drugs/mono-1289-NAPROXEN+-+ORAL.aspx?drugid=1098&drugname=Aleve+Oral)).

**4. When to See a Doctor**

Seek medical help if:

* You see signs of infection, like increased pain, redness, swelling, fever, or oozing.
* The person needs [tetanus](http://www.webmd.com/children/vaccines/understanding-tetanus-basics) or booster shot, depending on date of last injection. Tetanus booster should be given every 10 years.
* Redness and pain last more than a few hours.
* Pain worsens.

**5. Follow Up**

* The doctor will examine the burn and may prescribe [antibiotics](http://www.webmd.com/cold-and-flu/rm-quiz-antibiotics-myths-facts) and pain [medication](http://www.webmd.com/drugs/index-drugs.aspx).

**# Second-Degree Burns (Affecting Top 2 Layers of Skin)**

**1. Cool Burn**

* Immerse in cool water for 10 or 15 minutes.
* Use compresses if running water isn’t available.
* Don’t apply ice. It can lower [body temperature](http://www.webmd.com/first-aid/body-temperature) and cause further damage.
* Don’t break [blisters](http://www.webmd.com/skin-problems-and-treatments/ss/slideshow-blisters) or apply butter or ointments, which can cause infection.

**2. Protect Burn**

* Cover loosely with sterile, nonstick bandage and secure in place with gauze or tape.

**3. Prevent Shock**

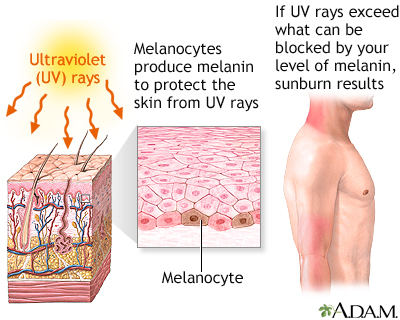
Unless the person has a head, neck, or leg injury, or it would cause discomfort:

* Lay the person flat.
* Elevate feet about 12 inches.
* Elevate burn area above [heart](http://www.webmd.com/heart/picture-of-the-heart) level, if possible.
* Cover the person with coat or blanket.

**4. See a Doctor**

* The doctor can test burn severity, prescribe [antibiotics](http://www.webmd.com/cold-and-flu/video/josephson-antibiotics) and pain medications, and administer a [tetanus shot](http://www.webmd.com/vaccines/tetanus-vaccine), if needed.

**# Sunburn Treatment**



* Does not seem to be responding appropriately
* Has a [seizure](http://www.webmd.com/epilepsy/understanding-seizures-basics), visual changes, or any other neurologic symptoms; these could be symptoms of severe heat illness.

**Call a**[**health care**](http://www.webmd.com/health-insurance/default.htm)**provider if:**

* The burn has [blisters](http://www.webmd.com/skin-problems-and-treatments/guide/understanding-blisters-basics) or the [skin](http://www.webmd.com/skin-problems-and-treatments/picture-of-the-skin) is white-appearing or numb. These are symptoms of a more-serious [sunburn](http://www.webmd.com/skin-problems-and-treatments/guide/sunburn).
* The sunburned person is a child under one year old.

***1. Rehydrate***

* Replace body fluids with water, juice, or sports drinks.

***2. Treat Symptoms***

* Apply aloe or over-the-counter moisturizing lotion to skin as directed.
* To soothe and cool skin, take a cool bath or shower or apply cool compresses to the area.
* For pain, take [ibuprofen](http://www.webmd.com/drugs/mono-9368-IBUPROFEN+-+ORAL.aspx?drugid=5166&drugname=ibuprofen+oral) ([Advil](http://www.webmd.com/drugs/2/drug-6143/advil+oral/details), [Motrin](http://www.webmd.com/drugs/mono-9368-IBUPROFEN+-+ORAL.aspx?drugid=4387&drugname=motrin+oral)) or [acetaminophen](http://www.webmd.com/drugs/2/drug-362/acetaminophen+oral/details) ([Tylenol](http://www.webmd.com/drugs/2/drug-7076/tylenol+oral/details)).
* If blisters form, don't break them.

Protect your skin from further sun exposure.

**# Electric Shock**



* The person has been injured by an electrical shock.

Electrical shocks always need emergency medical attention even if the person seems to be fine afterward.

The Emergency personnel may instruct you on the following:

* 1. Separate the Person from Current's Source

To turn off power:

* Unplug an appliance if plug is undamaged or shut off power via circuit breaker, fuse box, or outside switch.

If you can't turn off power:

* Stand on something dry and non-conductive, such as dry newspapers, telephone book, or wooden board.
* Try to separate the person from current using non-conductive object such as wooden or plastic broom handle, chair, or rubber doormat.

If high voltage lines are involved:

* The local power company must shut them off.
* Do not try to separate the person from current if you feel a tingling sensation in your legs and lower body. Hop on one foot to a safe place where you can wait for lines to be disconnected.
* If a power line falls on a car, instruct the passengers to stay inside unless explosion or fire threatens.

2. Do CPR, if Necessary

When you can safely touch the person, do CPR if the person is not breathing or does not have a [pulse](http://www.webmd.com/heart-disease/pulse-measurement).

* For a child, start [CPR for children](http://www.webmd.com/first-aid/cardiopulmonary-resuscitation-cpr-for-children)
* For an adult, start [adult CPR](http://www.webmd.com/first-aid/cardiopulmonary-resuscitation-cpr-treatment).

3. Check for Other Injuries

* If the person is bleeding, apply pressure and elevate the wound if it's in an arm or leg.
* There may be a fracture if the shock caused the person to fall.
* For burns, see [Burn Treatment](http://www.webmd.com/first-aid/thermal-heat-or-fire-burns-treatment).

4. Follow Up

* A doctor will check the person for burns, [fractures](http://www.webmd.com/a-to-z-guides/understanding-fractures-basic-information), dislocations, and other injuries.
* An [ECG](http://www.webmd.com/heart-disease/electrocardiogram), [blood](http://www.webmd.com/heart/anatomy-picture-of-blood) tests, urine test, [CT scan](http://www.webmd.com/a-to-z-guides/computed-tomography-ct-scan-of-the-body), or [MRI](http://www.webmd.com/a-to-z-guides/magnetic-resonance-imaging-mri) may be necessary.
* The person may be admitted to the hospital or a burn center.

**References**

* 1. Community Health Assessment Guidelines ,(2009)
  2. Clinical Learning Guides and Checklists to Facilitate Learning and Assessment of Core Competencies