Acute Care

INTEGRATED
MANAGEMENT OF
ADOLESCENT AND ADULT
ILLNESS

INTERIM GUIDELINES FOR FIRST-LEVEL FACILITY HEALTH WORKERS





Ш	Acute Care		
	Chronic HIV Care with ARV Therapy		
	General Principles of Good Chronic Care		
	Palliative Care: Symptom Management and End-of-Life Care		
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This is one of 4 IMAI modules relevant for HIV care:

These are interim guidelines released for country adaptation and use to help with the emergency scale-up of antiretroviral therapy (ART) in resource-limited settings. These interim guidelines will be revised soon based on early implementation experience. Please send comments and suggestions to: imaimail@who.int.

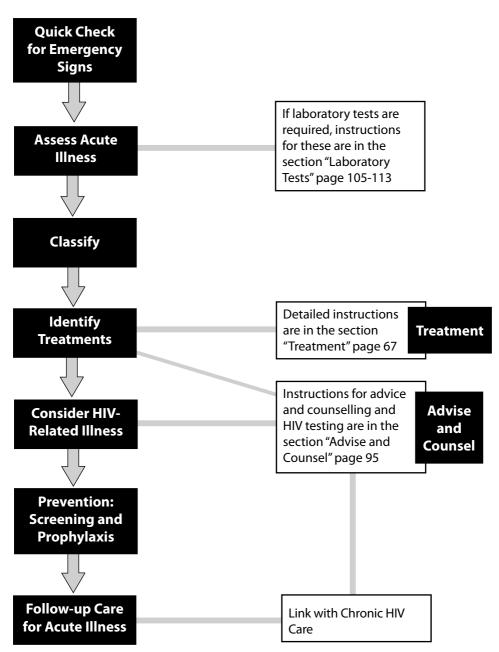
The IMAI guidelines are aimed at first-level facility health workers and lay providers in low-resource settings. These health workers and lay providers may be working in a health centre or as part of a clinical team at the district clinic. The clinical guidelines have been simplified and systematized so that they can be used by nurses, clinical aids, and other multi-purpose health workers, working in good communication with a supervising MD/MO at the district clinic. Acute Care presents a syndromic approach to the most common adult illnesses including most opportunistic infections. Instructions are provided so the health worker knows which patients can be managed at the first-level facility and which require referral to the district hospital or further assessment by a more senior clinician. Preparing first-level facility health workers to treat the common, less severe opportunistic infections will allow them to stabilize many clinical stage 3 and 4 patients prior to ARV therapy without referral to the district.

This module cross-references the IMAI *Chronic HIV Care* guidelines and *Palliative Care*: *Symptom Management and End-of-Life Care*. If these are not available, national guidelines for HIV care of adults, ART and palliative care can be substituted.

Integrated Management of Adolescent and Adult Illness (IMAI) is a multi-departmental project in WHO producing guidelines and training materials for first-level facility health workers in low-resource settings.

WHO IMAI Project

Integrated Management: Acute Care



Check in all patients:

Ask: Cough or difficult

Quick Check for Emergency Signs

breathing?.....16-17

Assess Acute Illness/Classify/Identify Treatments

Check for undernutrition	Diarrhoea	28-30
and anaemia18-19	Genito-urinary symptoms or lower	
Mouth/throat problem20-22	abdominal pain in:	
Ask about pain20	woman	
Ask about medications20	man	
	Genital or anal sore or ulcer	
	Skin problem or lump Headache or neurological	10-45
	<u> </u>	16 40
	problem Mental problem	
	Assess and treat other problems	
Consider HIV-related Illness		53
Prevention: Routine Screening	g and Prophylaxis	57
(for both Acute and Chronic Care patients)	. ,	
Advise use of insecticide-treated bednet Educate on HIV Counsel on safer sex Offer HIV testing and counselling	Also for women and girls of childbearing age: Tetanus Toxoid (TT) immunization If pregnant, link to antenatal care	
Offer family planning Counsel to stop smoking Counsel to reduce or quit alcohol Exercises, lifting skills to prevent low-back pain Do BP screening yearly	Special prevention for adolescents	
Counsel to stop smoking Counsel to reduce or quit alcohol Exercises, lifting skills to prevent low-back pain		61
Counsel to stop smoking Counsel to reduce or quit alcohol Exercises, lifting skills to prevent low-back pain Do BP screening yearly Follow-up Care for Acute Illne	SS	
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10-15

Respond to volunteered problems or

observed signs:

16

Treatment 67

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IV/IM drugs: benzathine PCN	See IMAI Quick Check and Emergency Treatment module for instructions on: Manage airway Insert IV, rapid fluids Insert IV, slow fluids Recovery position Classify/treat wheezing epinephrine
Oral drugs	
Oral antibiotics	Antiseptic
Advise and Counsel	95
Provide key information on HIV96-97 HIV testing and counselling98-99 Implications of test result	Use brief intervention guidelines for: Tobacco use Hazardous alcohol use Physical inactivity Poor diet
Laboratory Tests	105
(some may be available only at health centre level)	Insert instructions for lab tests which

Recording Form/Desk Aid

Collect sputums for TB 106

TB Suspects—Register......108

TB Laboratory forms 109

RPR (syphilis) testing...... 112

114-117

can be performed in clinic:

Blood sugar by dipstick

Malaria dipstick or smear

Urine dipstick for sugar or protein

Rapid test for HIV (with informed consent and counselling)

Haemoglobin

Steps to Use the IMAI Acute Care Module

Quick Check for Emergency Signs

Do the Quick Check for Emergency Signs—if any positive sign, call for help and begin providing the emergency treatment.

Assess Acute Illness

Ask: what is your problem? Why did you come for this consultation? Prompt "any other problems?"

- Determine if patient has acute illness or is here for follow-up. Circle this on recording form (p. 114).
- · How old are you?
- If woman of childbearing age, are you pregnant? (She will also need to be managed using the antenatal guidelines—circle this on the recording form).

In all patients:

- Ask: Cough or difficult breathing? (16-17)
- Check for undernutrition and anaemia. (18-19)
- Look in the mouth (and respond to volunteered mouth/throat problems). (20-22)
- · Ask about pain.

If patient is in pain, grade the pain, determine location and consider cause. Manage pain using the Palliative Care guidelines.

• Ask: Are you taking any medications?

Respond to volunteered problems or observed signs.

Mark with an X on the recording form all the main symptoms the patient has.

You will need to do the assessment for any of these symptoms if volunteered or observed:

- Fever (24-26)
- Diarrhoea (28-30)
- Genito-urinary symptoms or lower abdominal pain in:
 - woman (32-35)
 - man (36-37)
- Genital or anal sore or ulcer (38-39)
- Skin problem or lump (40-45)
- Headache or neurological problem or painful feet (46-47)
- Mental problem (50-52)—use this page if patient complains of or appears depressed or anxious or sad or fatigued or has alcohol problem or recurrent multiple complaints. Remember to use this page. If you have a doubt, use it.

Assess and treat other problems. Use national and other existing guidelines for other problems that are not included in the Acute Care module.

If laboratory tests are required, instructions for these are in the section "Laboratory Tests" at the end of the module (p. 105).



Classify using the IMAI acute care algorithm, following the 3 rules:

- **1. Use all classification tables where the patient fits** the description in the arrow.
- **2. Start at the top** of the classification table. Decide if the patient's signs fit the signs in the first column. If not, go down to next row.
- **3.** Once you find a row/classification—STOP! Use only one row in each classification table (once you find the row where the signs match, do not go down any further, even if the patient has signs that also fit into other, lower rows/classifications.

Then record **all** classifications on the recording form. Remember that there is often more than one.

Identify Treatments

Read the treatments for each classification you have chosen. List these.

The detailed treatment instructions are in the section called Treatment.

Treatment

Instructions for patient education, support and counselling are in Advise and Counsel, including how to suggest HIV testing and counselling.

Advise and Counsel

Consider HIV-Related Illness

If it advises you to "Consider HIV-related illness," circle this on the recording form and use this section.

 If the patient is HIV+, also use the Chronic HIV Care guidelines, for chronic care, prevention and support.

If the treatment list advises sputums for TB, note this on the recording form and send sputums.

Prevention: Routine Screening and Prophylaxis.

Prevention: Screening and Prophylaxis

Remember that for all patients you need to also consider what Prevention and Prophylaxis are required (circle on the recording form).

预览已结束,完整报告链接和二维码如下:

 $https://www.yunbaogao.cn/report/index/report?reportId=5_30027$



