

Actioncard Details of LangId: ee722f96-fcf6-4bcf-9f4e-c5fd285eaac3

Description: Newborn Management Pediatric Drugs and Fluids

Chapter Key: pediatric-drugs_1486735985488

Card ID: 1
Adapted: Drug dose of common drugs for newborns below one month of age.
Translated: Drug dose of common drugs for newborns below one month of age.
Card ID: 2
Card ID: 4
Adapted: Ampicillin
Translated: Ampicillin
Card ID: 5
Adapted: Age: Under 7 days
Translated: Age: Under 7 days
Card ID: 6
Adapted: Administration: IM/IV
Translated: Administration: IM/IV
Card ID: 7
Adapted: Dose: 50 mg/kg/dose x 2
Translated: Dose: 50 mg/kg/dose x 2
Card ID: 46

Card ID: 9

Adapted: Age: Above 7 days

Translated: Age: Above 7 days

Card ID: 10

Adapted: Administration: IM/IV

Translated: Administration: IM/

IV

Card ID: 11

Adapted: Dose: 50 mg/kg/dose x 3

Translated: Dose: 50 mg/kg/

dose x 3

Card ID: 12

Card ID: 14

Adapted: Ceftriaxone

Translated: Ceftriaxone

Card ID: 15

Adapted: Administration: IM/IV

Translated: Administration: IM/

IV

Card ID: 16

Adapted: Dose: 50 mg/kg/dose x 2

Translated: Dose: 50 mg/kg/

dose x 2

Card ID: 17

Adapted: OR

Translated: OR

Card ID: 18

Adapted: 100 mg/kg/dose x 1

Translated: 100 mg/kg/dose x 1

Card ID: 19

Card ID: 37

Adapted: Gentamicin

Translated: Gentamicin

Card ID: 21

Adapted: Age: Under 7 days

Translated: Age: Under 7 days

Card ID: 22

Adapted: Weight: Below 2 kg

Translated: Weight: Below 2 kg

Card ID: 23

Adapted: Administration: IM/IV

Translated: Administration: IM/
IV

Card ID: 24

Adapted: Dose: 1.5 mg/kg/dose x 2

Translated: Dose: 1.5 mg/kg/
dose x 2

Card ID: 47

Card ID: 26

Adapted: Age: Under 7 days

Translated: Age: Under 7 days

Card ID: 27

Adapted: Weight: Above 2 kg

Translated: Weight: Above 2 kg

Card ID: 28

Adapted: Administration: IM/IV

IV

Translated: Administration: IM/

Card ID: 29

Adapted: Dose: 2.5 mg/kg/dose x 2

dose x 2

Translated: Dose: 2.5 mg/kg/

Card ID: 48

Card ID: 31

Adapted: Age: Above 7 days

Translated: Age: Above 7 days

Card ID: 32

Adapted: Dose: 7.5 mg/kg/dose x 1

dose x 1

Translated: Dose: 7.5 mg/kg/

Card ID: 34

Card ID: 35

Adapted: Phenobarbital

Translated: Phenobarbital

Card ID: 36

Adapted: Loading Dose

Translated: Loading Dose

Card ID: 38

Adapted: Administration: IM/IV/Oral

IV/Oral

Translated: Administration: IM/

Card ID: 39

Adapted: Dose: 10 mg/kg/dose x 1

dose x 1

Translated: Dose: 10 mg/kg/

Adapted: repeat to max 40 mg/kg

mg/kg

Translated: repeat to max 40

Card ID: 51

Adapted:

Translated:

Chapter Key: fluid-management_1486736000649

Card ID: 4

Adapted: Header!

Translated: Header!

Card ID: 5

Adapted: BlueBerry!

Translated: BlueBerry!

Card ID: 2

Card ID: 6

Card ID: 7

Adapted: One

Translated: One

Adapted: Two

Translated: Two

Adapted: Three

Translated: Three

Description: Newborn Management Danger Signs

Chapter Key: _1486807614864

Card ID: 1

Adapted: Airway

Translated: Airway

Card ID: 2

Adapted: Free and safe (no obstruction).

obstruction). Translated: Free and safe (no

Card ID: 3

Card ID: 4

Adapted: Breathing

Translated: Breathing

Card ID: 5

Adapted: Respiratory rate slower than 30 or faster than 60 per minute.

Translated: Respiratory rate

slower than 30 or faster than 60 per minute.

Card ID: 6

Adapted: Cyanosis.

Translated: Cyanosis.

Card ID: 7

Adapted: Severe chest in-drawings.

drawings.

Translated: Severe chest in-

Card ID: 8

Adapted: Grunting.

Translated: Grunting.

Card ID: 9

Adapted: Apnoea (no breathing for more than 15 seconds).

breathing for more than 15 seconds).

Translated: Apnoea (no

Card ID: 10

Card ID: 11

Adapted: Circulation

Translated: Circulation

Card ID: 12

Adapted: Signs of shock including:

including:

Translated: Signs of shock

Card ID: 13

Adapted: Pale colour.

Translated: Pale colour.

Card ID: 14

Adapted: Weak pulse.

Translated: Weak pulse.

Card ID: 15

Adapted: Heart rate below 80 or above 180.

Translated: Heart rate below
80 or above 180.

Card ID: 16

Adapted: Capillary refill time more than 3 seconds.

Translated: Capillary refill time
more than 3 seconds.

Card ID: 17

Card ID: 20

Adapted: Disability

Translated: Disability

Card ID: 18

Adapted: Poor feeding/inability to suck.

Translated: Poor feeding/
inability to suck.

Card ID: 21

Adapted: Irritability.

Translated: Irritability.

Card ID: 22

Adapted: Convulsions.

Translated: Convulsions.

Card ID: 23

Adapted: Decreased muscle tone.

tone. Translated: Decreased muscle

Card ID: 24

Adapted: Decreased consciousness.

consciousness. Translated: Decreased

Card ID: 25

Adapted: Vomiting.

Translated: Vomiting.

Card ID: 26

Card ID: 27

Adapted: Exposure

Translated: Exposure

Card ID: 28

Adapted: Temperature below 35.5°C or above 37.5°C.

35.5°C or above 37.5°C. Translated: Temperature below

Card ID: 29

Adapted: Red, tender umbilicus.

umbilicus. Translated: Red, tender

Card ID: 30

Adapted: Severe jaundice.

Translated: Severe jaundice.

Description: Newborn Management Management of Danger Signs

Chapter Key: _1486808279407

Card ID: 1	Adapted: CALL FOR HELP!	Translated: CALL FOR HELP!
Card ID: 2		
Card ID: 3	Adapted: Airway	Translated: Airway
Card ID: 4	Adapted: Position so airway is free. Suction if obstructed.	Translated: Position so airway is free. Suction if obstructed.
Card ID: 5		
Card ID: 6	Adapted: Breathing	Translated: Breathing
Card ID: 7	Adapted: If no breathing, rub the back for 10 seconds.	Translated: If no breathing, rub the back for 10 seconds.

Card ID: 8

Adapted: If still no breathing or respiratory rate slower than 30 per minute:
Start bag and mask ventilation.

Translated: If still no breathing
or respiratory rate slower than 30 per minute: Start bag and mask ventilation.

Card ID: 24

Adapted: Bluish colour or difficulty breathing with in drawings or grunting:
oxygen by nasal catheter or prongs if available.

Translated: Bluish colour or
difficulty breathing with in drawings or grunting: oxygen by nasal catheter or prongs if
available.

Card ID: 10

Card ID: 9

Adapted: Circulation

Translated: Circulation

Card ID: 20

Adapted: If signs of shock give normal saline 10- 15 ml/kg IV.

Translated: If signs of shock
give normal saline 10- 15 ml/kg IV.

Card ID: 19

Adapted: Disability

Translated: Disability

Card ID: 11

Adapted: If the newborn is drowsy, unconscious or convulsing:

Translated: If the newborn is
drowsy, unconscious or convulsing:

Card ID: 12

Adapted: Measure blood glucose. If you cannot measure, assume low blood sugar and treat.

Translated: Measure blood glucose. If you cannot measure, assume low blood sugar and treat.

Adapted: If blood glucose is below 2.2 give Glucose 10% 2 ml/kg IV.

Translated: If blood glucose is below 2.2 give Glucose 10% 2 ml/kg IV.

Adapted: Alternatively give expressed breast milk 10 ml/kg by nasogastric tube.

Translated: Alternatively give expressed breast milk 10 ml/kg by nasogastric tube.

Adapted: If convulsions last more than 3 minutes or are brief serial seizures, give Phenobarbital 10 mg/kg IM/IV (max 40 mg/kg). Repeat if necessary.

Translated: If convulsions last more than 3 minutes or are brief serial seizures, give Phenobarbital 10 mg/kg IM/IV (max 40 mg/kg). Repeat if necessary.

Card ID: 13

Adapted: See drug list for further treatment.

Translated: See drug list for further treatment.

Card ID: 14

Card ID: 21

Adapted: Exposure

Translated: Exposure

Card ID: 22

Adapted: Reheat the newborn, if axillary temperature below 36.5 C

Translated: Reheat the newborn, if axillary temperature below 36.5 C

Adapted: Confirm severe jaundice with a bilirubin measurement and treat with phototherapy. If not available: Refer to facility with advanced care.

Translated: Confirm severe jaundice with a bilirubin measurement and treat with phototherapy. If not available: Refer to facility with advanced care.

Card ID: 15

Adapted: At any danger sign; suspect severe infection (sepsis or meningitis):

Translated: At any danger sign; suspect severe infection (sepsis or meningitis):

Card ID: 16

Adapted: Give antibiotics Ampicillin and Gentamicin IV/IM according to age and weight.

Translated: Give antibiotics Ampicillin and Gentamicin IV/IM according to age and weight.

Card ID: 17

Adapted: If no improvement after 2 days, change to broader antibiotics, Ceftriaxone.

Translated: If no improvement after 2 days, change to broader antibiotics, Ceftriaxone.

Description: Newborn Management Prevention

Chapter Key: _1486813171298

Card ID: 21

Adapted: Respiratory Distress

Translated: Respiratory Distress

Card ID: 5

Adapted: At labour between 24 and 34 gestational weeks or estimated birth weight below 2 kg give the mother Betamethasone 12 mg IM twice.

Translated: At labour between 24 and 34 gestational weeks or estimated birth weight below 2 kg give the mother Betamethasone 12 mg IM twice.

Card ID: 7

Adapted: OR

Translated: OR

Card ID: 8

Adapted: Dexamethasone 6 mg four times, 12 hours apart.

Translated: Dexamethasone 6 mg four times, 12 hours apart.

Card ID: 9

Card ID: 22

Adapted: Severe Infection

Translated: Severe Infection

Card ID: 11

Adapted: If membranes rupture before gestational week 37 or more than 18 hours before delivery.

Translated: If membranes rupture before gestational week 37 or more than 18 hours before delivery.

Card ID: 12

Adapted: OR

Translated: OR

Card ID: 13

Adapted: If fever is higher than 38.2 °C before or during delivery.

Translated: If fever is higher than 38.2 °C before or during delivery.

Card ID: 24

Adapted:

Translated:

Card ID: 25

Adapted:

Translated:

Card ID: 26

Adapted:

Translated:

Card ID: 27

Adapted:

Translated:

Card ID: 14

Adapted: Give her Ampicillin 1 g IV every 6 hours.

Translated: Give her Ampicillin
1 g IV every 6 hours.

Card ID: 15

Adapted: AND

Translated: AND

Card ID: 28

Adapted: Give the newborn Ampicillin 50 mg/kg IV/IM twice daily and
Gentamicin 5 mg/kg IV/IM once daily for at least two days.

Translated: Give the newborn
Ampicillin 50 mg/kg IV/IM twice daily and Gentamicin 5 mg/kg IV/IM once daily for at
least two days.

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Card ID: 29

Adapted: If the mother has HIV, hepatitis B, syphilis or tuberculosis follow national guidelines for treatment of the newborn.

Translated: If the mother has HIV, hepatitis B, syphilis or tuberculosis follow national guidelines for treatment of the newborn.

Card ID: 17

Card ID: 23

Adapted: Low Blood Sugar

Translated: Low Blood Sugar

Card ID: 19

Adapted: If a newborn has asphyxia or danger signs:

Translated: If a newborn has asphyxia or danger signs:

Card ID: 20

Adapted: Keep the newborn warm by skin to skin contact with the mother.

Translated: Keep the newborn warm by skin to skin contact with the mother.

Adapted: Start breastfeeding within half an hour and feed every 2 hours.

Translated: Start breastfeeding within half an hour and feed every 2 hours.

Adapted: If unable to suck give expressed milk 10 ml/kg in a cup or by nasogastric tube.

Translated: If unable to suck give expressed milk 10 ml/kg in a cup or by nasogastric tube.

Adapted: If not possible or the newborn vomits give Glucose 10% 5 ml/kg/ hour IV.

Translated: If not possible or

the newborn vomits give Glucose 10% 5 ml/kg/hour IV.

Description: Hypertension Definitions

Chapter Key: _1486814147474

Card ID: 3

Adapted: Severe Preeclampsia is one of the following:

Translated: Severe

Preeclampsia is one of the following:

Card ID: 23

Adapted: Severely elevated blood pressure (160 mmHg or higher systolic OR 110 mmHg or higher diastolic), OR

Translated: Severely elevated blood pressure (160 mmHg or higher systolic OR 110 mmHg or higher diastolic), OR

Adapted: Persistent severe headache OR

Translated: Persistent severe

headache OR

Adapted: Visual disturbances like flashing lights or blurry vision, OR

Translated: Visual

disturbances like flashing lights or blurry vision, OR

Adapted: Persistent upper abdominal pain, OR

Translated: Persistent upper

abdominal pain, OR

Adapted: Respiratory distress that could be caused by pulmonary oedema, OR

Translated: Respiratory

distress that could be caused by pulmonary oedema, OR

Adapted: Decreased urine production (less than 25 ml per hour)

Translated: Decreased urine

production (less than 25 ml per hour)

Card ID: 17

Card ID: 24

Adapted: Eclampsia is when a pregnant woman develops generalised seizures.

Translated: Eclampsia is when a pregnant woman develops generalised seizures.

Card ID: 19

Adapted: Usually these women suffer from preeclampsia though 10-20% of women with eclampsia have a normal blood pressure.

Translated: Usually these women suffer from preeclampsia though 10-20% of women with eclampsia have a normal blood pressure.

Card ID: 20

Adapted: Consider as differential diagnosis cerebral malaria or meningitis where fever will be present.

Translated: Consider as differential diagnosis cerebral malaria or meningitis where fever will be present.

Description: Hypertension Management Eclampsia

Chapter Key: _1486815218676

Card ID: 1

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Adapted:

Translated:

Adapted: Call for help!

Translated: Call for help!

Card ID: 19

Adapted: Check Airway and Breathing.

Breathing.

Translated: Check Airway and

Adapted: Fits are self-limiting, while convulsing, prevent the woman from trauma and turn her on the left side.

Translated: Fits are self-limiting; while convulsing, prevent the woman from trauma and turn her on the left side.

Adapted: Insert IV lines.

Translated: Insert IV lines.

Adapted: If at a peripheral facility give pre-referral dose: 50% MgSO₄ – 5 grams in each buttock deep IM and refer the patient.

Translated: If at a peripheral facility give pre-referral dose: 50% MgSO₄ – 5 grams in each buttock deep IM and refer the patient.

Adapted: At all other facilities, treat the patient the following way: Give magnesium sulphate. As a loading dose you give 4 grams of 50% MgSO₄ diluted in 12 ml normal saline or distilled water to make 20% MgSO₄ solution and then give slow IV over 20 minutes.

Translated: At all other facilities, treat the patient the following way: Give magnesium sulphate. As a loading dose you give 4 grams of 50% MgSO₄ diluted in 12 ml normal saline or distilled water to make 20% MgSO₄ solution and then give slow IV over 20 minutes.

Card ID: 5

Adapted:

Translated:

Card ID: 6

Adapted: Never give Magnesium Sulphate intravenously fast, as this causes heart arrest!

Translated: Never give Magnesium Sulphate intravenously fast, as this causes heart arrest!

Card ID: 10

Adapted: If no signs of toxicity, proceed directly to giving the first maintenance dose of Magnesium Sulphate; 2 doses of 5 g deep IM (50% solution) one in each buttock, and after 4 hours in the other (You can add ½ ml. 2% lidocaine for pain relief).

Translated: If no signs of toxicity, proceed directly to giving the first maintenance dose of Magnesium Sulphate, 2 doses of 5 gm deep IM (50% solution) one in each buttock, and after 4 hours in the other (You can add ½ ml. 2% lidocaine for pain relief).

Card ID: 11

Adapted: See drug list for more details.

Translated: See drug list for more details.

Card ID: 12

Adapted: Beware of toxicity

Translated: Beware of toxicity

Card ID: 13

Adapted: The first sign is loss of tendon reflexes. Also pay attention to urine output, since intoxication is seen in patients with an output < 25-30 ml/hour. A more severe sign is respiratory depression with a respiratory rate of < 12 per minute. Then you don't give the intramuscular dose of Magnesium Sulphate.

Translated: The first sign is loss of tendon reflexes. Also pay attention to urine output, since intoxication is seen in patients with an output < 25-30 ml/hour. A more severe sign is respiratory depression with a respiratory rate of < 12 per minute. Then you don't give the intramuscular dose of Magnesium Sulphate.

Card ID: 14

Adapted: At a respiratory rate of < 12 per minute you give the antidote

Calcium Gluconate 1g IV over three minutes. At heart arrest give the antidote IV push.

Translated: At a respiratory rate of < 12 per minute you give the antidote Calcium Gluconate 1g IV over three minutes. At heart arrest give the antidote IV push.

Card ID: 15

Adapted:

Translated:

Card ID: 20

Adapted:

Translated:

Description: Hypertension Management Hypertension

Chapter Key: bp-140-15090100_1486816049815

Card ID: 1

Adapted: If no signs of severe preeclampsia (see definitions):

Translated: If no signs of severe preeclampsia (see definitions):

Card ID: 2

Adapted: Send home.

Translated: Send home.

Card ID: 3

Adapted: Schedule follow up appointment in 3-4 days, instruct in danger signs.

Translated: Schedule follow up appointment in 3-4 days, instruct in danger signs.

Card ID: 4

Adapted: Plan delivery at referral facility, induction of labour at gestational age

of 38-39 weeks if this procedure is performed and if gestational age is known.

Translated: Plan delivery at referral facility, induction of labour at gestational age of 38-39 weeks if this procedure is performed and if gestational age is known.

Chapter Key: bp-150-160100110_1486816264206

Card ID: 1

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Adapted:

Translated:

Adapted: Admit and observe.

Translated: Admit and observe.

Card ID: 2

Adapted: Assess BP every 8 hours.
hours.

Translated: Assess BP every 8

Card ID: 3

Adapted: If high blood pressure persists start oral antihypertensives for example:

Translated: If high blood pressure persists start oral antihypertensives for example:

Card ID: 4

Adapted: Labetatol starting dose: 100 mg orally every 12 hours

dose: 100 mg orally every 12 hours

Translated: Labetatol starting

Card ID: 5

Adapted: OR

Translated: OR

Card ID: 6

Adapted: Methyldopa starting dose: 250 mg orally every 8 hours.

starting dose: 250 mg orally every 8 hours.

Translated: Methyldopa

Card ID: 11

Adapted: See drug list for more details.

more details.

Translated: See drug list for

Card ID: 7

Card ID: 8

Adapted: If blood pressure is reduced to between 140-150 systolic and 90-100 diastolic AND if there are no signs of severe preeclampsia (see definitions), the patient can be sent home.

Translated: If blood pressure is reduced to between 140-150 systolic and 90-100 diastolic AND if there are no signs of severe preeclampsia (see definitions), the patient can be sent home.

Card ID: 9

Adapted: Schedule follow up appointment in 3-4 days, instruct in danger signs.

appointment in 3-4 days, instruct in danger signs.

Translated: Schedule follow up

Card ID: 10

Adapted: Plan for delivery at referral facility, induction of labour at gestational age 38-39 if this procedure is performed and if gestational age is known.

Translated: Plan for delivery at referral facility, induction of labour at gestational age 38-39 if this procedure is performed and if gestational age is known.

Chapter Key: severe-preeclampsia_1486816564029

Card ID: 1

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Adapted:

Translated:

Adapted: See definitions.

Translated: See definitions.

Card ID: 2

Adapted: Admit and treat.

Translated: Admit and treat.

Card ID: 3

Adapted: The single most important aim is to keep systolic BP below 160 mmHg!

Translated: The single most important aim is to keep systolic BP below 160 mmHg!

Card ID: 4

Adapted: Insert indwelling urine catheter.

Translated: Insert indwelling urine catheter.

Card ID: 5

Adapted: Monitor each ½ hour until stable, then each 8 hours:

hour until stable, then each 8 hours:

Translated: Monitor each ½

Card ID: 6

Adapted: Fluid balance

Translated: Fluid balance

Adapted: Respiratory rate

Translated: Respiratory rate

Adapted: Blood pressure

Translated: Blood pressure

Adapted: Tendon reflexes

Translated: Tendon reflexes

Adapted: Foetal heart rate

Translated: Foetal heart rate

Card ID: 7

Adapted: If severe features persist: Plan referral for delivery within 24 hours.

persist: Plan referral for delivery within 24 hours.

Translated: If severe features

Card ID: 8

Card ID: 27

Adapted: Managing Blood Pressure

Pressure

Translated: Managing Blood

Card ID: 10

Adapted: At blood pressure between 150-160/100-110 start oral antihypertensives for example:

Translated: At blood pressure between 150-160/100-110 start oral antihypertensives for example:

Card ID: 11

Adapted: Labetatol starting dose: 100 mg orally every 12 hours.

Translated: Labetatol starting dose: 100 mg orally every 12 hours.

Card ID: 12

Adapted: OR

Translated: OR

Card ID: 13

Adapted: Methyldopa starting dose: 250 mg orally every 8 hours.

Translated: Methyldopa starting dose: 250 mg orally every 8 hours.

Card ID: 14

Adapted: Persisting blood pressure \geq 160 syst. or \geq 110 diastolic must be treated IV.

Translated: Persisting blood pressure \geq 160 syst. or \geq 110 diastolic must be treated IV.

Card ID: 15

Adapted: See drug list for more details.

Translated: See drug list for more details.

Card ID: 16

Adapted: Assess blood pressure every 15 minutes.

Translated: Assess blood

pressure every 15 minutes.

Adapted:

Translated:

Adapted: Repeat after 30 minutes until BP is below 160/110.

Translated: Repeat after 30 minutes until BP is below 160/110.

Card ID: 18

Adapted: See drug list for more details.

Translated: See drug list for more details.

Card ID: 28

Adapted: Prevention of Eclampsia

Translated: Prevention of Eclampsia

Card ID: 20

Adapted: If at a peripheral facility give pre-referral dose: 50% MgSO₄ – 5 grams in each buttock deep IM and refer the patient.

Translated: If at a peripheral facility give pre-referral dose: 50% MgSO₄ – 5 grams in each buttock deep IM and refer the patient.

Card ID: 21

Adapted: At all other facilities, treat the patient the following way: Give magnesium sulphate. As a loading dose you give 4 grams of 50% MgSO₄ diluted in 12 ml normal saline or distilled water to make 20% MgSO₄ solution and then give slow IV over 20 minutes.

Translated: At all other facilities, treat the patient the following way: Give magnesium sulphate. As a loading dose you give 4 grams of 50% MgSO₄ diluted in 12 ml normal saline or distilled water to make 20% MgSO₄ solution and then give slow IV over 20 minutes.

Card ID: 29

Adapted: If normal tendon reflexes and breathing: Proceed directly to giving maintenance dose Magnesium Sulphate 5 gm 50% solution deep IM in 1 buttock, and after 4 hours in the other (You can add 1 ml. 2% lidocaine for pain relief).

Translated: If normal tendon reflexes and breathing: Proceed directly to giving maintenance dose Magnesium Sulphate 5 gm 50% solution deep IM in 1 buttock, and after 4 hours in the other (You can add 1 ml. 2% lidocaine for pain relief).

Card ID: 22

Adapted: See drug list for more details.

Translated: See drug list for more details.

Card ID: 23

Adapted: Never give Magnesium Sulphate intravenously fast, as this causes cardiac arrest!

Translated: Never give Magnesium Sulphate intravenously fast, as this causes cardiac arrest!

Card ID: 24

Adapted: Beware of toxicity!

Translated: Beware of toxicity!

Card ID: 25

Adapted: The first sign is loss of tendon reflexes; a more severe sign is respiratory depression with a respiratory rate < 12 per minute.

Translated: The first sign is loss of tendon reflexes; a more severe sign is respiratory depression with a respiratory rate < 12 per minute.

Card ID: 26

Adapted: Then you don't give the intramuscular dose of Magnesium Sulphate. Instead you give the antidote Calcium Gluconate 1 gr. IV over three minutes.

Translated: Then you don't give the intramuscular dose of Magnesium Sulphate. Instead you give the antidote Calcium Gluconate 1 gr. IV over three minutes.

Card ID: 30

Adapted: At heart arrest you give the antidote IV push.

Translated: At heart arrest you give the antidote IV push.

Description: Maternal Sepsis Definitions

Chapter Key: _1486838311746

Card ID: 1

Adapted: Sepsis is diagnosed if there is a reasonable suspicion of infection and two of the following findings:

Translated: Sepsis is diagnosed if there is a reasonable suspicion of infection and two of the following findings:

Card ID: 2

Adapted: Pulse above 90

Translated: Pulse above 90

Adapted: Respiratory rate of 20 or higher

Translated: Respiratory rate of 20 or higher

Adapted: Temperature above 38- ϕ ÷" &VÆöw 36-

Translated: Temperature above 38- ϕ ÷" &VÆöw 36-

Card ID: 7

Adapted:

Translated:

Card ID: 8

Adapted:

Translated:

Card ID: 9

Card ID: 3

Adapted: Septic Shock is diagnosed at the following findings despite adequate fluid resuscitation;

Translated: Septic Shock is diagnosed at the following findings despite adequate fluid resuscitation;

Card ID: 4

Adapted: Systolic blood pressure below 90, OR;

Translated: Systolic blood pressure below 90, OR;

Adapted: Urine output below 30 ml per hour

Translated: Urine output below

30 ml per hour

Description: Maternal Sepsis Emergency Management

Chapter Key: _1486839161711

Card ID: 28

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Card ID: 30

Adapted:

Translated:

Card ID: 31
Adapted:
Translated:
Card ID: 33
Card ID: 1
Adapted: Call for help!
Translated: Call for help!
Card ID: 2
Card ID: 3
Adapted: Airway
Translated: Airway
Card ID: 4
Adapted: Position so airway is not occluded or at risk of aspiration.
Translated: Position so airway is not occluded or at risk of aspiration.
Card ID: 5
Card ID: 7
Adapted: Breathing
Translated: Breathing
Card ID: 6
Adapted: If gasping or absent ventilate with bag and mask.
Translated: If gasping or

absent ventilate with bag and mask.

Card ID: 8

Card ID: 11

Adapted: Circulation

Translated: Circulation

Card ID: 12

Adapted: Insert 2 wide bore IV cannulas.

IV cannulas.

Translated: Insert 2 wide bore

Card ID: 13

Adapted: Give at least 2 L fluids IV, Normal Saline or Ringer's lactate in the first hour.

Translated: Give at least 2 L fluids IV, Normal Saline or Ringer's lactate in the first hour.

Card ID: 14

Adapted: Insert indwelling urine catheter to monitor in- and output

urine catheter to monitor in- and output

Translated: Insert indwelling

Card ID: 15

Card ID: 16

Adapted: Drugs

Translated: Drugs

Card ID: 17

Adapted: Antibiotics intravenous according to local guidelines, for example:

intravenous according to local guidelines, for example:

Translated: Antibiotics

Card ID: 18

Adapted: Ampicillin 1 g/6 hrs

Translated: Ampicillin 1 g/6 hrs

Card ID: 19

Adapted: AND

Translated: AND

Card ID: 20

Adapted: Gentamicin 80 mg/12 hrs
mg/12 hrs

Translated: Gentamicin 80

Card ID: 21

Adapted: AND

Translated: AND

Card ID: 22

Adapted: Metronidazole 500 mg/8 hrs
mg/8 hrs

Translated: Metronidazole 500

Card ID: 27

Card ID: 39

Adapted: If in a malaria risk area,
area,

Translated: If in a malaria risk

Adapted: treat according to local guidelines.

Translated: treat according to
local guidelines.

--

Card ID: 40

Adapted: Chloramphenicol should be avoided in pregnant and lactating women.

Translated: Chloramphenicol should be avoided in pregnant and lactating women.

Description: Maternal Sepsis Following Management

Chapter Key: _1486841218351

Card ID: 1

Adapted: Assess vital signs each hour until stabilised.

Translated: Assess vital signs each hour until stabilised.

Adapted: Intravenous fluid treatment should be liberal over the next 12 hours to maintain a satisfactory blood pressure of at least 90 mmHg systolic and an average urine output of at least 50 ml per hour.

Translated: Intravenous fluid treatment should be liberal over the next 12 hours to maintain a satisfactory blood pressure of at least 90 mmHg systolic and an average urine output of at least 50 ml per hour.

Card ID: 2

Adapted: 2. Intravenous fluid treatment should be liberal over the next 12 hours to maintain a satisfactory blood pressure of at least 90 mmHg systolic and an average urine output of at least 50 ml per hour.

Translated: 2. Intravenous fluid treatment should be liberal over the next 12 hours to maintain a satisfactory blood pressure of at least 90 mmHg systolic and an average urine output of at least 50 ml per hour.

Card ID: 3

Adapted: 3. Access the fluid balance:

Translated: 3. Access the fluid balance:

Adapted:

Translated:

Adapted: a) Record all oral and intravenous input.

Translated: a) Record all oral and intravenous input.

Adapted: b) Record all urinary, faeces and vomiting output.

Translated: b) Record all urinary, faeces and vomiting output.

Adapted: c) Add to output 1 liter at no fever and 1½ liter at fever because of perspiration.

Translated: c) Add to output 1 liter at no fever and 1½ liter at fever because of perspiration.

Description: Maternal Sepsis Identify Cause

Chapter Key: _1486841415440

Card ID: 1

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Adapted:

Translated:

Adapted: Go through the six W's:

Translated: Go through the six W's:

Card ID: 2

Card ID: 3

Adapted: Womb

Translated: Womb

Card ID: 4

Adapted: At chorioamnionitis delivery should ideally be within 12 hours.

Translated: At chorioamnionitis
delivery should ideally be within 12 hours.

Card ID: 28

Adapted: At endometritis (puerperal sepsis) evacuation of the uterus (MVA or D&C) if no improvement after 24 hrs.

Translated: At endometritis
(puerperal sepsis) evacuation of the uterus (MVA or D&C) if no improvement after 24 hrs.

Card ID: 6

Card ID: 9

Adapted: Weaning

Translated: Weaning

Card ID: 7

Adapted: Mastitis or abscess.

Translated: Mastitis or abscess.

Card ID: 24

Adapted: Add Dicloxacillin.

Translated: Add Dicloxacillin.

Card ID: 8

Card ID: 10

Adapted: Wind

Translated: Wind

Card ID: 11

Adapted: Pneumonia

Translated: Pneumonia

Card ID: 25

Adapted: Treat with Penicillin.

Translated: Treat with Penicillin.

Card ID: 17

Card ID: 12

Adapted: Water

Translated: Water

Card ID: 13

Adapted: Urinary tract infection

infection

Translated: Urinary tract

Card ID: 26

Adapted: Treat with Ampicillin and Gentamicin.

Ampicillin and Gentamicin.

Translated: Treat with

Card ID: 14

Card ID: 15

Adapted: Wound

Translated: Wound

Card ID: 16

Adapted: Add Dicloxacillin, consider wound revision.

Translated: Add Dicloxacillin,
consider wound revision.

Card ID: 29

Card ID: 18

Adapted: Wings

Translated: Wings

Card ID: 19

Adapted: Treat malaria according to local guidelines if positive test.

Translated: Treat malaria
according to local guidelines if positive test.

Card ID: 20

Card ID: 21

Adapted: Also think of meningitis (neck stiffness), cholecystitis (right upper abdominal pain) and appendicitis (right lower abdominal pain, though could be at level of umbilicus when pregnant). Start treatment and refer to a higher-level facility.

Translated: Also think of
meningitis (neck stiffness), cholecystitis (right upper abdominal pain) and appendicitis (right lower abdominal pain, though could be at level of umbilicus when pregnant). Start treatment and refer to a higher-level facility.

Card ID: 22

Card ID: 23

Adapted: Treat with IV antibiotics for 48 hours after the woman is fever free, then if no improvement oral antibiotics for 5-7 days or more depending on the diagnosis.

Translated: Treat with IV
antibiotics for 48 hours after the woman is fever free, then if no improvement oral
antibiotics for 5-7 days or more depending on the diagnosis.

Card ID: 27

Adapted: Ensure that the HIV status of all women is known, and that appropriate antiretroviral therapy protocols are followed.

Translated: Ensure that the HIV status of all women is known, and that appropriate antiretroviral therapy protocols are followed.

Description: Newborn Management Routine Care

Chapter Key: apgar-score_1491225099370

Card ID: 2

Adapted: Assess the newborn with Apgar score 1, 5 and 10 minutes after birth.

Translated: Assess the newborn with Apgar score 1, 5 and 10 minutes after birth.

Card ID: 3

Adapted: Apgar 7-10: Healthy

Translated: Apgar 7-10: Healthy

Card ID: 5

Adapted: Apgar 0-6: Requires medical attention

Translated: Apgar 0-6:
Requires medical attention

Card ID: 6

Chapter Key: initial-care_1491225120716

Card ID: 1

Adapted: All newborns need routine care after delivery.

Translated: All newborns need
routine care after delivery.

Card ID: 2

Adapted: Avoid separating mother from newborn whenever possible and do not leave mother and newborn unattended at any time.

Translated: Avoid separating mother from newborn whenever possible and do not leave mother and newborn unattended at any time.

Card ID: 3

Adapted: At delivery dry and stimulate the newborn. If not crying well or having difficulty breathing proceed to neonatal resuscitation.

Translated: At delivery dry and stimulate the newborn. If not crying well or having difficulty breathing proceed to neonatal resuscitation.

Adapted: Assess Apgar Score at 1, 5 and 10 minutes

Score at 1, 5 and 10 minutes

Translated: Assess Apgar

Adapted: Monitor the newborn closely.

Translated: Monitor the newborn closely.

Adapted: Check the cord for bleeding every 15 min, keep it clean and dry. If bleeding, retie it.

Translated: Check the cord for bleeding every 15 min, keep it clean and dry. If bleeding, retie it.

Adapted: Give 1 mg Vitamin K (IM).

Translated: Give 1 mg Vitamin K (IM).

Adapted: Start breastfeeding within the first hour after birth and let the newborn feed on demand.

Translated: Start breastfeeding within the first hour after birth and let the newborn feed on demand.

Adapted: Examine the newborn, look for danger signs.

Translated: Examine the newborn, look for danger signs.

Adapted: Apply antibiotic eye drops.

Translated: Apply antibiotic eye drops.

Adapted: Give vaccines according to national guidelines.

Translated: Give vaccines according to national guidelines.

Adapted: Weigh the newborn, if less than 2.5 kg consider the newborn low birth weight and at risk of complications such as low blood sugar, respiratory distress and severe infections. Admit and monitor closely for danger signs, consider referral to a facility with advanced care.

Translated: Weigh the newborn, if less than 2.5 kg consider the newborn low birth weight and at risk of complications such as low blood sugar, respiratory distress and severe infections. Admit and monitor closely for danger signs, consider referral to a facility with advanced care.

Adapted: The lower gestational age or birth weight, the higher the risk that the newborn is unable to suck adequately. Feed by cup or nasogastric tube. See action card for instructions.

Translated: The lower gestational age or birth weight, the higher the risk that the newborn is unable to suck adequately. Feed by cup or nasogastric tube. See action card for instructions.

Adapted: If clinically stable manage with Kangaroo Motherhood Care: continuous and prolonged skin-to-skin contact with the mother or another caregiver. Initiate at the hospital and continue at home.

Translated: If clinically stable manage with Kangaroo Motherhood Care: continuous and prolonged skin-to-skin contact with the mother or another caregiver. Initiate at the hospital and continue at home.

Card ID: 4

Adapted: At discharge ask the mother to return if the newborn shows any danger signs.

Translated: At discharge ask

the mother to return if the newborn shows any danger signs.

Description: Neonatal Resuscitation

Chapter Key: _1486842883916

Card ID: 22

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Adapted:

Translated:

Adapted: The Golden Minute: By one minute of age all newborns

Translated: The Golden Minute: By one minute of age all newborns

Adapted: should be able to breathe on their own or should be ventilated with a bag and a mask.

Translated: should be able to breathe on their own or should be ventilated with a bag and a mask.

Card ID: 23

Adapted: Assess the newborn within the first ½ minute of life.

Translated: Assess the newborn within the first ½ minute of life.

Card ID: 2

Adapted: Resuscitate if the newborn is gasping or not crying or breathing.

Translated: Resuscitate if the newborn is gasping or not crying or breathing.

Card ID: 3

Adapted: Dry and stimulate, if not born in thick meconium.

Translated: Dry and stimulate,
if not born in thick meconium.

Card ID: 4

Adapted: If solid meconium: clear mouth and nose and suction airways before stimulating.

Translated: If solid meconium:
clear mouth and nose and suction airways before stimulating.

Card ID: 5

Adapted: If not breathing after ½ minute:

Translated: If not breathing
after ½ minute:

Card ID: 6

Adapted: CALL FOR HELP!

Translated: CALL FOR HELP!

Card ID: 7

Adapted: Clamp and cut the umbilical cord and do the following:

Translated: Clamp and cut the
umbilical cord and do the following:

Card ID: 8

Card ID: 9

Adapted: Airway

Translated: Airway

Card ID: 10

Adapted: Position the head in neutral position.

Translated: Position the head
in neutral position.

Card ID: 11

Adapted: Position mask so it covers mouth and nose, use the “C” and “E” grip.
Translated: Position mask so it covers mouth and nose, use the “C” and “E” grip.

Card ID: 12

Adapted: Give 5 slow inflation breaths each lasting 2-3 seconds.
Translated: Give 5 slow inflation breaths each lasting 2-3 seconds.

Card ID: 13

Adapted: Observe that chest is moving. If not moving, check the positioning of the head and the mask.
Translated: Observe that chest is moving. If not moving, check the positioning of the head and the mask.

Card ID: 24

Adapted: Consider performing jawthrust.
Translated: Consider performing jawthrust.

Card ID: 25

Adapted: Oxygen supplement is not necessary.
Translated: Oxygen supplement is not necessary.

Card ID: 26

Adapted:
Translated:

Card ID: 14

Adapted:

Translated:

Card ID: 15

Card ID: 16

Adapted: Breathing

Translated: Breathing

Card ID: 17

Adapted: If breathing is still insufficient or heart rate is below 100 beats per minute;

Translated: If breathing is still insufficient or heart rate is below 100 beats per minute;

Card ID: 18

Adapted: Give ventilation breaths at a rate of 40/minute.

Translated: Give ventilation breaths at a rate of 40/minute.

Card ID: 19

Adapted: Observe chest is moving. If not go back to Airway.

Translated: Observe chest is moving. If not go back to Airway.

Card ID: 20

Adapted: Assess breathing and heart rate every minute.

Translated: Assess breathing and heart rate every minute.

Card ID: 21

Adapted: If breathing is still insufficient or heart rate is below 100 continue ventilation breaths.

Translated: If breathing is still
insufficient or heart rate is below 100 continue ventilation breaths.

Description: Post Abortion Care_definitions

Chapter Key: _1486843724228

Card ID: 14
Adapted: Septic Abortion
Translated: Septic Abortion
Card ID: 1
Adapted: Septic abortion is diagnosed by the following signs:
Translated: Septic abortion is diagnosed by the following signs:
Card ID: 2
Adapted: Tender uterus
Translated: Tender uterus
Card ID: 3
Adapted: AND
Translated: AND
Card ID: 4
Adapted: Abnormal, foul smelling vaginal discharge
Translated: Abnormal, foul smelling vaginal discharge
Card ID: 5
Adapted: OR
Translated: OR

Card ID: 9

Adapted: Rebound tenderness

Translated: Rebound

tenderness

Card ID: 7

Adapted: OR

Translated: OR

Card ID: 8

Adapted: Any signs of shock (systolic blood pressure below 90) or pre-shock (pulse above 90).

Translated: Any signs of shock (systolic blood pressure below 90) or pre-shock (pulse above 90).

Card ID: 12

Adapted: OR

Translated: OR

Description: Post Abortion Care Emergency Management

Chapter Key: _1486843950040

Card ID: 1

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Adapted:

Translated:

Adapted: At signs of septic abortion or at excessive vaginal bleeding:

abortion or at excessive vaginal bleeding:

Translated: At signs of septic

Card ID: 2

Adapted: Evacuation of the uterus must be performed with no delay!

uterus must be performed with no delay!

Translated: Evacuation of the

Card ID: 36

Adapted: Do not delay by awaiting “antibiotic coverage”!

awaiting “antibiotic coverage”!

Translated: Do not delay by

Card ID: 4

Card ID: 5

Adapted: CALL FOR HELP!

Translated: CALL FOR HELP!

Card ID: 6

Card ID: 11

Adapted: Airway

Translated: Airway

Card ID: 10

Adapted: Position so airway is not occluded or at risk of aspiration.

is not occluded or at risk of aspiration.

Translated: Position so airway

Card ID: 8

Card ID: 12

Adapted: Breathing

Translated: Breathing

Card ID: 13

Adapted: If gasping or absent ventilate with bag and mask.

absent ventilate with bag and mask.

Translated: If gasping or

Card ID: 14

Card ID: 15

Adapted: Circulation

Translated: Circulation

Card ID: 16

Adapted: Insert 2 wide bore IV cannulas.

IV cannulas.

Translated: Insert 2 wide bore

Card ID: 17

Adapted: Give at least 2L fluids IV, normal saline or Ringer's lactate fast.

fluids IV, normal saline or Ringer's lactate fast.

Translated: Give at least 2L

Card ID: 18

Adapted: Insert indwelling urine catheter to monitor in- and output.

urine catheter to monitor in- and output.

Translated: Insert indwelling

Card ID: 20

Card ID: 21

Adapted: Drugs

Translated: Drugs

Card ID: 22

Adapted: Give antibiotics intravenous according to local guidelines, for example:

Translated: Give antibiotics intravenous according to local guidelines, for example:

Card ID: 23

Adapted: Ampicillin 1 g/6 hrs.

Translated: Ampicillin 1 g/6 hrs.

Card ID: 24

Adapted: AND

Translated: AND

Card ID: 25

Adapted: Gentamicin 80 mg/12 hrs.
mg/12 hrs.

Translated: Gentamicin 80

Card ID: 26

Adapted: AND

Translated: AND

Card ID: 27

Adapted: Metronidazole 500 mg/8 hrs.
mg/8 hrs.

Translated: Metronidazole 500

Card ID: 28

Adapted: This must not delay the lifesaving EVACUATION of the uterus.

Translated: This must not delay the lifesaving EVACUATION of the uterus.

Card ID: 29

Adapted: Give antibiotics while you start the procedure.

Translated: Give antibiotics while you start the procedure.

Card ID: 30

Adapted: If antibiotics are not available, perform evacuation and give antibiotics afterwards.

Translated: If antibiotics are not available, perform evacuation and give antibiotics afterwards.

Card ID: 31

Card ID: 32

Adapted: Evacuate Uterus

Translated: Evacuate Uterus

Card ID: 33

Adapted: Give appropriate analgesia then evacuate using no-touch technique.

Translated: Give appropriate analgesia then evacuate using no-touch technique.

Card ID: 34

Adapted: Until 12-14 weeks of gestation Manual Vacuum Aspiration (MVA) is the preferred method.

Translated: Until 12-14 weeks of gestation Manual Vacuum Aspiration (MVA) is the preferred method.

Card ID: 35

Adapted: At a higher gestational age evacuation is by Dilatation and Curettage (D&C) and should be performed in a referral facility.

Translated: At a higher gestational age evacuation is by Dilatation and Curettage (D&C) and should be performed in a referral facility.

Adapted:

Translated:

Adapted: PERIPHERAL LEVEL

Translated: PERIPHERAL

LEVEL

Adapted:

Translated:

Adapted: If at a peripheral level without possibility of performing manual vacuum aspiration: Give Antibiotics intra muscularly and refer IMMEDIATELY

Translated: If at a peripheral level without possibility of performing manual vacuum aspiration: Give Antibiotics intra muscularly and refer IMMEDIATELY

Adapted:

Translated:

Description: Post Abortion Care Following Management

Chapter Key: _1486845344690

Card ID: 2

Adapted: Monitor vital signs and urine output closely until stable.

Translated: Monitor vital signs and urine output closely until stable.

Adapted: Treat with IV antibiotics until 48 hours after the woman is fever free, then oral antibiotics for 5-7 days.

Translated: Treat with IV antibiotics until 48 hours after the woman is fever free, then oral antibiotics for 5-7 days.

Adapted: Before discharge, advise on family planning and check for sexually transmitted diseases and HIV/AIDS.

Translated: Before discharge, advise on family planning and check for sexually transmitted diseases and HIV/AIDS.

Description: Post Partum Hemorrhage Arms

Chapter Key: _1486846827255

Card ID: 8

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Adapted: Check pulse and blood pressure

Translated: Check pulse and blood pressure

Card ID: 3

Adapted: Large bore IV Access x2

Translated: Large bore IV Access x2

Card ID: 4

Adapted: X-match Blood

Translated: X-match Blood

Card ID: 5

Adapted: Start fluid resuscitation 3 L normal saline or Ringer's lactate fast!

Translated: Start fluid resuscitation 3 L normal saline or Ringer's lactate fast!

Card ID: 11

Adapted: Give drugs:

Translated: Give drugs:

Card ID: 12

Adapted: As per Government of India's guidelines:

Translated: As per

Government of India's guidelines:

~~Adapted: Start with Oxytocin drip. Blend 20 IU of Oxytocin in 1 L normal saline or Ringer's lactate and administer at 40-60 drops/ minute.~~

Translated: Start with Oxytocin drip. Blend 20 IU of Oxytocin in 1 L normal saline or Ringer's lactate and administer at 40-60 drops/ minute.

Adapted: If the bleeding continues, Ergometrine 0.2 mg. IV (contraindicated at hypertension and retained placenta).

Translated: If the bleeding continues, Ergometrine 0.2 mg. IV (contraindicated at hypertension and retained placenta).

Adapted: Misoprostol 800 mcg sublingually if the bleeding continues and Oxytocin is not available.

Translated: Misoprostol 800 mcg sublingually if the bleeding continues and Oxytocin is not available.

Description: Post Partum Hemorrhage Head

Chapter Key: _1486847046019

Card ID: 6

Adapted:

Translated:

Adapted: Check airway and breathing

breathing

Translated: Check airway and

Card ID: 7

Adapted: Ventilate if breathing is insufficient

breathing is insufficient

Translated: Ventilate if

Card ID: 8

Adapted: Lie flat

Translated: Lie flat

Card ID: 9

Adapted: Note time of relevant events

relevant events

Translated: Note time of

Card ID: 10

Adapted: Reassure woman

Translated: Reassure woman

Description: Post Partum Hemorrhage Uterus

Chapter Key: _1486847313094

Card ID: 1

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Adapted:

Translated:

Adapted: Start Here – Call For Help!

Translated: Start Here – Call

For Help!

Card ID: 2

Adapted: While you wait for helpers do the following:

Translated: While you wait for

helpers do the following:

Card ID: 3

Adapted: Continuous uterus massage

Translated: Continuous uterus

massage

Adapted: Catheterise bladder

Translated: Catheterise bladder

Adapted: If strong bleeding persists – apply bimanual compression or aorta compression

Translated: If strong bleeding persists – apply bimanual compression or aorta compression

Card ID: 4

Adapted: When helpers arrive:

Translated: When helpers

arrive:

Card ID: 5

Adapted: Co-ordinate:

Translated: Co-ordinate:

Card ID: 6

Adapted: Helper 1 at 'head'

Translated: Helper 1 at 'head'

Adapted: Helpers 2 and 3 at 'arms'

'arms'

Translated: Helpers 2 and 3 at

Card ID: 7

Adapted: Review other causes - 4 T's

causes - 4 T's

Translated: Review other

Card ID: 9

Adapted: Tone

Translated: Tone

Adapted: Trauma

Translated: Trauma

Adapted: Tissue

Translated: Tissue

Adapted: Thrombin

Translated: Thrombin

Description: Vacuum Delivery Indications

Chapter Key: _1486847779329

Card ID: 1

Adapted: Pushing for more than one hour with good contractions.

than one hour with good contractions.

Translated: Pushing for more

Adapted: Foetal heart rate remaining below 100 or above 180 beats per minute.

Translated: Foetal heart rate remaining below 100 or above 180 beats per minute.

Adapted: Maternal exhaustion.
exhaustion.

Translated: Maternal

Adapted: Maternal heart disease or hypertension (though these patients should be giving birth in a referral facility).

Translated: Maternal heart disease or hypertension (though these patients should be giving birth in a referral facility).

Description: Vacuum Delivery Prerequisites

Chapter Key: _1486847915881

Card ID: 1

Adapted: Cephalic presentation not more than 1/5 palpable above pubic bone.
presentation not more than 1/5 palpable above pubic bone.

Translated: Cephalic

Adapted: Position occiput posterior or occiput anterior.

Translated: Position occiput posterior or occiput anterior.

Adapted: Fully dilated.

Translated: Fully dilated.

Adapted: Ruptured membranes.
membranes.

Translated: Ruptured

Adapted: Relevant expertise.

Translated: Relevant expertise.

Adapted: Willingness to stop.

Translated: Willingness to stop.

Description: Vacuum Delivery Procedure as by Also

Chapter Key: _1486848044218

Card ID: 29

Adapted: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Translated: This is a BEmONC Signal Function as stated by the United Nations. However, you still have to act according to government law in your country and should only perform procedures that you have been authorized for.

Adapted:

Translated:

Adapted: Go through A-J

Translated: Go through A-J

Card ID: 2

Card ID: 3

Adapted: Ask for help.

Translated: Ask for help.

Card ID: 4

Adapted: Address the patient, tell her what you are about to do while you continue to prepare, tell her that you need her to cooperate and keep pushing when there is a contraction.

Translated: Address the patient, tell her what you are about to do while you continue to prepare, tell her that

you need her to cooperate and keep pushing when there is a contraction.

Card ID: 5

Adapted: Abdominal palpation – the head should not be palpable more than 1/5 above the pubic bone

Translated: Abdominal palpation – the head should not be palpable more than 1/5 above the pubic bone

Card ID: 6

Card ID: 7

Adapted: Bladder empty.

Translated: Bladder empty.

Card ID: 8

Card ID: 9

Adapted: Check that Cervix is fully dilated.

Translated: Check that Cervix is fully dilated.

Card ID: 10

Adapted: Contractions – there must be contractions to succeed.

Translated: Contractions – there must be contractions to succeed.

Card ID: 11

Card ID: 12

Adapted: Determine position – locate the posterior fontanel (triangular shaped) with your index finger. This is important to place the cup correctly.

Translated: Determine position – locate the posterior fontanel (triangular shaped) with your index finger. This is important to place the cup correctly.

Card ID: 13

Card ID: 14

Adapted: Equipment ready – delivery tray, Oxytocin 10 IU for IM injection to the mother, towels, neonatal resuscitator, and vacuum extractor.

Translated: Equipment ready – delivery tray, Oxytocin 10 IU for IM injection to the mother, towels, neonatal resuscitator, and vacuum extractor.

Card ID: 15

Card ID: 16

Adapted: Flexion Point – most cups are 3 cm from the center to the edge. Place the edge of the cup at the tip of the posterior triangular fontanel.

Translated: Flexion Point – most cups are 3 cm from the center to the edge. Place the edge of the cup at the tip of the posterior triangular fontanel.

Card ID: 17

Adapted: Feel for vaginal tissue between the cup and the foetal skull before and after applying suction to avoid trauma to the vagina.

Translated: Feel for vaginal tissue between the cup and the foetal skull before and after applying suction to avoid trauma to the vagina.

Card ID: 18

Card ID: 19

Adapted: Gentle, steady traction with no rocking during a contraction; with the first contractions downward. During the following contractions, more upward.

Translated: Gentle, steady traction with no rocking during a contraction; with the first contractions downward. During the following contractions, more upward.

Card ID: 20

Card ID: 21

Adapted: Halt in between contractions.

contractions.

Translated: Halt in between

Card ID: 22

Adapted: HALT and abandon if three pop-offs, or if three pulls with no progress, or if 20 minutes from application delivery is not achieved.

Translated: HALT and abandon if three pop-offs, or if three pulls with no progress, or if 20 minutes from application delivery is not achieved.

Card ID: 23

Card ID: 24

Adapted: Intact perineum!

Translated: Intact perineum!

Card ID: 25

Adapted: When the head is delivered during the next contraction protect perineum with one hand; squeeze the index and thumb together at the posterior part of the head to prevent stretching of the perineum and lift the head with your third finger upwards and away from the perineum, while the other hand keeps the head from coming too fast. An incision is only rarely needed.

Translated: When the head is delivered during the next contraction protect perineum with one hand; squeeze the index and thumb together at the posterior part of the head to prevent stretching of the perineum and lift the head with your third finger upwards and away from the perineum, while the other hand keeps the head from coming too fast. An incision is only rarely needed.

Card ID: 26

Adapted:

Translated:

Card ID: 27

Card ID: 28

Adapted: Jaw reachable – release the vacuum and remove the cup.

Translated: Jaw reachable –

release the vacuum and remove the cup.

Description: Emergency Referral

Chapter Key: _1490716076132

Card ID: 1

Adapted: Do not refer if emergency is not controlled!

Translated: Do not refer if
emergency is not controlled!

Card ID: 2

Adapted: Never refer a patient with uncontrolled bleeding, retained placenta, uncontrolled hypertension, unevacuated septic or haemorrhagic abortion or septic shock.

Translated: Never refer a
patient with uncontrolled bleeding, retained placenta, uncontrolled hypertension, unevacuated septic or haemorrhagic abortion or septic shock.

Adapted:

Translated:

Adapted: Remove placenta by trained provider.

Translated: Remove placenta
by trained provider.

Card ID: 28

Adapted: In cases of prolonged labour:

Translated: In cases of
prolonged labour:

Adapted: - If at a peripheral facility, refer the woman to a higher centre with her partograph for further management.

Translated: - If at a peripheral
facility, refer the woman to a higher centre with her partograph for further management.

Adapted:

Translated:

Adapted: - At a referral facility, amniotomy may be done (also for HIV+ women if on antiretroviral therapy). Reassess in 2 hours and decide on further management if there is insufficient progress.

Translated: - At a referral facility, amniotomy may be done (also for HIV+ women if on antiretroviral therapy). Reassess in 2 hours and decide on further management if there is insufficient progress.

Card ID: 3

Adapted: After emergency management and when in a stable condition, discuss decision of referral with woman and relatives.

Translated: After emergency management and when in a stable condition, discuss decision of referral with woman and relatives.

Card ID: 4

Adapted: Quickly organise transport and possible financial aid.

Translated: Quickly organise transport and possible financial aid.

Card ID: 5

Adapted: Inform the referral center.

Translated: Inform the referral center.

Card ID: 6

Adapted: Accompany the woman.

Translated: Accompany the woman.

Card ID: 7

Adapted: It is crucial that she is accompanied by a health worker who is trained in delivery care and able to manage an emergency situation, if it occurs during

transport.

Translated: It is crucial that she is accompanied by a health worker who is trained in delivery care and able to manage an emergency situation, if it occurs during transport.

Card ID: 26

Adapted: Consider to bring a relative who can donate blood.

Translated: Consider to bring a relative who can donate blood.

Card ID: 9

Adapted: Bring

Translated: Bring

Card ID: 10

Adapted: Referral note.

Translated: Referral note.

Card ID: 11

Adapted: Essential emergency drugs:

Translated: Essential emergency drugs:

Card ID: 12

Adapted: Oxytocin and Ergometrine (alternatively Misoprostol) for treatment of postpartum haemorrhage

Translated: Oxytocin and Ergometrine (alternatively Misoprostol) for treatment of postpartum haemorrhage

Adapted: Oxytocin for IM injection immediately postpartum

Translated: Oxytocin for IM injection immediately postpartum

Adapted: Hydralazine for IV treatment of elevated blood pressure

treatment of elevated blood pressure

Translated: Hydralazine for IV

Adapted: Magnesium Sulphate for eclampsia

Sulphate for eclampsia

Translated: Magnesium

Adapted: Calcium Gluconate for intoxication with Magnesium Sulphate

for intoxication with Magnesium Sulphate

Translated: Calcium Gluconate

Adapted: Ampicillin for infections

infections

Translated: Ampicillin for

Adapted: Diazepam for pain relief

relief

Translated: Diazepam for pain

Adapted:

Translated:

Card ID: 13

Adapted: Supplies:

Translated: Supplies:

Card ID: 14

Adapted: Delivery set

Translated: Delivery set

Adapted: Towels

Translated: Towels

Adapted: IV-equipment + IV fluids

Translated: IV-equipment + IV

fluids

Adapted: Foetoscope or Doppler

Doppler

Adapted: Blood pressure monitor

monitor

Adapted: Ambu bag

Adapted: Suction bulb

Translated: Foetoscope or

Translated: Blood pressure

Translated: Ambu bag

Translated: Suction bulb

Card ID: 16

Adapted: During Transport

Translated: During Transport

Card ID: 17

Adapted: Observe vital signs and level of consciousness.

and level of consciousness.

Translated: Observe vital signs

Card ID: 18

Adapted: If pregnant check FHR.

FHR.

Translated: If pregnant check

Card ID: 19

Adapted: In case of excessive vaginal bleeding apply bimanual compression.

excessive vaginal bleeding apply bimanual compression.

Translated: In case of

Card ID: 27

Adapted: If the bleeding does not stop apply aorta compression (can be maintained up to 6 hours).

Translated: If the bleeding does not stop apply aorta compression (can be maintained up to 6 hours).

Card ID: 21

Adapted: If the woman's condition permits:
condition permits:

Translated: If the woman's

Card ID: 22

Adapted: Keep record of all IV fluids, medications given, time of administration and the woman's condition.

Translated: Keep record of all IV fluids, medications given, time of administration and the woman's condition.

Card ID: 23

Adapted: If in labour during transport:
transport:

Translated: If in labour during

Card ID: 24

Adapted: FHR every half an hour.
hour.

Translated: FHR every half an

Card ID: 25

Adapted: If pushing and superficial breathing is not enough to repress this urge, stop the transport and deliver the woman.

Translated: If pushing and superficial breathing is not enough to repress this urge, stop the transport and deliver the woman.