

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

Description: Newborn Management Pediatric Drugs and Fluids

Chapter Key: pediatric-drugs_1486735985488

Card ID: 1

Master: Drug dose of common drugs for newborns below one month of age.

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

Master: Ampicillin

Adapted: Ampicillin

Translated: Ampicillin

Card ID: 5

Master: Age: Under 7 days

Adapted: Age: Under 7 days

Translated: Age: Under 7 days

Card ID: 6

Master: Administration: IM/IV

Adapted: Administration: IM/IV

Translated: Administration: IM/IV

Card ID: 7

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

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

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

Card ID: 46

Card ID: 9

Master: Age: Above 7 days

Adapted: Age: Above 7 days

Translated: Age: Above 7 days

Card ID: 10

Master: Administration: IM/IV

Adapted: Administration: IM/IV

Translated: Administration: IM/IV

Card ID: 11

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

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

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

Card ID: 12

Card ID: 14

Master: Ceftriaxone

Adapted: Ceftriaxone

Translated: Ceftriaxone

Card ID: 15

Master: Administration: IM/IV

Adapted: Administration: IM/IV

Translated: Administration: IM/IV

Card ID: 16

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

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

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

Card ID: 17

Master: OR

Adapted: OR

Translated: OR

Card ID: 18

Master: 100 mg/kg/dose x 1

Adapted: 100 mg/kg/dose x 1

Translated: 100 mg/kg/dose x 1

Card ID: 19

Card ID: 37

Master: Gentamicin

Adapted: Gentamicin

Translated: Gentamicin

Card ID: 21

Master: Age: Under 7 days

Adapted: Age: Under 7 days

Translated: Age: Under 7 days

Card ID: 22

Master: Weight: Below 2 kg

Adapted: Weight: Below 2 kg

Translated: Weight: Below 2 kg

Card ID: 23

Master: Administration: IM/IV

Adapted: Administration: IM/IV

Translated: Administration: IM/IV

Card ID: 24

Master: Dose: 3 mg/kg/dose x 1

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

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

Card ID: 47

Card ID: 26

Master: Age: Under 7 days

Adapted: Age: Under 7 days

Translated: Age: Under 7 days

Card ID: 27

Master: Weight: Above 2 kg

Adapted: Weight: Above 2 kg

Translated: Weight: Above 2 kg

Card ID: 28

Master: Administration: IM/IV

Adapted: Administration: IM/IV

Translated: Administration: IM/IV

Card ID: 29

Master: Dose: 5 mg/kg/dose x 1

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

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

Card ID: 48

Card ID: 31

Master: Age: Above 7 days

Adapted: Age: Above 7 days

Translated: Age: Above 7 days

Card ID: 32

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

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

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

Card ID: 34

Card ID: 35

Master: Phenobarbital

Adapted: Phenobarbital

Translated: Phenobarbital

Card ID: 36

Master: Loading Dose

Adapted: Loading Dose

Translated: Loading Dose

Card ID: 38

Master: Administration: IM/IV/Oral

Adapted: Administration: IM/IV/Oral

Translated: Administration: IM/IV/Oral

Card ID: 39

Master: Dose: 20 mg/kg/dose x 1

Adapted: Dose: 10 mg/kg/dose x 1
repeat to max 40 mg/kg

Translated: Dose: 10 mg/kg/dose x 1
repeat to max 40 mg/kg

Card ID: 51

Master: See Drug List

Adapted:

Translated:

Chapter Key: fluid-management_1486736000649

Card ID: 4

Master: Header!

Adapted: Header!

Translated: Header!

Card ID: 5

Master: BlueBerry!

Adapted: BlueBerry!

Translated: BlueBerry!

Card ID: 2

Age

Fluid(accumulated oral: nasogastric tube or IV) 1 day

60 ml/kg/day

2 days

90 ml/kg/day

3 days

120 ml/kg/day

4 days

120 ml/kg/day

5 days

150 ml/kg/day

6 days

150 ml/kg/day

7 days - 1 month

150-180 ml/kg/day

Card ID: 6

Card ID: 7

Master: One

Two

Three

Adapted: One

Two

Three

Translated: One

Two

Three

Description: Newborn Management Danger Signs

Chapter Key: _1486807614864

Card ID: 1

Master: Airway

Adapted: Airway

Translated: Airway

Card ID: 2

Master: Free and safe (no obstruction).

Adapted: Free and safe (no obstruction).

Translated: Free and safe (no obstruction).

Card ID: 3

Card ID: 4

Master: Breathing

Adapted: Breathing

Translated: Breathing

Card ID: 5

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

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

Master: Cyanosis.

Adapted: Cyanosis.

Translated: Cyanosis.

Card ID: 7

Master: Severe chest in-drawings.

Adapted: Severe chest in-drawings.

Translated: Severe chest in-drawings.

Card ID: 8

Master: Grunting.

Adapted: Grunting.

Translated: Grunting.

Card ID: 9

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

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

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

Card ID: 10

Card ID: 11

Master: Circulation

Adapted: Circulation

Translated: Circulation

Card ID: 12

Master: Signs of shock including:

Adapted: Signs of shock including:

Translated: Signs of shock including:

Card ID: 13

Master: Pale colour.

Adapted: Pale colour.

Translated: Pale colour.

Card ID: 14

Master: Weak pulse.

Adapted: Weak pulse.

Translated: Weak pulse.

Card ID: 15

Master: Heart rate below 80 or above 180.

Adapted: Heart rate below 80 or above 180.

Translated: Heart rate below 80 or above 180.

Card ID: 16

Master: Capillary refill time more than 3 seconds.

Adapted: Capillary refill time more than 3 seconds.

Translated: Capillary refill time more than 3 seconds.

Card ID: 17

Card ID: 20

Master: Disability

Adapted: Disability

Translated: Disability

Card ID: 18

Master: Poor feeding/inability to suck.

Adapted: Poor feeding/inability to suck.

Translated: Poor feeding/inability to suck.

Card ID: 21

Master: Irritability.

Adapted: Irritability.

Translated: Irritability.

Card ID: 22

Master: Convulsions.

Adapted: Convulsions.

Translated: Convulsions.

Card ID: 23

Master: Decreased muscle tone.

Adapted: Decreased muscle tone.

Translated: Decreased muscle tone.

Card ID: 24

Master: Decreased consciousness.

Adapted: Decreased consciousness.

Translated: Decreased consciousness.

Card ID: 25

Master: Vomiting.

Adapted: Vomiting.

Translated: Vomiting.

Card ID: 26

Card ID: 27

Master: Exposure

Adapted: Exposure

Translated: Exposure

Card ID: 28

Master: Temperature below 36.5°C or above 37.5°C.

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

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

Card ID: 29

Master: Red, tender umbilicus.

Adapted: Red, tender umbilicus.

Translated: Red, tender umbilicus.

Card ID: 30

Master: Severe jaundice.

Adapted: Severe jaundice.

Translated: Severe jaundice.

Description: Newborn Management Management of Danger Signs

Chapter Key: _1486808279407

Card ID: 1

Master: CALL FOR HELP!

Adapted: CALL FOR HELP!

Translated: CALL FOR HELP!

Card ID: 2

Card ID: 3

Master: Airway

Adapted: Airway

Translated: Airway

Card ID: 4

Master: Position so airway is free. Suction if obstructed.

Adapted: Position so airway is free. Suction if obstructed.

Translated: Position so airway is free. Suction if obstructed.

Card ID: 5

Card ID: 6

Master: Breathing

Adapted: Breathing

Translated: Breathing

Card ID: 7

Master: If no breathing, rub the back for 10 seconds.

Adapted: If no breathing, rub the back for 10 seconds.

Translated: If no breathing, rub the back for 10 seconds.

Card ID: 8

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

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

Master: If the colour is bluish or the newborn is having difficulty breathing with indrawings or grunting give oxygen by nasal catheter or prongs.

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

Master: Circulation

Adapted: Circulation

Translated: Circulation

Card ID: 20

Master: If signs of shock give normal saline 10 ml/kg IV.

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

Master: Disability

Adapted: Disability

Translated: Disability

Card ID: 11

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

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

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

Card ID: 12

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

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

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

If convulsions last more than 3 minutes or are brief serial seizures, give Phenobarbital 20 mg/kg IM/IV.

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

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

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

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

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

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

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

Master: See drug list for further treatment.

Adapted: See drug list for further treatment.

Translated: See drug list for further treatment.

Card ID: 14

Card ID: 21

Master: Exposure

Adapted: Exposure

Translated: Exposure

Card ID: 22

Master: Reheat the newborn, if axillary temperature below 36.5 C
Confirm severe jaundice with a bilirubin measurement and treat with phototherapy. If not available: Refer to facility with advanced care.

Adapted: Reheat the newborn, if axillary temperature below 36.5 C
Confirm severe jaundice with a bilirubin measurement and treat with phototherapy. If not available: Refer to facility with advanced care.

Translated: Reheat the newborn, if axillary temperature below 36.5 C
Confirm severe jaundice with a bilirubin measurement and treat with phototherapy. If not available: Refer to facility with advanced care.

Card ID: 15

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

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

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

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

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

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

Master: Respiratory Distress

Adapted: Respiratory Distress

Translated: Respiratory Distress

Card ID: 5

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

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

Master: OR

Adapted: OR

Translated: OR

Card ID: 8

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

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

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

Card ID: 9

Card ID: 22

Master: Severe Infection

Adapted: Severe Infection

Translated: Severe Infection

Card ID: 11

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

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

Master: OR

Adapted: OR

Translated: OR

Card ID: 13

Master: If fever is higher than 38- °C before or during delivery.

Adapted: If fever is higher than 38- °C before or during delivery.

Translated: If fever is higher than 38- °C before or during delivery.

Card ID: 24

Master: OR

Adapted:

Translated:

Card ID: 25

Master: If amniotic fluid is purulent or foul smelling.

Adapted:

Translated:

Card ID: 26

Master: OR

Adapted:

Translated:

Card ID: 27

Master: If the mother has documented colonisation with group B streptococcus:

Adapted:

Translated:

Card ID: 14

Master: Give her Ampicillin 2 g IV every 6 hours.

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

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

Card ID: 15

Master: AND

Adapted: AND

Translated: AND

Card ID: 28

Master: 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.

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.

Card ID: 29

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

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

Master: Low Blood Sugar

Adapted: Low Blood Sugar

Translated: Low Blood Sugar

Card ID: 19

Master: If a newborn has asphyxia or danger signs:

Adapted: If a newborn has asphyxia or danger signs:

Translated: If a newborn has asphyxia or danger signs:

Card ID: 20

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

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

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

If not possible or the newborn vomits give glucose 10% according to the Action Card "Fluid management" under "Paediatric drugs and fluids".

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

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

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

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

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

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

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

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

Description: Hypertension Definitions

Chapter Key: _1486814147474

Card ID: 3

Master: Severe Preeclampsia is one of the following:

Adapted: Severe Preeclampsia is one of the following:

Translated: Severe Preeclampsia is one of the following:

Card ID: 23

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

Persistent severe headache OR

Visual disturbances like flashing lights or blurry vision, OR

Persistent upper abdominal pain, OR

Respiratory distress that could be caused by pulmonary oedema, OR

Decreased urine production (less than 30 ml per hour).

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

Persistent severe headache OR

Visual disturbances like flashing lights or blurry vision, OR

Persistent upper abdominal pain, OR

Respiratory distress that could be caused by pulmonary oedema, OR

Decreased urine production (less than 25 ml per hour)

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

Persistent severe headache OR

Visual disturbances like flashing lights or blurry vision, OR

Persistent upper abdominal pain, OR

Respiratory distress that could be caused by pulmonary oedema, OR

Decreased urine production (less than 25 ml per hour)

Card ID: 17

Card ID: 24

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

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

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

Card ID: 19

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

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

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

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

Master: Call for help!

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.

Call for help!

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.

Call for help!

Card ID: 19

Master: Check Airway and Breathing.

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

Insert IV lines.

Give Magnesium Sulphate. As a loading dose you give; 4 g in a 20% solution IV SLOWLY over 20 minutes.

Adapted: Check Airway and Breathing.

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

Insert IV lines.

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

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: Check Airway and Breathing.

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

Insert IV lines.

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

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

Master: (Ideally you mix it with for example 100 ml. normal saline running 3 drops per second).

Adapted:

Translated:

Card ID: 6

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

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

Master: If no signs of toxicity, proceed directly to giving the first maintenance dose of Magnesium Sulphate; 2 doses of 5 g IM (50% solution) one in each buttock (You can add 1 ml. 2% lidocaine for pain relief).

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

Master: See drug list for more details.

Adapted: See drug list for more details.

Translated: See drug list for more details.

Card ID: 12

Master: Beware of toxicity

Adapted: Beware of toxicity

Translated: Beware of toxicity

Card ID: 13

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

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

Master: Then you don't give the intramuscular dose of Magnesium Sulphate.

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

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

Adapted:

Translated:

Card ID: 20

Master: At heart arrest give the antidote IV push.

Adapted:

Translated:

Description: Hypertension Management Hypertension

Chapter Key: bp-140-15090100_1486816049815

Card ID: 1

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

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

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

Card ID: 2

Master: Send home.

Adapted: Send home.

Translated: Send home.

Card ID: 3

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

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

Master: 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.

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

Master: Admit and observe.

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.

Admit and observe.

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.

Admit and observe.

Card ID: 2

Master: Assess BP every 8 hours.

Adapted: Assess BP every 8 hours.

Translated: Assess BP every 8 hours.

Card ID: 3

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

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

Master: Labetatol starting dose: 200 mg orally every 6-12 hours

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

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

Card ID: 5

Master: OR

Adapted: OR

Translated: OR

Card ID: 6

Master: Methyldopa starting dose: 250 mg orally every 6-8 hours.

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

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

Card ID: 11

Master: See drug list for more details.

Adapted: See drug list for more details.

Translated: See drug list for more details.

Card ID: 7

Card ID: 8

Master: 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.

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

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

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: 10

Master: 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.

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

Master: See definitions.

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.

See definitions.

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.

See definitions.

Card ID: 2

Master: Admit and treat.

Adapted: Admit and treat.

Translated: Admit and treat.

Card ID: 3

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

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

Master: Insert indwelling urine catheter.

Adapted: Insert indwelling urine catheter.

Translated: Insert indwelling urine catheter.

Card ID: 5

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

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

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

Card ID: 6

Master: Fluid balance

Respiratory rate

Blood pressure

Tendon reflexes

Foetal heart rate

Adapted: Fluid balance

Respiratory rate

Blood pressure

Tendon reflexes

Foetal heart rate

Translated: Fluid balance

Respiratory rate

Blood pressure

Tendon reflexes

Foetal heart rate

Card ID: 7

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

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

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

Card ID: 8

Card ID: 27

Master: Managing Blood Pressure

Adapted: Managing Blood Pressure

Translated: Managing Blood Pressure

Card ID: 10

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

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

Master: Labetatol starting dose: 200 mg orally every 6-12 hours.

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

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

Card ID: 12

Master: OR

Adapted: OR

Translated: OR

Card ID: 13

Master: Methyldopa starting dose: 250 mg orally every 6-8 hours.

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

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

Card ID: 14

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

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

Master: See drug list for more details.

Adapted: See drug list for more details.

Translated: See drug list for more details.

Card ID: 16

Master: Assess the BP every 15 minutes and treat IV according to the suitable antihypertensives in the drug list until the BP is below 160/110.

Adapted: Assess blood pressure every 15 minutes.

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

Translated: Assess blood pressure every 15 minutes.

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

Card ID: 18

Master: See drug list for more details.

Adapted: See drug list for more details.

Translated: See drug list for more details.

Card ID: 28

Master: Prevention of Eclampsia

Adapted: Prevention of Eclampsia

Translated: Prevention of Eclampsia

Card ID: 20

Master: Give loading dose Magnesium Sulphate 4 gr IV Slowly over 20 minutes (Ideally you mix it with for example 100 ml normal saline running 3 drops per second).

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

Master: If normal tendon reflexes and breathing:

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

Master: Proceed directly to giving maintenance dose Magnesium Sulphate 5 gr 50% solution IM in each buttock (You can add 1 ml. 2% lidocaine for pain relief).

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

Master: See drug list for more details.

Adapted: See drug list for more details.

Translated: See drug list for more details.

Card ID: 23

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

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

Master: Beware of toxicity!

Adapted: Beware of toxicity!

Translated: Beware of toxicity!

Card ID: 25

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

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

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

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

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

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

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

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

Master: Pulse above 90
Respiratory rate of 20 or higher
Temperature above 38-°C GFVçF-öã

Adapted: Pulse above 90
Respiratory rate of 20 or higher
Temperature above 38-°C ÷" &VÆöw 36-

Translated: Pulse above 90
Respiratory rate of 20 or higher
Temperature above 38-°C ÷" &VÆöw 36-

Card ID: 7

Master: Maternal sepsis often causes fever but not necessarily.

Adapted:

Translated:

Card ID: 8

Master: A septic woman can have an increased temperature, normal temperature or low temperature.

Adapted:

Translated:

Card ID: 9

Card ID: 3

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

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

Master: Systolic blood pressure below 90, OR;
Urine output below 30 ml per hour

Adapted: Systolic blood pressure below 90, OR;
Urine output below 30 ml per hour

Translated: Systolic blood pressure below 90, OR;
Urine output below 30 ml per hour

Description: Maternal Sepsis Emergency Management

Chapter Key: _1486839161711

Card ID: 28

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

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

Master: Evacuation of the uterus must be performed with no delay.

Adapted:

Translated:

Card ID: 31

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

Adapted:

Translated:

Card ID: 33

Card ID: 1

Master: Call for help!

Adapted: Call for help!

Translated: Call for help!

Card ID: 2

Card ID: 3

Master: Airway

Adapted: Airway

Translated: Airway

Card ID: 4

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

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

Master: Breathing

Adapted: Breathing

Translated: Breathing

Card ID: 6

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

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

Master: Circulation

Adapted: Circulation

Translated: Circulation

Card ID: 12

Master: Insert 2 wide bore IV cannulas.

Adapted: Insert 2 wide bore IV cannulas.

Translated: Insert 2 wide bore IV cannulas.

Card ID: 13

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

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

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

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

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

Card ID: 15

Card ID: 16

Master: Drugs

Adapted: Drugs

Translated: Drugs

Card ID: 17

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

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

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

Card ID: 18

Master: Ampicillin 2 g/6 hrs

Adapted: Ampicillin 1 g/6 hrs

Translated: Ampicillin 1 g/6 hrs

Card ID: 19

Master: AND

Adapted: AND

Translated: AND

Card ID: 20

Master: Gentamicin 240 mg/24 hrs

Adapted: Gentamicin 80 mg/12 hrs

Translated: Gentamicin 80 mg/12 hrs

Card ID: 21

Master: AND

Adapted: AND

Translated: AND

Card ID: 22

Master: Metronidazole 500 mg/8 hrs

Adapted: Metronidazole 500 mg/8 hrs

Translated: Metronidazole 500 mg/8 hrs

Card ID: 27

Card ID: 39

Master: If in a malaria risk area,
treat according to local guidelines.

Adapted: If in a malaria risk area,
treat according to local guidelines.

Translated: If in a malaria risk area,
treat according to local guidelines.

Card ID: 40

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

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

Master: Assess vital signs each hour until stabilised.

Adapted: Assess vital signs each hour until stabilised.

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: Assess vital signs each hour until stabilised.

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

Master: 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.

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

Master: 3. Access the fluid balance:

- a) Record all oral and intravenous input.
- b) Record all urinary, faeces and vomiting output.
- c) Add to output 1 liter at no fever and 1½ liter at fever because of perspiration.

Adapted: 3. Access the fluid balance:

- a) Record all oral and intravenous input.
- b) Record all urinary, faeces and vomiting output.
- c) Add to output 1 liter at no fever and 1½ liter at fever because of perspiration.

Translated: 3. Access the fluid balance:

- a) Record all oral and intravenous input.
- b) Record all urinary, faeces and vomiting output.

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

Master: Go through the six W's:

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.

Go through the six W's:

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.

Go through the six W's:

Card ID: 2

Card ID: 3

Master: Womb

Adapted: Womb

Translated: Womb

Card ID: 4

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

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

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

Card ID: 28

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

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

Master: Weaning

Adapted: Weaning

Translated: Weaning

Card ID: 7

Master: Mastitis or abscess.

Adapted: Mastitis or abscess.

Translated: Mastitis or abscess.

Card ID: 24

Master: Add Dicloxacillin.

Adapted: Add Dicloxacillin.

Translated: Add Dicloxacillin.

Card ID: 8

Card ID: 10

Master: Wind

Adapted: Wind

Translated: Wind

Card ID: 11

Master: Pneumonia

Adapted: Pneumonia

Translated: Pneumonia

Card ID: 25

Master: Treat with Penicillin.

Adapted: Treat with Penicillin.

Translated: Treat with Penicillin.

Card ID: 17

Card ID: 12

Master: Water

Adapted: Water

Translated: Water

Card ID: 13

Master: Urinary tract infection

Adapted: Urinary tract infection

Translated: Urinary tract infection

Card ID: 26

Master: Treat with Ampicillin and Gentamicin.

Adapted: Treat with Ampicillin and Gentamicin.

Translated: Treat with Ampicillin and Gentamicin.

Card ID: 14

Card ID: 15

Master: Wound

Adapted: Wound

Translated: Wound

Card ID: 16

Master: Add Dicloxacillin, consider wound revision.

Adapted: Add Dicloxacillin, consider wound revision.

Translated: Add Dicloxacillin, consider wound revision.

Card ID: 29

Card ID: 18

Master: Wings

Adapted: Wings

Translated: Wings

Card ID: 19

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

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

Master: 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.

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

Master: Treat with IV antibiotics for 48 hours after the woman is fever free, then oral antibiotics for 5-7 days or more depending on the diagnosis.

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

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

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

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

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

Master: Apgar 7-10: Healthy

Adapted: Apgar 7-10: Healthy

Translated: Apgar 7-10: Healthy

Card ID: 5

Master: Apgar 0-6: Requires medical attention

Adapted: Apgar 0-6: Requires medical attention

Translated: Apgar 0-6: Requires medical attention

Card ID: 6

0 points1 point2 points

	Activity	
Limb arms and legs	Arms and legs flexed	Active
		Pulse

AbsentLess than 100Above 100

	Grimace
No response	GrimaceSneeze, cough

	Appearance (skin colour)
Blue or pale	Body pink, arms and legs blue

	Respiration
Absent	Slow, irregular

	Total score
Crying	

Chapter Key: initial-care_1491225120716

Card ID: 1

Master: All newborns need routine care after delivery.

Adapted: All newborns need routine care after delivery.

Translated: All newborns need routine care after delivery.

Card ID: 2

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

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

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

Assess Apgar Score at 1, 5 and 10 minutes

Monitor the newborn closely.

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

Give 1 mg Vitamin K (IM).

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

Examine the newborn, look for danger signs.

Apply antibiotic eye drops.

Give vaccines according to national guidelines.

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.

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.

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.

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

Assess Apgar Score at 1, 5 and 10 minutes

Monitor the newborn closely.

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

Give 1 mg Vitamin K (IM).

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

Examine the newborn, look for danger signs.

Apply antibiotic eye drops.

Give vaccines according to national guidelines.

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.

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

Assess Apgar Score at 1, 5 and 10 minutes

Monitor the newborn closely.

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

Give 1 mg Vitamin K (IM).

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

Examine the newborn, look for danger signs.

Apply antibiotic eye drops.

Give vaccines according to national guidelines.

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.

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.

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

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

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

Master: The Golden Minute: By one minute of age all newborns should be able to breathe on their own or should be ventilated with a bag and a mask.

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.

The Golden Minute: By one minute of age all newborns should be able to breathe on their own or should be ventilated with a bag and a mask.

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.

The Golden Minute: By one minute of age all newborns should be able to breathe on their own or should be ventilated with a bag and a mask.

Card ID: 23

Master: Assess the newborn within the first 30 seconds of life.

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

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

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

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

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

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

Card ID: 4

Master: If thick meconium: clear mouth and nose and suction airways before stimulating.

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

Master: If not breathing after 30 seconds:

Adapted: If not breathing after ½ minute:

Translated: If not breathing after ½ minute:

Card ID: 6

Master: CALL FOR HELP!

Adapted: CALL FOR HELP!

Translated: CALL FOR HELP!

Card ID: 7

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

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

Master: Airway

Adapted: Airway

Translated: Airway

Card ID: 10

Master: Position the head in neutral position.

Adapted: Position the head in neutral position.

Translated: Position the head in neutral position.

Card ID: 11

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

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

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

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

Master: Observe that chest is moving.

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

Master: If not moving, check the positioning of the head and the mask.

Adapted: Consider performing jawthrust.

Translated: Consider performing jawthrust.

Card ID: 25

Master: Consider performing jawthrust.

Adapted: Oxygen supplement is not necessary.

Translated: Oxygen supplement is not necessary.

Card ID: 26

Master: Give five inflation breaths again.

Adapted:

Translated:

Card ID: 14

Master: Oxygen supplement is not necessary.

Adapted:

Translated:

Card ID: 15

Card ID: 16

Master: Breathing

Adapted: Breathing

Translated: Breathing

Card ID: 17

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

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

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

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

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

Card ID: 19

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

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

Master: Assess breathing and heart rate every minute.

Adapted: Assess breathing and heart rate every minute.

Translated: Assess breathing and heart rate every minute.

Card ID: 21

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

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

Master: Septic Abortion

Adapted: Septic Abortion

Translated: Septic Abortion

Card ID: 1

Master: Septic abortion is diagnosed by the following signs:

Adapted: Septic abortion is diagnosed by the following signs:

Translated: Septic abortion is diagnosed by the following signs:

Card ID: 2

Master: Tender uterus

Adapted: Tender uterus

Translated: Tender uterus

Card ID: 3

Master: AND

Adapted: AND

Translated: AND

Card ID: 4

Master: Abnormal, foul smelling vaginal discharge

Adapted: Abnormal, foul smelling vaginal discharge

Translated: Abnormal, foul smelling vaginal discharge

Card ID: 5

Master: OR

Adapted: OR

Translated: OR

Card ID: 9

Master: Rebound tenderness

Adapted: Rebound tenderness

Translated: Rebound tenderness

Card ID: 7

Master: OR

Adapted: OR

Translated: OR

Card ID: 8

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

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

Master: REMEMBER! Septic abortion often, but not always, causes fever. A woman with sepsis can have an increased, normal, or low temperature.

Adapted: OR

Translated: OR

Description: Post Abortion Care Emergency Management

Chapter Key: _1486843950040

Card ID: 1

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

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.

At signs of septic abortion or at excessive vaginal bleeding:

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.

At signs of septic abortion or at excessive vaginal bleeding:

Card ID: 2

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

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

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

Card ID: 36

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

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

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

Card ID: 4

Card ID: 5

Master: CALL FOR HELP!

Adapted: CALL FOR HELP!

Translated: CALL FOR HELP!

Card ID: 6

Card ID: 11

Master: Airway

Adapted: Airway

Translated: Airway

Card ID: 10

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

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: 8

Card ID: 12

Master: Breathing

Adapted: Breathing

Translated: Breathing

Card ID: 13

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

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

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

Card ID: 14

Card ID: 15

Master: Circulation

Adapted: Circulation

Translated: Circulation

Card ID: 16

Master: Insert 2 wide bore IV cannulas.

Adapted: Insert 2 wide bore IV cannulas.

Translated: Insert 2 wide bore IV cannulas.

Card ID: 17

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

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

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

Card ID: 18

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

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

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

Card ID: 20

Card ID: 21

Master: Drugs

Adapted: Drugs

Translated: Drugs

Card ID: 22

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

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

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

Card ID: 23

Master: Ampicillin 1 g/6 hrs. (2 g the first time)

Adapted: Ampicillin 1 g/6 hrs.

Translated: Ampicillin 1 g/6 hrs.

Card ID: 24

Master: AND

Adapted: AND

Translated: AND

Card ID: 25

Master: Gentamicin 240 mg/24 hrs.

Adapted: Gentamicin 80 mg/12 hrs.

Translated: Gentamicin 80 mg/12 hrs.

Card ID: 26

Master: AND

Adapted: AND

Translated: AND

Card ID: 27

Master: Metronidazole 500 mg/8 hrs.

Adapted: Metronidazole 500 mg/8 hrs.

Translated: Metronidazole 500 mg/8 hrs.

Card ID: 28

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

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

Master: Give antibiotics while you start the procedure.

Adapted: Give antibiotics while you start the procedure.

Translated: Give antibiotics while you start the procedure.

Card ID: 30

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

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

Master: Evacuate Uterus

Adapted: Evacuate Uterus

Translated: Evacuate Uterus

Card ID: 33

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

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

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

Card ID: 34

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

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

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

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

PERIPHERAL LEVEL

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

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

PERIPHERAL LEVEL

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

Description: Post Abortion Care Following Management

Chapter Key: _1486845344690

Card ID: 2

Master: Monitor vital signs and urine output closely until stable.
Treat with IV antibiotics until 48 hours after the woman is fever free, then oral antibiotics for 5-7 days.
Before discharge, advise on family planning and check for sexually transmitted diseases and HIV/AIDS.

Adapted: Monitor vital signs and urine output closely until stable.
Treat with IV antibiotics until 48 hours after the woman is fever free, then oral antibiotics for 5-7 days.
Before discharge, advise on family planning and check for sexually transmitted diseases and HIV/AIDS.

Translated: Monitor vital signs and urine output closely until stable.
Treat with IV antibiotics until 48 hours after the woman is fever free, then oral antibiotics for 5-7 days.
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

Master: Check pulse and blood pressure

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.

Check pulse and blood pressure

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.

Check pulse and blood pressure

Card ID: 3

Master: Large bore IV Access x2

Adapted: Large bore IV Access x2

Translated: Large bore IV Access x2

Card ID: 4

Master: X-match Blood

Adapted: X-match Blood

Translated: X-match Blood

Card ID: 5

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

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

Master: Give drugs:

Adapted: Give drugs:

Translated: Give drugs:

Card ID: 12

Master: Ergometrine 0.2 mg. IV (contraindicated at hypertension and retained placenta). Oxytocin drip. Blend 20 IU of Oxytocin in 1 L normal saline or Ringer's lactate and administer at fastest flow rate possible.

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

Adapted: As per Government of India's guidelines:

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.

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

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

Translated: As per Government of India's guidelines:

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.

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

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

Description: Post Partum Hemorrhage Head

Chapter Key: _1486847046019

Card ID: 6

Master: Check airway and breathing

Adapted:
Check airway and breathing

Translated:
Check airway and breathing

Card ID: 7

Master: Ventilate if breathing is insufficient

Adapted: Ventilate if breathing is insufficient

Translated: Ventilate if breathing is insufficient

Card ID: 8

Master: Lie flat

Adapted: Lie flat

Translated: Lie flat

Card ID: 9

Master: Note time of relevant events

Adapted: Note time of relevant events

Translated: Note time of relevant events

Card ID: 10

Master: Reassure woman

Adapted: Reassure woman

Translated: Reassure woman

Description: Post Partum Hemorrhage Uterus

Chapter Key: _1486847313094

Card ID: 1

Master: Start Here – Call For Help!

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.

Start Here – Call For Help!

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.

Start Here – Call For Help!

Card ID: 2

Master: While you wait for helpers do the following:

Adapted: While you wait for helpers do the following:

Translated: While you wait for helpers do the following:

Card ID: 3

Master: Continuous uterus massage

Catheterise bladder

If strong bleeding persists – apply bimanual compression or aorta compression

Adapted: Continuous uterus massage

Catheterise bladder

If strong bleeding persists – apply bimanual compression or aorta compression

Translated: Continuous uterus massage

Catheterise bladder

If strong bleeding persists – apply bimanual compression or aorta compression

Card ID: 4

Master: When helpers arrive:

Adapted: When helpers arrive:

Translated: When helpers arrive:

Card ID: 5

Master: Co-ordinate:

Adapted: Co-ordinate:

Translated: Co-ordinate:

Card ID: 6

Master: Helper 1 at 'head'

Helpers 2 and 3 at 'arms'

Adapted: Helper 1 at 'head'

Helpers 2 and 3 at 'arms'

Translated: Helper 1 at 'head'

Helpers 2 and 3 at 'arms'

Card ID: 7

Master: Review other causes - 4 T's

Adapted: Review other causes - 4 T's

Translated: Review other causes - 4 T's

Card ID: 9

Master: Tone

Trauma

Tissue

Thrombin

Adapted: Tone

Trauma

Tissue

Thrombin

Translated: Tone

Trauma

Tissue

Thrombin

Description: Vacuum Delivery Indications

Chapter Key: _1486847779329

Card ID: 1

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

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

Maternal exhaustion.

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

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

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

Maternal exhaustion.

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

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

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

Maternal exhaustion.

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

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

Position occiput posterior or occiput anterior.

Fully dilated.

Ruptured membranes.

Relevant expertise.

Willingness to stop.

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

Position occiput posterior or occiput anterior.

Fully dilated.

Ruptured membranes.

Relevant expertise.

Willingness to stop.

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

Position occiput posterior or occiput anterior.

Fully dilated.

Ruptured membranes.

Relevant expertise.

Willingness to stop.

Description: Vacuum Delivery Procedure as by Also

Chapter Key: _1486848044218

Card ID: 29

Master: Go through A-J

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.

Go through A-J

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.

Go through A-J

Card ID: 2

Card ID: 3

Master: Ask for help.

Adapted: Ask for help.

Translated: Ask for help.

Card ID: 4

Master: 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.

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

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

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

Master: Bladder empty.

Adapted: Bladder empty.

Translated: Bladder empty.

Card ID: 8

Card ID: 9

Master: Check that Cervix is fully dilated.

Adapted: Check that Cervix is fully dilated.

Translated: Check that Cervix is fully dilated.

Card ID: 10

Master: Contractions – there must be contractions to succeed.

Adapted: Contractions – there must be contractions to succeed.

Translated: Contractions – there must be contractions to succeed.

Card ID: 11

Card ID: 12

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

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

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

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

Master: 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.

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

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

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

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

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

Master: Halt in between contractions.

Adapted: Halt in between contractions.

Translated: Halt in between contractions.

Card ID: 22

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

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

Master: Intact perineum!

Adapted: Intact perineum!

Translated: Intact perineum!

Card ID: 25

Master: 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.

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

Master: An incision is only rarely needed.

Adapted:

Translated:

Card ID: 27

Card ID: 28

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

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

Master: Do not refer if emergency is not controlled!

Adapted: Do not refer if emergency is not controlled!

Translated: Do not refer if emergency is not controlled!

Card ID: 2

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

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

Remove placenta by trained provider.

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

Remove placenta by trained provider.

Card ID: 28

Master: If the newborn is in need of referral; give the recommended AB prior to referral.

Adapted: In cases of prolonged labour:

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

- 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: In cases of prolonged labour:

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

- 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

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

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

Master: Quickly organise transport and possible financial aid.

Adapted: Quickly organise transport and possible financial aid.

Translated: Quickly organise transport and possible financial aid.

Card ID: 5

Master: Inform the referral center.

Adapted: Inform the referral center.

Translated: Inform the referral center.

Card ID: 6

Master: Accompany the woman.

Adapted: Accompany the woman.

Translated: Accompany the woman.

Card ID: 7

Master: 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.

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

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

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

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

Card ID: 9

Master: Bring

Adapted: Bring

Translated: Bring

Card ID: 10

Master: Referral note.

Adapted: Referral note.

Translated: Referral note.

Card ID: 11

Master: Essential emergency drugs:

Adapted: Essential emergency drugs:

Translated: Essential emergency drugs:

Card ID: 12

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

Oxytocin for IM injection immediately postpartum

Hydralazine for IV treatment of elevated blood pressure

Magnesium Sulphate for eclampsia

Calcium Gluconate for intoxication with Magnesium Sulphate

Ampicillin for infections

Diazepam for pain relief

Phenobarbital for the newborn in case of convulsions

Adrenaline for the newborn in case of cardiac arrest

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

Oxytocin for IM injection immediately postpartum

Hydralazine for IV treatment of elevated blood pressure

Magnesium Sulphate for eclampsia

Calcium Gluconate for intoxication with Magnesium Sulphate

Ampicillin for infections

Diazepam for pain relief

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

Oxytocin for IM injection immediately postpartum

Hydralazine for IV treatment of elevated blood pressure

Magnesium Sulphate for eclampsia

Calcium Gluconate for intoxication with Magnesium Sulphate

Ampicillin for infections

Diazepam for pain relief

Card ID: 13

Master: Supplies:

Adapted: Supplies:

Translated: Supplies:

Card ID: 14

Master: Delivery set

Towels

IV-equipment + IV fluids (woman + newborn)

Foetoscope or Doppler

Blood pressure monitor

Ambu bag

Suction bulb

Adapted: Delivery set

Towels

IV-equipment + IV fluids

Foetoscope or Doppler
Blood pressure monitor
Ambu bag
Suction bulb

Translated: Delivery set
Towels
IV-equipment + IV fluids
Foetoscope or Doppler
Blood pressure monitor
Ambu bag
Suction bulb

Card ID: 16

Master: During Transport

Adapted: During Transport

Translated: During Transport

Card ID: 17

Master: Observe vital signs and level of consciousness.

Adapted: Observe vital signs and level of consciousness.

Translated: Observe vital signs and level of consciousness.

Card ID: 18

Master: If pregnant check FHR.

Adapted: If pregnant check FHR.

Translated: If pregnant check FHR.

Card ID: 19

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

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

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

Card ID: 27

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

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

Master: If the woman's condition permits:

Adapted: If the woman's condition permits:

Translated: If the woman's condition permits:

Card ID: 22

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

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

Master: If in labour during transport:

Adapted: If in labour during transport:

Translated: If in labour during transport:

Card ID: 24

Master: Foetal heart rate (FHR) every half an hour.

Adapted: FHR every half an hour.

Translated: FHR every half an hour.

Card ID: 25

Master: If pushing and superficial breathing is not enough to repress this urge, stop the transport and perform delivery.

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.