SOPs and Job AIDs

Act FAST in case of a stroke

Stroke – There's treatment if you act FAST.

Face
Face look uneven?

Arm
One arm hanging down?

Speech
Slurred speech?

Time √ **Transfer To County Referral Hospital**

Diagnosis of hypertension (at facility level)

	Reading 1	Reading 2	Reading 3
Stage 1 (no multiple risk factors, no end organ damage)	**Visit 1**	**Visit 2** (a month after visit 1)	**Visit 3** (a month after visit 2)
Stage 1 (with multiple risk factors and/or organ damage)	**Visit 1**		
Stage 2	**Visit 1**		

All screened patients with multiple risk factors and/or end organ damage should referred to a Regional facility of higher level. Interval between readings should be at least 30 minutes apart and should follow the procedure described above in table 1.

Classification of hypertension:

BP (mmHg)				
Normal	**High Normal (pre-hypertension)**	**Stage 1: Mild Hypertension**	**Stage 2: Moderate Hypertension**	**Stage 3: Severe Hypertension**
SBP 120 – 129 or DBP 80 - 84	SBP 130 – 139 or DBP 85 - 89	SBP 140 – 159 or DBP 90 - 99	SBP 160 – 179 or DBP 100 - 109	SBP > 180 or DBP > 110

When to initiate antihypertensive therapy

Hypertension is confirmed on at least 3 separate occasions within a 2-month period

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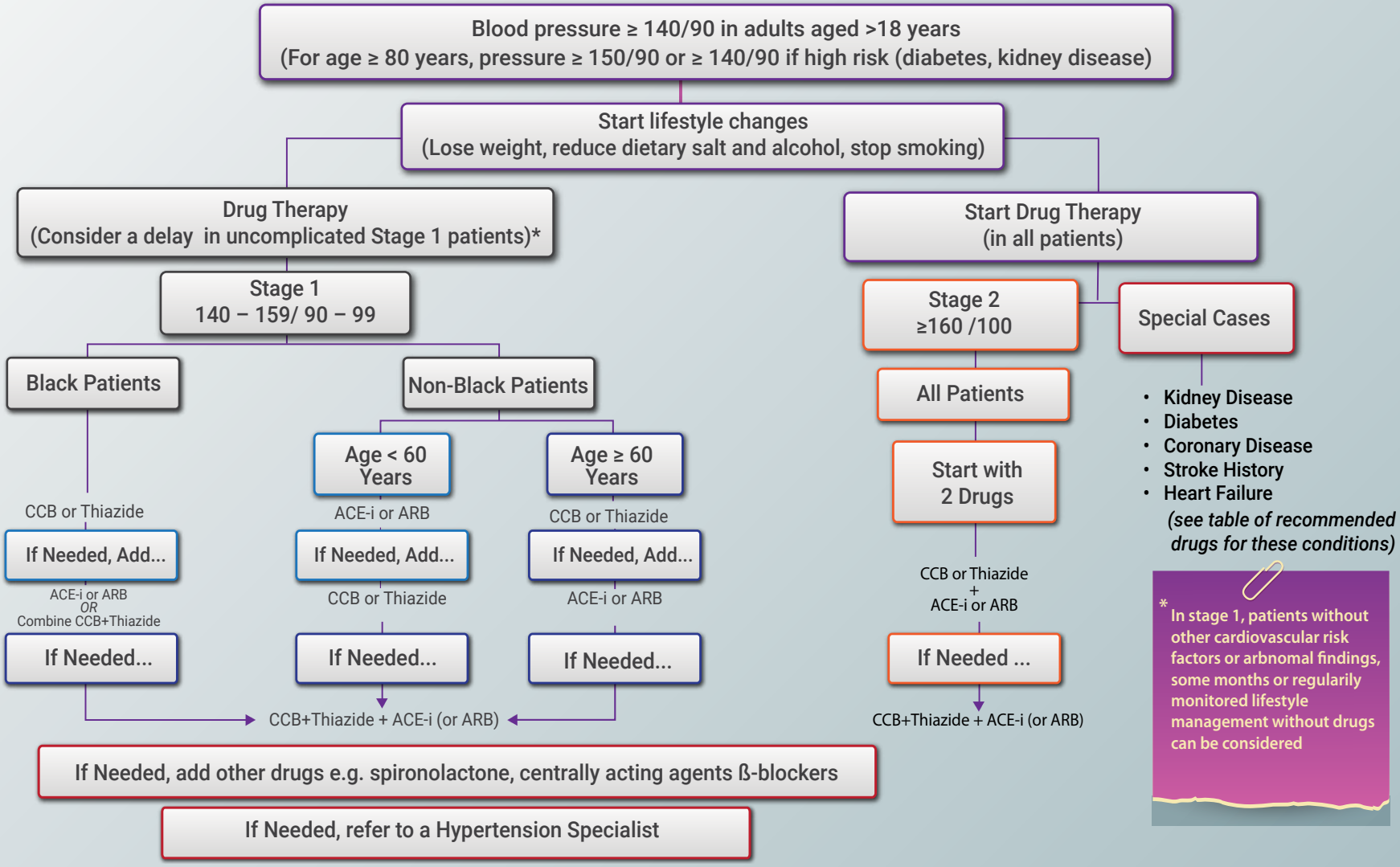
The Hypertension Protocol



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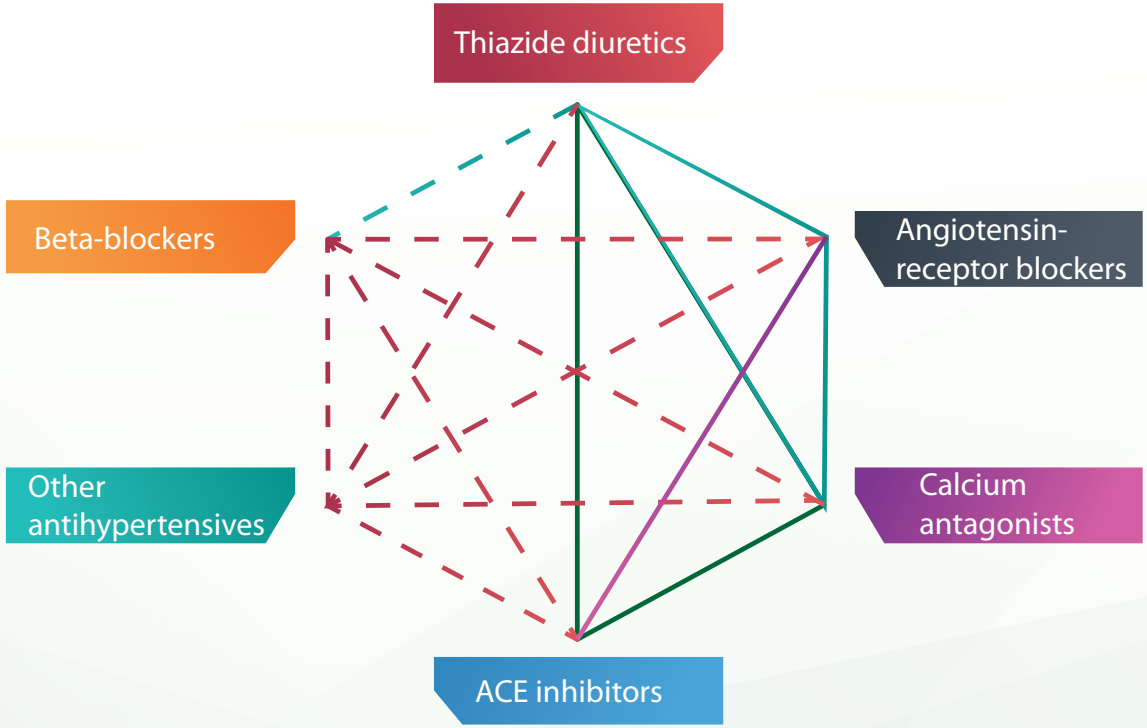
Recommendations for Combining BP-lowering Drugs and availability as Fixed-Dose Combinations



ACE = angiotensin-converting enzyme

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Diagnosis of Diabetes

No Diabetes	Impaired fasting glucose Impaired glucose tolerance	Diabetes**
FPG < 5.6 mmol/L < 110 mg/dL	 6.1 to 6.9 mmol/L 110 to 126 mg/dL	≥ 7.0 mmol/L ≥ 126 mg/dL (World Health Organization, 2006)
2hr PG < 7.8 mmol/L < 126 mg/dL	 7.8 to 11 mmol/L 140 to 199 mg/dL	≥ 11.1 mmol/L ≥ 200 mg/dL (World Health Organization, 2006)
A1c (ADA only as of 08/2010)		≥ 6.5% in a lab that is certified and standardized to the DCCT assay (ADA, 2010)

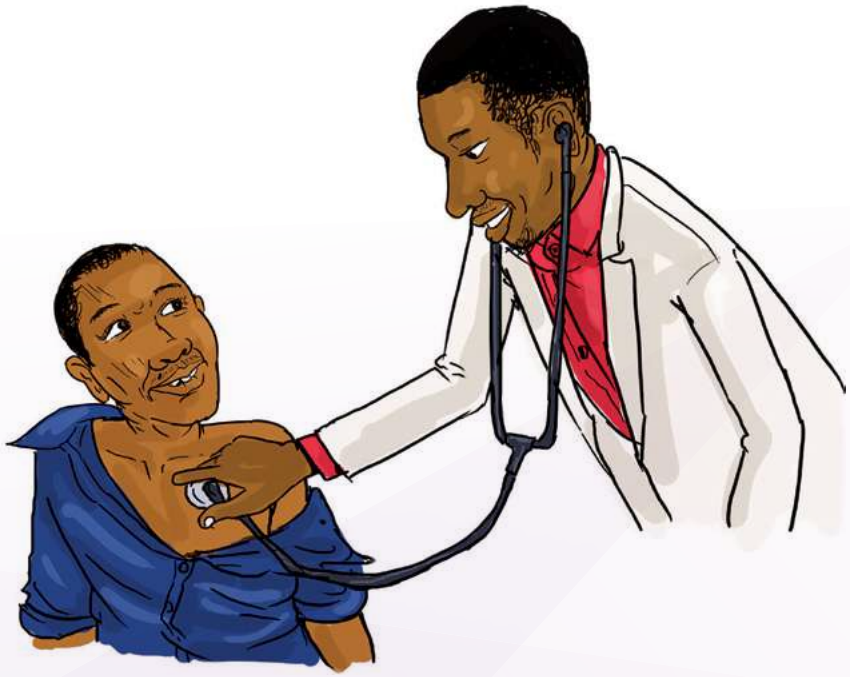
When to Screen?

- Screening in 1st trimester
  - i. To rule out unidentified pre-existing diabetes
  - ii. Fasting plasma glucose > 126mg/dl (7 mmol/L)

    or
  - iii. HbA1c > 6.5%

    or
  - iv. Random >200mg/dl (11.1 mmol/L)

    or
  - v. 2hr value in OGTT > 200mg/dl (11.1 mmol/L)
- If overt diabetes is detected, it must be treated appropriately.



When to Screen for GDM?

- Screening should be done at 24 – 28 weeks
- Diagnosis based on a 75 gm glucose load given in fasting state
- GDM diagnosed when one or more of the following is present
  i. *Fasting 92 – 125 mg/dl (5.0 – 6.9 mmol/L)*
  ii. *1 hour post 75 gm load ≥ 180 mg/dl (10 mmol/L)*
  iii. *2 hours post 75 gm load ≥ 153 mg/dl (8.5 mmol/L)*
- If woman tests negative, screening at 32 weeks also may be necessary in presence of high risks

GDM Treatment

Mild or Moderate

- Test If possible
- 15g glucose; re-test
  - Glucose tablets or gel
  - ½ cup fruit juice
  - ¾ cup soft drink
  - 3 teaspoons sugar or honey
- Re-treat if level remains low

Rule of 15

- Take 15g of glucose
- Wait 15 minutes
- If still low treat with another 15g of glucose

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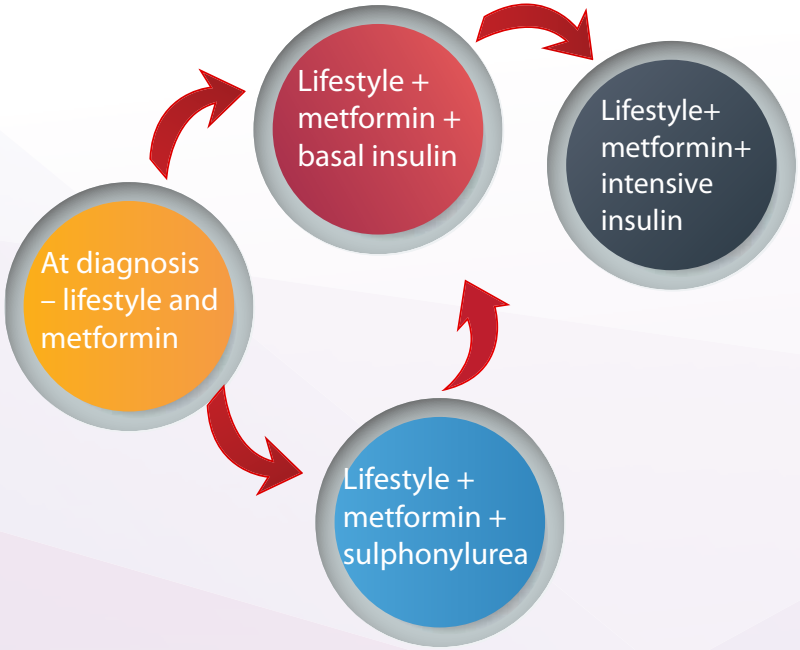
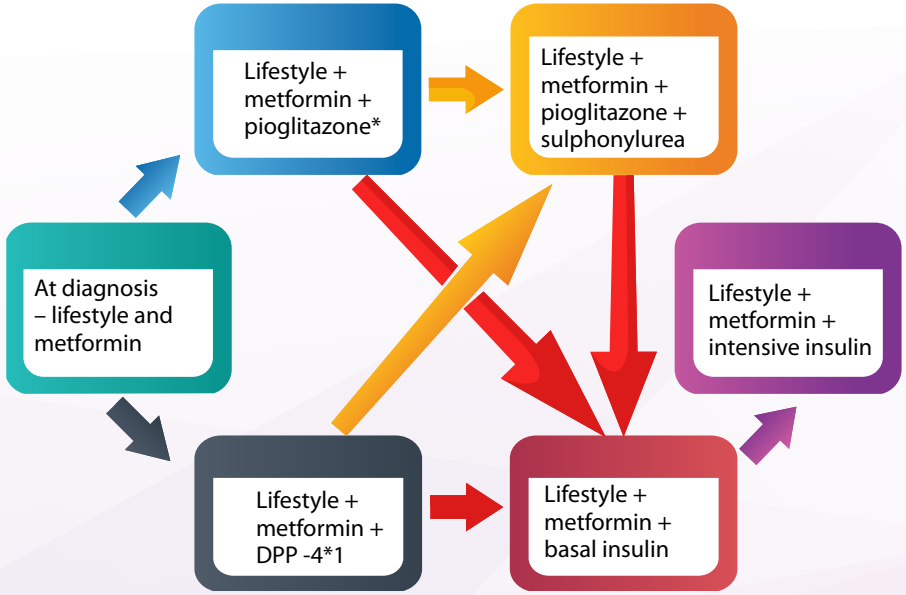
Suggested Starting Medicine (1 of 2)



Suggested Starting Medicine (2 of 2)



*No hypoglycemia, caution oedema/CHF, bone loss
*[1] no hypoglycemia, weight loss, nausea/vomiting (Nathan, et al.,2009)

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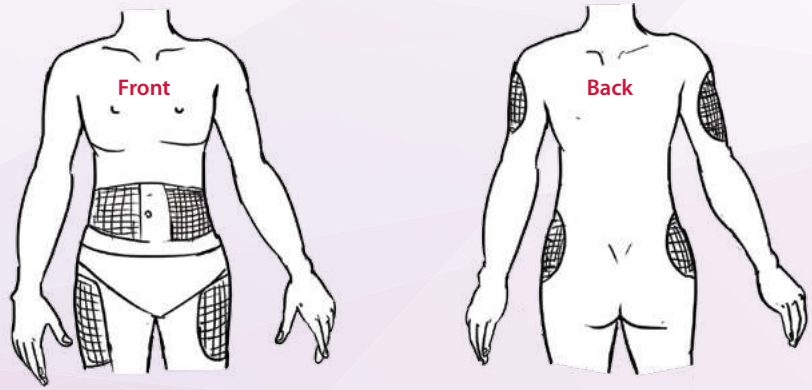
Types of Insulin and their Properties

Insulin Preparation	Onset of action	Peak action (h.)	Duration of action (.h)	Injections per day
Rapid-acting analogues – NovoRapid Humalog	10 – 20 min	1 - 2	3 - 5	Immediately before meals or with meals
Soluble Actrapid Humulin R	30 – 60 min	2 - 4	6 - 8	30 mins before meals
Intermediate (NPH) – lente insulin	1 – 2 hours	5 - 7	13 - 18	Once or twice
Biphasic mixture 30/70 Mixtard 30 Humulin 70/30	30 min	2 - 8	14 – 16 hours	Twice
Long acting analogue - Lantus	1 – 2 hours	peakless	24 hours	Once

Insulin – Administration Sites

Insulin is injected in areas with adequate subcutaneous fat



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