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

Blood pressure ≥ 140/90 in adults aged >18 years
(For age ≥ 80 years, pressure ≥ 150/90 or ≥ 140/90 if high risk (diabetes, kidney disease)

Start lifestyle changes
(Lose weight, reduce dietary salt and alcohol, stop smoking)

Drug Therapy
(Consider a delay in uncomplicated Stage 1 patients)*

Stage 1
140 – 159/ 90 – 99

- **Black Patients**
  - CCB or Thiazide
  - If Needed, Add...
  - ACE-i or ARB *OR* Combine CCB+Thiazide
  - If Needed...
- **Non-Black Patients**
  - **Age < 60 Years**
    - ACE-i or ARB
    - If Needed, Add...
    - CCB or Thiazide
    - If Needed...
  - **Age ≥ 60 Years**
    - CCB or Thiazide
    - If Needed, Add...
    - ACE-i or ARB
    - If Needed...

CCB+Thiazide + ACE-i (or ARB)

Start Drug Therapy
(in all patients)

- **Stage 2**
  ≥160 /100
  - All Patients
  - Start with 2 Drugs
  - CCB or Thiazide + ACE-i or ARB
  - If Needed ...
  - CCB+Thiazide + ACE-i (or ARB)
- **Special Cases**
  - Kidney Disease
  - Diabetes
  - Coronary Disease
  - Stroke History
  - Heart Failure

  (see table of recommended drugs for these conditions)

* In stage 1, patients without other cardiovascular risk factors or arbnomal findings, some months or regularly monitored lifestyle management without drugs can be considered

If Needed, add other drugs e.g. spironolactone, centrally acting agents ß-blockers

If Needed, refer to a Hypertension Specialist

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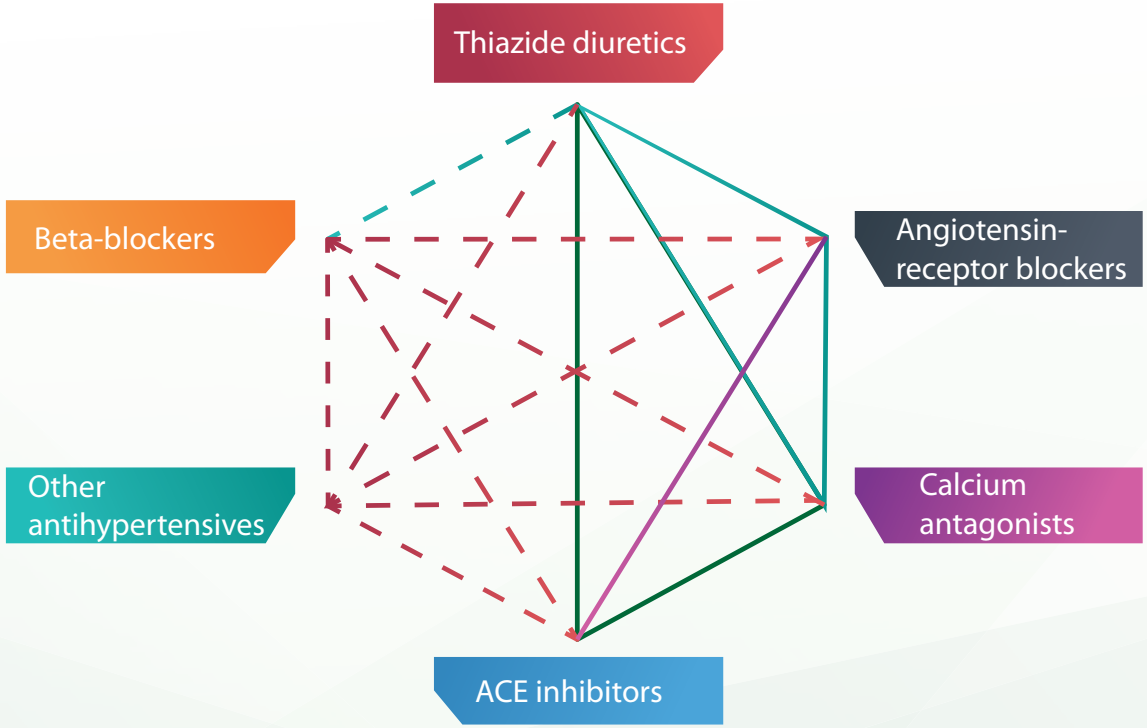
Recommendations for Combining BP-lowering Drugs and availability as Fixed-Dose Combinations



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)

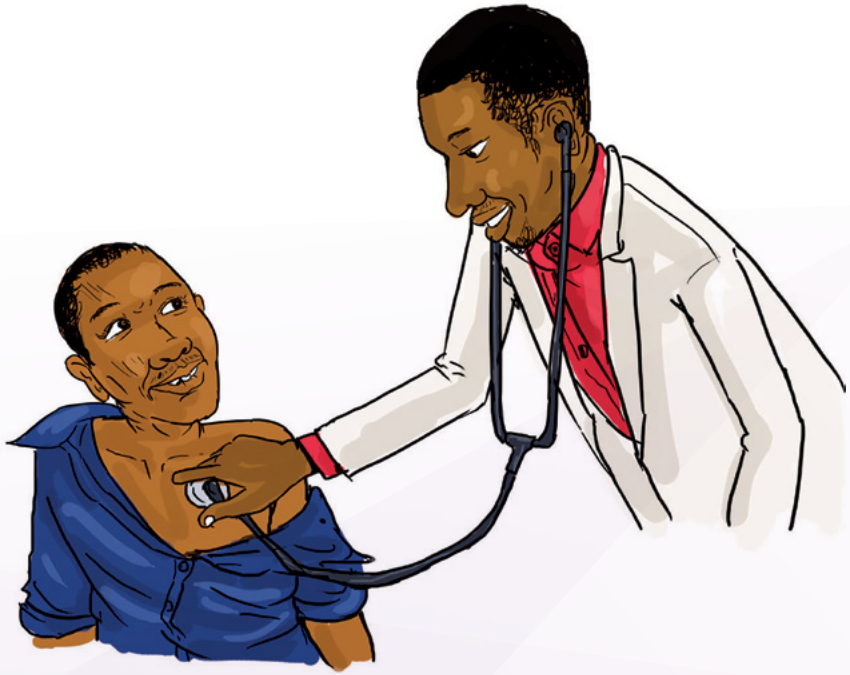
When to Screen?

- 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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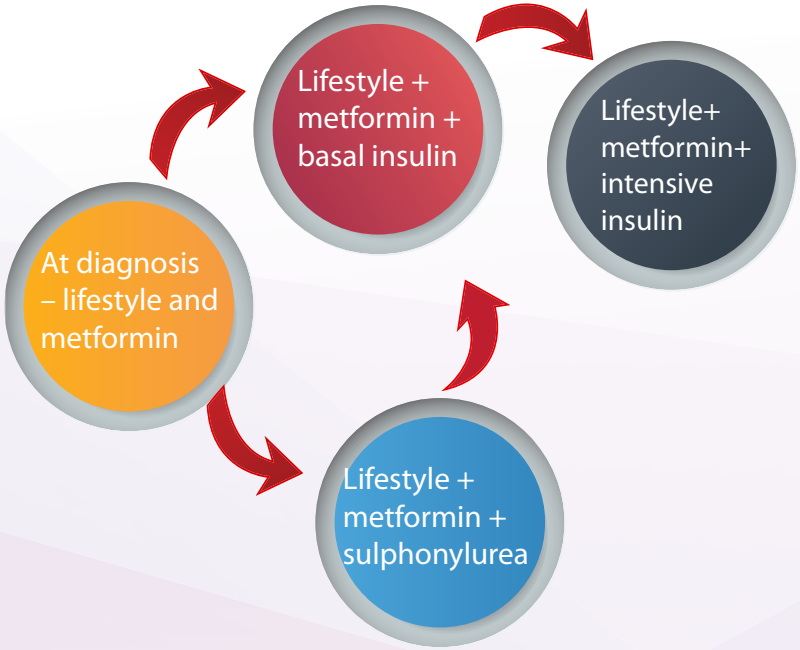
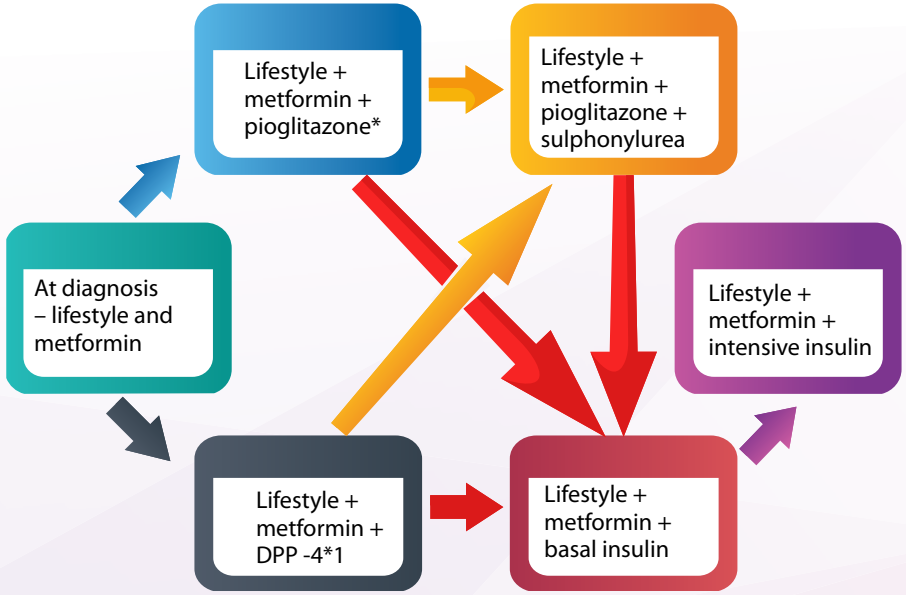
Suggested Starting Medicine (1 of 2)



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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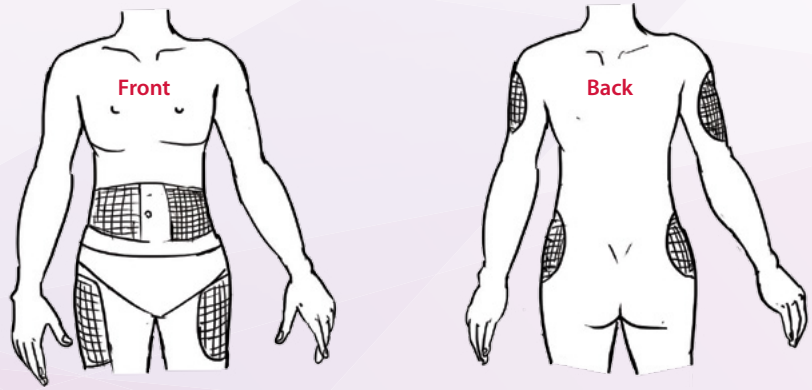
Types of Insulin and their Properties

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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