

CHIMPS TREATMENT PROTOCOLS

CONST	Fever	Acetaminophen: Child:10-15 mg/kg/dose q 4 h; Adult: 500mg q 4-6 H Elixir 160mg/5ml; tablets 400mg Ibuprofen: Child: 10mg/kg/dose; Adult: 400-800mg q 6 H Tablets: 400mg
EAR	Otitis Media Otitis externa: Ear Wax	Amox susp Child 40-50 mg/kg/d divided bid X 5 days if <2y/o or febrile and ill-appearing; 3-4 drops of body temp oil in ear canal for pain Suspension 250mg/5ml, 400gm/5ml TMP/SMZ: Child: 8-10 mg/kg/d TMP ÷ q12hX 5d; Adult: 1 DS tab bid X 5 days DS (160mg Trimethoprim/tab) and suspension with 40mg TMP/5ml ¼ tsp vinegar to ½ cup warm water...4-5 drops in ear tid Tepid water irrigation with large syringe (20ml or more) and cut off scalp vein tubing
EYE	Bact. Conjunctivitis	Erythromycin oph oint qid x 7d
NOSE	Sinusitis:	Use antibiotics under OM but treat x 10d if acute Normal Saline Nose drops ½-1 ml each nostril bid (1/2 tsp salt in ½ C water)
THROAT	Strep pharyngitis Thrush	Amoxicillin per Otitis Media but treat X 10 days Cephalexin Child 25-50/mg/kg/day ÷ q-12h (for PEN allergic patients); Adult 500mg bid X 10 d Tablets 500mg Wipe inside of mouth with baking soda and water (1/4 tsp to 1 cup water) tid. If breast feeding, Miconazole cream to mother's nipples after feedings x7-10d
RESP	Asthma Bronchitis Pneumonia	Salbutamol MDI 2 puffs q 4-6 H, or 15-20 minutes prior to exercise if EIB For acute flare: Prednisone or 1mg/ml 1-2 mg/kg/day q d x 3-5 days; tablets 10mg Doxycycline 100mg bid X 7d (Age 12 or over only); capsules 100mg Amoxicillin Child 50-75mg/kg/day divided bid X 7-10 days; Adult 500mg bid X 7-10 days Cephalexin Child 50-75/mg/kg/day ÷ q-12h (for PEN allergic patients); Adult 500mg bid X 10 d Tablets 500mg Ceftriaxone Infants and Child 50-75mg/kg IM and return next day for reevaluation
GI	Diarrhea	(Protocols derived from 2005 AIEPI/WHO guidelines for treatment of kids<5yo in ES) <u>BIRTH TO 2 MONTHS:</u> <i>Questions:</i> How long? Is the stool bloody? Breast feeding? Well? <i>Exam:</i> Signs of dehydration? Prolonged cap refill? Lethargic or extremely irritable? Sunken eyes, fontanel? <i>Classification/Treatment:</i> Diarrhea with signs of Dehydration above and/or fever: Referral to Hospital. Continue Breastfeeding as frequently as possible Diarrhea without significant Dehydration: Treat the diarrhea at home 1. Provide the baby with more liquids: longer and more frequent breastfeeds. 2. Make sure breastfeeding is going well; ORS if on formula. 3. Indicate to mom when to follow up. 4. If diarrhea persists, return en control in 2 days. Diarrhea > 14days: If NO dehydration: 1. Ensure breast feeding is going well. 2. Longer and more frequent breast feeds 3. Provide with Vitamin A: 50,000 UI if not already received Bloody stools: Referral to Hospital. Make sure mom continues to breastfeed <u>2 MONTHS TO CHILDHOOD:</u> <i>Questions:</i> How long? Is the stool bloody? <i>Exam:</i> Signs of dehydration? Thirsty? Prolonged cap refill? Lethargic or irritable? Taking po well? Breastfeeding well? <i>Classification/Treatment:</i> Diarrhea with signs of serious Dehydration: 1. Referral to Hospital for rehydration. 2. Provide with ORS(oral rehydration) and/or frequent breastfeeding 3. Initiate ORS orally or by NG Tube: 30 mL/kg/hour Diarrhea with Mild Dehydration: 1. Initiate rehydration: Breastfeeding and/or ORS. 2. Teach mom to prepare SRO with potable water. 3. Stool replace: ORS: If <1year old→ 50-100 mL for each stool; If >1 year old→ 100-200mL for each stool 4. Administer Therapeutic Zinc according to age: 6-11 months→ 10mg/day(1 cdita.) for 24 days; 1-4 years→ 20mg/day(2cdita.) for 12 days 5. Indicate to mom when to follow up. 6. Return "en contro" in 2 days

Diarrhea withOUT Dehydration: Treat the diarrhea at home.

1. Provide the child with more liquids: longer and more frequent breastfeeds, other liquids: ORS, atole, ricewater, potable water
2. Make sure child is drinking/feeding.
3. Indicate to mom when to follow up. If diarrhea persists, return en control in 5 days.

Diarrhea > 14days: If NO dehydration:

1. Ensure breast feeding, po-ing is going well.
2. Provide the child with more liquids: longer and more frequent breastfeeds, other liquids: ORS, atole, ricewater, potable water
3. Provide with Vit A if not recently given: 0-4 months→50,000 UI; 5-11 months→100,000 UI; 1-4 years→200,000 UI
4. Administer Therapeutic Zinc according to age: 6-11 months→ 10mg/day(1 cdita.) for 24 days; 1-4 years→ 20mg/day(2cdita.) for 12 days
5. Consider EGH(Examen General de Heces = stool studies for culture, O&P)
6. Indicate to mom when to follow up.
7. Lactobacillus tid X 5 days

Bloody stools: (Disenteria)

1. Administer antibiotic for shigella:
Trimetoprim Sulfametoxazol (4mg/kg/dose) or TMP-SMX suspension (40mg tmp+200 sulfa), q 12 hours x 5 days
2-3months(4-6kg)- 1.5 mL (q 12 hours x 5 days)
4-11 months(6-10kg)- 2.5 mL
1-2 years(10-14kg)- 5mL
3-4 years(14-20kg)- 7.5 mL
TMP-SMX tabs(160 mg tmp+ 800mg sulfa)
3-4 years: ½ tab
2. Indicate to mom when to return immediately
3. Return en control in 2 days if bloody stools persist

GI Parasites

Roundworms Empiric Rx with Mebendazole 100mg bid X 3 days (ascaris, hookworm, pinworms, whipworm)
Giardia & rdworms Empiric Rx for malnourished children under 5 and/or sx above: Albendazole (> 2yrs: 400mg daily X 5 d; 1-2 yrs: 200mg daily X 5 days)

Reflux, PUD Ranitidine Child: 2-4mg/kg/day; Adult:150mg bid or qhs; 150mg tablets
Calcium Carbonate (TUMS) 500mg tid prn

GU UTI: Amoxicillin 40-50mg/kg/d ÷ q6-8h x 7-10d in children; X 3 days in adults
TMP/SMZ 8-10mg TMP/kg/d ÷ q12h; DS tablets 1 bid X 3 days in adults
Cephalexin 500mg bid X 3 days; Tablets 500mg

GYN Vaginitis Yeast Vaginitis Fluconazole 150mg po X 1
Bacterial vaginosis Metronidazole 500mg bid X 5 d

Undernutrition (UN) Definitions

Age	Measure	Considered UN if less than:
≤ 3 yrs	Ratio: Mid Arm Circ to Head Circ	0.31 both genders*
	Body Mass Index (BMI)	Both Genders**
4		14.8
5		14.5
6		14.5
7		14.7
8		14.9
9		15.1
10		15.6
11		16.0
12		16.5
13		17.0
14		17.5
15		18.2
16		19.0
17		19.5
18 and over		20.0

* less than 0.31 is considered 1st degree malnutrition, less than 0.25 is considered severe malnutrition (p 412, 5th Edition, Pediatric Nutrition Handbook, AAP)

** Calculated from CDC growth charts for BMI, and selected BMI level at the approximate 25thile for each gender and took the mean of the two measures

Treatment: Multivitamin, 3 months supply; increase milk/higher calorie food intake with 1-2 extra meals; Treat for giardia if under age 5 or has a history suggestive of giardia such as recurrent or frequent diarrhea, flatulence, abdominal cramps, and malodorous stools

SKIN Impetigo: Topical Double Antibiotic Ointment topically tid x 1-2 wks
Cephalexin (Keflex) 125mg or 250mg/5cc. 50mg/kg/day ÷ q6h
Tinea: Corporis or pedis: Miconazole cream bid topically until gone
Versicolor: Miconazole cream bid topically until gone
Scabies: Permethrin 5% cream. 30gm/adult. Massage into skin from chin to soles of feet. Wash off in 8-14 hrs. Clean sheets.
Head Lice: Vaseline on hair and scalp with shower or bathing cap overnight; use dishwater detergent to remove. Remove nits with fine comb
Eczema: Vaseline or Eucerin cream post bath; HC 1% oint tid.
Cradle cap: Apply mineral oil to scalp x 20 min. Brush with toothbrush
Urticaria/Itching Diphenhydramine Child 1 mg/kg/dose ÷ q6; Adult 25-50mg capsules q 6 h
Syrup: 12.5mg/5ml; Capsules 25mg
Candida dermatitis Miconazole ointment tid topically

STD	Cervicitis/Urethritis	Ceftriaxone 125mg IM and Azithromycin 1.0gm po; Treat partner
	PID	Ceftriaxone 250mg IM and Doxycycline 100mg bid X 14 d; Add in metronidazole 500mg bid if suspect anerobic; Rx partner
	Trichomonas	Metronidazole 2.0 grams single dose. Treat partner.

Protocol for Prevention and Management of Anemia and Micronutrient Deficiency

Preventive	Therapeutic Rx
0- 5months:	
<i>Vitamin A</i> - 1 perla (50,000 UI)	Persistent Diarrhea >14 days: 50,000UI
Preventive: <i>Ferrous Sulfate</i> * 0.5 ml(10 drops) daily.	Iron Deficient: <i>Ferrous Sulfate</i> *- 1 ml(20 drops) daily for 3 months then change to preventive doses
6-11 months:	
<i>Vitamin A</i> - 2 perla (100,000 UI)	Persistent Diarrhea >14 days: 100,000UI
Preventive: <i>Ferrous Sulfate</i> 0.5 ml(10 drops) daily	Iron Deficient: <i>Ferrous Sulfate</i> - 1 ml(20 drops) daily for 3 months then change to preventive doses
<i>Zinc</i> : 10 mg/day (1 teaspoon)- duration 1 frasco	Malnutrition or Diarrhea: <i>Zinc</i> 10 mg/day(1 teaspoon) for 24 days
1-2 years:	
<i>Vitamin A</i> - 4 perla (200,000 UI) every 6 months	Persistent Diarrhea >14 days: 200,000UI
Preventive: <i>Ferrous Sulfate</i> 1 ml(20 drops) daily	Iron Deficient: <i>Ferrous Sulfate</i> - 2 ml(40 drops) daily for 3 months then change to preventive doses
<i>Zinc</i> : 20 mg/day (2 teaspoon)- duration 1 frasco every 6 months	Malnutrition or Diarrhea: <i>Zinc</i> 20 mg/day (2 teaspoon) for 12 days
2-4 years:	
<i>Vitamin A</i> - 4 perla (200,000 UI) every 6 months	Persistent Diarrhea >14 days: 200,000UI
Preventive: <i>Ferrous Sulfate</i> 1 ml(20 drops) daily for 30 days every 6 months	Iron Deficient: <i>Ferrous Sulfate</i> - 2 ml(40 drops) daily for 3 months then change to preventive doses
<i>Zinc</i> : 20 mg/day (2 teaspoon)- duration 1 frasco every 6 months	Malnutrition or Diarrhea: <i>Zinc</i> 20 mg/day (2 teaspoon) for 12 days
5-9 years:	
<i>Vitamin A</i> : 4 perla (200,000UI) every year	Persistent Diarrhea >14 days: 200,000UI
Preventive <i>Ferrous Sulfate</i> : not recommended	Iron Deficient: <i>Ferrous Sulfate tablets</i> * 1 tablet daily X 3 months + 0.4mg folic acid daily Non Iron Deficient Anemia: Rx for parasites with albendazole Multivit, chewable 1 daily for 3 months
Women age 10-50:	
<i>Post Partum Vitamin A</i> -4 perlas (200,000 UI)	
Preventive <i>Ferrous Sulfate</i> : 2 tablets each week (90 tablets/yr)	Iron Deficient-No Anemia: <i>Ferrous Sulfate</i> tablet: 1 tablet daily X 3 months; With Anemia: 1 tablet bid X 3 months + 0.8mg folic acid Non Iron Deficient Anemia: Multivit bid with folic acid & B-12 for 3 months
<i>Folic Acid</i> prior to and during pregnancy: 1 tablet 0.8 mg daily	
Males age 14 and over and women over age 50: No preventive doses recommended	
	Iron Deficient: treat as above Non Iron Deficient Anemia: Multivit bid with folic acid & B-12 for 3 months; if over 50 and Hgb > 2 gm below norm, give Vit B12 (cyanocobalamin) 1000mcg SC/IM monthly

*1 ml ferrous sulfate drops =25mg elemental iron; 1 ferrous sulfate tablet=65mg elemental iron

Follow up with clinic MD within 1 month for all patients with anemia and immediately for all patients with anemia of < 10.0gms. Hgb below 10 should have a second test done to confirm the anemia

