

MED STATIONS

Med Card Station:

This station is normally manned by non-medical personnel who have the gift of Administration#. The job of the station is to hand out existing card from card file (provided by OAKS), stickers and gospel tracts. If card does not exist in the card file, create a new card getting the name, age, grade, teacher and location (town) on the child, in Creole through an interpreter*. Patients are then taken (by hand) to Vital Statistic Station.

Vital Statistic Station:

This station is normally manned by non-medical personnel who have the gifts of Service/Helps, Encouragement and Mercy#. The job of this station is to obtain height, weight and temperature of the patient and log findings in the spaces provided on the card. Patients are then taken (by hand) to the BP Station (or Nurses' Station depending on set-up).

BP Station:

This station can be manned by a nurse's aid, or anyone that has been taught to do a blood pressure accurately. The job of this station is to obtain blood pressures, for patients over 16 years of age only, and listed on medical card in applicable space. No blood pressures are necessary for children. Patients are then taken to the 'waiting area' for a Nurse's Station. (This station is optional depending on number of team members available. This job could be incorporated into Nurse's Station).

Nurses' Station:

This station should be manned by U.S. licensed RN's and LPN's (or equivalent education, as approved by OAKS) that are efficient in physical assessment. The job of this station is to assess the patient from head to toe, as prompted by the card, filling in the spaces on the card provided. After a full assessment has been done, in Creole through the interpreter*, the nurse should then ask what type of 'chief complaints' the patient has and list them on the card. The nurse should then provide some teaching, in Creole through the interpreter*, with the patient regarding nutrition/adequate fluid intake or safe sex (whatever is appropriate). Then the nurse should prescribe medications necessary for this patient and carefully circle the medications on the back of the medical card and also list diagnosis. If the nurse is unsure of the diagnosis or what medications to prescribe, the patient should be taken (by hand) to the MD station. If the nurse is comfortable with the diagnosis/findings, the patient should be taken (by hand) to the Pharmacy.





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GUIDELINES FOR ALBENDAZOLE DISTRIBUTION

The Albendazole (worm pills) you have obtained are a great asset to people suffering from intestinal worms. They act to remove the adult worms from the intestinal area where they formerly fed on the nourishment intended for the human body.

The pills are mint-flavored and chewable so are easily administered. They can be taken before or after eating. Some children may experience some stomach uneasiness as an after affect. Since many people, and especially children, have an aversion to pills it may be wise to ask them to stick out their tongue to be sure they have chewed and swallowed it.

The pills have come to you fresh and have a shelf life of three years. They should be stored in the driest area of a building and away from direct sunlight. The dosage is just ONE pill for anyone above two years of age (World Food Program recommendation).

A few cautions are in order. Administering the pill to a child under two years of age should only be done under the supervision of a doctor. Also, recent research indicates that it is safe for a pregnant woman to take the pill. However, in some countries they are still following former guidelines where it is prohibited to give the pill to any woman of child-bearing age. It is necessary to check with the ministry of health in your particular country to see what the rules are. Otherwise legal problems may arise especially if in that country there are those who are looking for ways to denounce Christians. Some countries may also require the distribution to anyone be done under the supervision of a doctor. Even though there is no statistical significance of problems if given in the first trimester of pregnancy it is advisable to tell a pregnant woman to keep the pill and take it after the first trimester (if that country allows pregnant women to be treated).

The large Ascaris can migrate out of the child's nose or mouth. In this case one dose of Piperazine prevents this. Piperazine is inexpensive and widely available. In general, the pills should be distributed every six months. However, some countries have a policy of dispensing every four months if the infestation is severe. Usually a program should be run for two to three years. During this two or three year period it is highly recommended that steps be taken to improve sanitation such as:

- 1) Education on washing hands (especially before meals) AND fingernails (one group sent a large number of clippers along to pass out to families),
- 2) Work toward a safe drinking water supply.
- 3) Building latrines. Until this is done the Biblical injunction to "...dig a hole and cover up your excrement" (Deuteronomy 23:13) should be followed.



In the washing of hands and fingernails the life cycle of the worm is broken since the worm eggs are picked up in the soil. If not, the eggs (200,000 a day by one adult female) are swallowed and then hatch in the intestinal area. Doing these three steps the worm population can be greatly reduced.

It is also recommended that an entire community be treated within a one week period so as to keep one area from infecting another. If this is not possible the second best is to assure that an entire family be treated at the same time.

Although not directly related to the worm problem, the nutritional deficit is often exacerbated by the introduction of highly refined, empty calorie “foods” into poor communities such as cookies, candies, cakes and sodas. They lure people to spend their very scarce food money on these high-cost items with little or no return in nourishment. One egg costs far less than a soda but provides much needed protein and fat in areas where these are in very short supply.

MD Station:

This station should be manned by a U.S. licensed MD (or equivalent education, as approved by OAKS). This station handles patients as referred by nurse’s station when they are unsure of the condition or medications needed for the patient. This station also handles assessments that need to be done in private. The MD performs the assessment, in Creole through an interpreter*, and makes a diagnosis prescribing medications necessary for this patient. The MD should then carefully circle the medications on the back of the medical card. They should also list diagnosis indicated for the conditions found on the medical card. The patient should be taken (by hand) to the Pharmacy ‘waiting area’.

Evangelism:

This station is very important and in fact the most important station. It is the basis for what we do in Haiti or any country, which is to present the gospel to everyone. It should be manned by 2 people if possible. They will distribute tracts, but more than that they are to pray with people as they come through the pharmacy. It may be a prayer of salvation or a prayer for health, food, finances or whatever the person’s need is. The spiritual gifts of this person would be mercy, prayer, teaching primarily. You will have an interpreter with you also that has a heart for people’s spiritual condition.

Pharmacy:

The pharmacy is normally manned by non-medical personnel who have the gift of Administration#, however, at least one should be an RN/LPN to provide guidance as required. (If an extra RN/LPN is not available, the nurse prescribing medications should be able to field questions when they arise). The pharmacy fills the medications according to what is written or circled on the back of the card. The patients should then be instructed, in Creole through an interpreter*, regarding how the medications are to be taken/used. The interpreter should never be “in the pharmacy” area, only in the ‘waiting area’. After the directions have been clearly given, in Creole through the interpreter*, the patient should be directed to exit the Clinic.



1. **Set Up:** Using the stage area of church sanctuaries, arrange benches or chairs along the rear area of stage. Place groups of medications (in pre-filled dosages) in alphabetical order on the chairs or benches.
2. **Manning:** No more than 3 pharmacy people should be working in the “pharmacy” dispensing medications at one time due to limited space and in order to control confusion.
3. **Sanitation:** A bottle of hand sanitizer should be kept in a convenient location. It should be used frequently throughout the day while working. Disinfectant hand wipes need to be used periodically in addition to hand sanitizer applications.
4. **Dispensing Medications:** As medical cards are given to you after a person has completed his or her visit to the nurse or doctor, fill the order according to what has been marked on the back by the nurse or doctor.

If there are types of meds(i.e. “Advil” or “Neosporin”) with more than one expiration date, use the ones with the closest expiration date first.

When multiple medications are given a patient, place all the smaller bags/meds into one larger bag. Using a black marker, write the patient’s name on the larger bag.

Hand the bag of medications to the translator, identifying the particular patient, so he/she can explain in Creole how to take the medications. The translator will then give the medications to the patient, or teacher, as applicable.

Note: For younger children, all of the medications for the class are dispensed to the teacher to administer dosages in class as required.

5. **Ask Questions:** If you have any questions about the medications prescribed on the card by the medical professional, be sure to ask the nurse/doctor who examined the patient.
6. **Mixing Prescription Meds:** For those medications required to be mixed the day of prescribing, be sure a nurse or doctor tells you exactly how to mix the meds – quantity of water to powder, etc. Be sure to sanitize your hands before mixing. Use clean water from the big, filtered water container and a clean syringe for measuring water. A necessity in the pharmacy is a large measuring cup (or other wide-mouth, clean container) to hold the clean water for convenience and easy filling of the syringe. This container should be packed with your med supplies from the U.S.
7. **Remember you are there to let Jesus love the people through you.** Be kind to the Haitian people (as well as your co-workers!), smile, call them by



Other thoughts:

- Remember, touching and loving on the patients is why we are in Haiti.
- Show the love of Christ without saying a word through your smile. You'll never imagine how much a smile means to the patients that you encounter.
- Be sure to be focused on being sensitive to the Holy Spirit and offer words of prayer with patients, for patients and other team members as directed by Him.
- A bottle of hand sanitizer should be kept in a convenient location at each station. It should be used frequently throughout the day while working. Disinfectant hand wipes need to be used periodically in addition to hand sanitizer applications.
- Remember to drink fluids often and routinely in order to avoid dehydration. Even if you do not feel thirsty, drink, drink, drink...
- Stay focused on the task that the Lord has called you to at each station. A good work ethic is important and is a powerful witness to the patients.
- You should always be focused on team unity and sensitivity to the needs of others throughout the day. Remember, serve others...

- Spiritual Gifts:

For more information or questions on Spiritual Gifts, please contact OAKS.

*** - Utilizing an Interpreter:**

It is important to make sure that what you are asking or explaining to the patient is relayed fully, the way you want it to be. If you are unsure if this has occurred, repeat the question, ask more questions, or state the question in a different way. Be sure to see if the patient understands what is being relayed back to them and be sure to answer any questions that they have.

