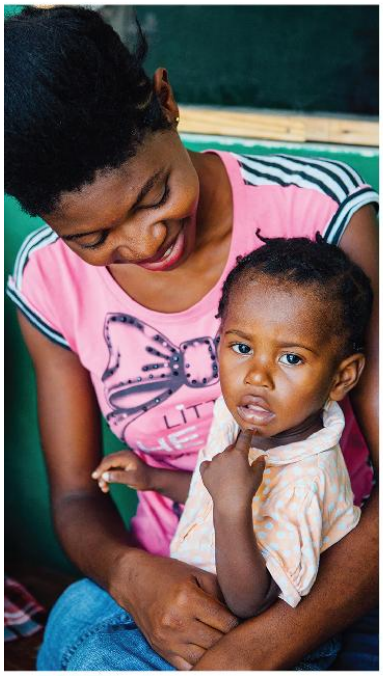

MEDICAL MISSION TRIP GUIDE

Hope GO

MISSIONOFHOPE.COM

MOBILE MEDICAL CLINIC ORIENTATION PACKET

We are so excited you are interested in serving alongside Mission of Hope. This packet is designed to give you an idea of what serving medically will look like and what Mission of Hope desires to accomplish through mobile medical clinics. If you have any questions as you are preparing, please call us at **512-256-0835** or email us at **trips@missionofhope.com**.

MOBILE CLINIC OVERVIEW

Mission of Hope operates mobile medical clinics to serve those who have limited access to medical care. These clinics are part of a larger movement at Mission of Hope called Church Advancement. Mobile clinics are an important part of our Community Health Initiative. As a result, education and relationships take top priority. While you are serving, you will spend your week in one or two of our partner communities. You can expect to see about 50 patients per provider per day and with this, fill about 300-400 prescriptions per day.

MOBILE CLINIC GOALS

1. To work alongside the local indigenous church and leaders to minister to every man, woman, and child in their community by modeling Christ in all we say and do.
2. To provide a pastoral care team to share the gospel with everyone in the community.
3. To educate in the areas of wellness, community health, and disease state management.
4. To build and maintain relationships with individuals from the local communities.
5. Work with and train local community health leaders to maintain best practices between clinics.
6. To deliver high quality health care by being prepared with the appropriate personnel, supplies, and diagnostics.

WHO CAN SERVE?

- Licensed medical professionals: MD, DO, PA, NP, RN, LPN, LVN, EMT, paramedic, CNA, RPh, PharmD, optometrists, dentists, PT and OT personnel, and chiropractors.
- All medical personnel will function according to their North American Scope of Practice. This includes prescribing procedures and treating patients.
- Non-medical support personnel can assist by taking heights and weights, registering patients, assisting in the pharmacy, praying with patients, sharing the gospel, managing lines, and organizing operations and workflow.

AN IDEAL TEAM WILL CONSIST OF:

- 1-3 providers (MD, DO, NP, PA)
- 4-6 medical support (RN, LPN, LVN, CNA, EMT, paramedic)
- 1 pharmacist (optional can use RN/physician instead)
- Optional medical personnel: Chiropractor, physical therapist, optometrist, etc. (must bring all necessary supplies and equipment)
- 4-6 non-medical support staff

MOBILE CLINIC STATIONS

Upon arrival at the village site, we will set up the clinic in a church or school.
Note: there will be at least one translator provided for each station.

Check-In: Mission of Hope Staff led, the team will collect accurate demographic data and personal information

Triage: North American nurses, EMTs, and paramedics will take vitals, assess needs, and assign each patient to a provider

Medical Consultation: There will be one private area set up for more critical patients and intimate exams. Other practitioners will see patients in semi-private areas.

Pharmacy: Prescriptions filled and vitamins dispensed at this station. All patients are to receive education on the use of prescribed meds or dispensed vitamins. If no pharmacist is available, use medical personnel most familiar with medication usage and dosage.

Ministry area: Local pastoral staff pray with patients and share the gospel. Support staff may be able to join the pastoral team as well as visit and pray with patients in the waiting area.

Support Staff: We can always use non-medical personnel to manage lines and keep patients moving from station to station.

CREDENTIALS

All licensed medical professionals are required to **provide the following documentation no later than 30 days in advance** of their trip:

- Scanned copy of medical diploma
- Scanned copy of current medical license with expiration date
- Scanned copy of passport
- Scanned, plain headshot photo (passport/driver's license not valid).

You will be asked to upload your credentials after completing your medical release form.

DRESS CODE

Licensed medical personnel: scrubs or scrub pants and a t-shirt

Non-licensed women: t-shirt (shoulders covered) and skirts, capris, or pants

Non-licensed men: knee length non-athletic shorts and a nice shirt

MEDICATIONS

All necessary medications are included in the price of the trip. There is no need to bring additional medications.

DIAGNOSTIC SUPPLIES

We ask all medical professionals to bring a stethoscope, portable otoscope, and blood pressure cuff/kit if available. Feel free to bring any other diagnostic tools (I.E hand-help pulse oximeter) that will help you assess patients, as long as they are portable and do not require electricity. We will have basic supplies for wound care on site. We will **NOT** have access to a generator while on site.

FREQUENTLY ASKED QUESTIONS

I am a student. What will my role be?

Per North American guidelines, students can observe in all areas but cannot practice medicine or directly treat patients. Students can assist nurses and help in the pharmacy, take heights and weights, manage lines, assist in clinic organization, and facilitate ministry with patients.

I would like to donate expired medications, will you accept these?

No, we cannot accept any expired medications. However, we do greatly appreciate donations of non-expired medications that are on the mobile medical formulary.

Can I take photos at the mobile clinic?

Yes, if the patient(s) agree to be photographed. Please use discretion and avoid anything that would not be seen as respectful or that would be embarrassing.

Will I need to pack my own lunches for the day?
No, we will take food with us for lunch. Lunch is usually peanut butter and jelly or chicken/tuna salad, sandwiches, and a cooler of water. If you have food allergies or wish to bring your own food or snacks, that is fine.

What else should I bring with me to the clinic site?
Sunscreen, hat, and sunglasses in case we are at a location outside. Also, a water bottle (drinking water will be provided), hand sanitizer, tissues, and pens.

Will I work with a translator?
Yes, we normally have one translator for each provider, one for each person doing triage, and at least one translator in the pharmacy. The patients do appreciate you trying to speak a few words or phrases in Creole or Spanish. Most of our translators are experienced in medical work. If you find it difficult to understand each other, take a minute to give brief explanations and/or find different words to use. Hand signals and drawings also work.

Can I bring things to give away to the people in the community at the clinic?
We want the clinics to be a place of healing, both spiritually and physically. In our experience, when we give a lot of things away, the purpose of the clinics can be lost. We always seek to work with and empower the local church.

How many patients will we see each day?
There are many factors that play into the number of patients that can be seen in a day. Our primary goal is to bring the gospel to each patient we see, to build relationships with community members and church leaders, to provide excellent medical care, and to model Christ in all we say and do. The number of patients we have the opportunity to see is secondary.

If you have any questions, please do not hesitate to contact us at **trips@missionofhope.com** or call us at **512-256-0835**.

Please print the medical chart below for your reference. Our hope is that this chart will help familiarize you with some of the unique things you may encounter while serving. Please consult one of our Mission of Hope medical staff for any diagnosing, dosing, or treatment questions.

DISEASES AND TREATMENTS COMMON IN THE AREAS WE SERVE

DISEASE	SIGNS AND SYMPTOMS	ADULT TREATMENTS	PEDIATRIC TREATMENTS
MALARIA* plasmodium falciparum *(most common cause of symptomatic malarial disease)* *Malaria causes immune system suppression, so be aware of co-existing infectious illnesses	Cyclic fevers: usually at night, headache, rigors, vomiting, myalgia, sweating, splenomegaly, anemia; abdominal pain and seizures seen in children Cerebral malaria: neurologic compromise including seizures and/or coma	Chloroquine 250 mg tabs: 4 tabs STAT Then 2 tabs each in 6, 24, and 48 hrs Tylenol or ibuprofen for fever and myalgia Pregnancy: Add Clindamycin 300 mg TID X 7 days Iron/MVI if anemic	Malaquin (chloroquine suspension): 10mg/kg stat, then 5 mg/kg at 6, 24, and 48 hrs Tylenol or ibuprofen for fever and myalgia Acetaminophen: 10-15 mg/kg/dose q4-8h Ibuprofen: 5-10 mg/kg/dose q6-8h (not to exceed 40 mg/kg/day) Iron/MVI if appears anemic Acutely/severely ill may need IM/IV meds and moderate hydration (do NOT give rapid fluid boluses!); give glucose for seizure/hypoglycemia
CHOLERA vibrio cholerae (gram negative bacteria causing acute, massive secretory diarrhea)	Massive watery diarrhea. Dehydration. Tachycardia, electrolyte imbalances, acidosis., abdominal pain/cramps, 30-50% vomit. Diarrhea has the appearance of rice water and may have a fishy smell. Disease progresses rapidly, deaths occur mainly from untreated hypovolemic shock.	Doxycycline 300 mg X1 Alternative: Ciprofloxacin 1000 mg X1 Pregnancy: Azithromycin 1g po X1 Oral rehydration salts LR – IV fluid of choice for advanced dehydration, may require 100 ml/kg over 1-2 hours for first boluses. Implement infection control/hand washing/ bleach cleaning of surfaces	8-12 years: 100-200 mg Doxycycline 1 < 8 years: Azithromycin 20 mg/kg X1 or Erythromycin 12.5 mg/kg QID X 3days/12 doses Alternative: Bactrim Oral rehydration salts Zinc 10-25 mg/day X 10 days IV fluids: LR 30 ml/kg initial bolus (unless malnourished, then 15 ml/kg and slower rehydration) If unconscious, check blood sugar and give glucose as needed

		TRANSFER TO CTC *(Cholera Treatment Center)*	TRANSFER TO CTC
SYPHILIS* treponema pallidum **GONORRHEA*** Neisseria gonorrhea *Remember to treat the partners of the patient being treated for STI	Primary: Firm painless chancre Secondary: Fever, papulosquamous rash Tertiary: Dementia, delirium	Penicillin: G 2.4 million units IM q week x 3 weeks **OR** Azithromycin: 2 grams for 1 dose **OR** Erythromycin **Men**: urethral discharge, dysuria **Women**: vaginal discharge, dysuria, pain with intercourse, intermenstrual bleeding **One of these, STAT** Cefixime 400mg Ceftriaxone 125 mg IM, Azithromycin 2 gm po, Ciprofloxin 500 mg po	Primary: PCN <14kg 600,000 units IM 14-28 kg 1.2 million units Neonatal conjunctivitis caused by gonorrhea can cause blindness. Red, sticky eye presents at 3-15 days post birth. Treat for both chlamydia and gonorrhea: Ceftriaxone 50 mg/kg (max 125 mg) IM STAT, **and** Erythromycin 12.5 mg/kg QID or CoTrim/Bactrim BID X 14 days
WORMS all/mixed	Abdominal pain and progressive iron deficiency anemia. White spots on face. Malnutrition, abd pain Treat children Q 3 months routinely.	Albendazole 400mg x 1 dose OR Mebendazole 500 mg X1 or 100 mg BID X 3 days Ivermectin 12 mg X 1	Over 2 years/age: Albendazole 400 mg X1 12-24 months: 200 mg X1 Alternative: Mebendazole 100 mg BID X 3 days
SCABIES Parasite Sarcoptes (Acarus) scabiei	Intensely pruritic papules. Commonly seen on interdigital webs, wrists, elbows, axillae, perineum, genitals, buttocks: itching most intense at night	Ivermectin 12 mg X 1 Benzyl benzoate or permethrin 5% cream, apply to all areas except face and wash off in 8-12 hours; plastic-bag linens and clothes X 24-48 hrs to suffocate mites, then wash and dry in heat/sun	Over 3 years of age and/or 15 kg: Ivermectin 0.2 mg/kg (max 12 mg) X1 Benzyl Benzoate or permethrin 5%, leave on 6 hours for infants, 8-10 hrs for children (overnight?), wash off
MEASLES* *Very contagious, incubation period approx 10 days *Warn families to expect close contacts to become ill	Prodrome 3-5 days: Moderate fever, anorexia, conjunctivitis, cough, coryza 4-5th day: High fever, non-pruritic rash on face and behind ears, spreads to trunk and extremities, rarely on soles/palms. Fades after 3-5 days	Complications: Pneumonia, Diarrhea, Encephalitis, Malnutrition, Otitis media, Secondary, skin infections, Blindness	Give Vitamin A: 0-5 months: 50,000 IU 6-12 months: 100,000IU 12 months: 200,000 IU (single dose, give upon presentation to prevent blindness) Treat concurrent illnesses and symptoms

	Cough may last for 3 weeks		Tylenol/ibuprofen for fever, comfort
MALNUTRITION* *Kwashiorkor (protein-calorie malnutrition) Mild, Moderate, Severe (SAM**) **SAM is a medical emergency and requires specialized, immediate care. If correcting dehydration, use slow rehydration and check blood sugar levels)	Changes in skin pigment, decreased muscle mass, diarrhea, failure to gain weight and grow, fatigue, changes in hair color (orange) and texture, distended belly, increased incidence of infections, lethargy, apathy, rash, swelling; Mid-Upper Arm Circumference (MUAC) less than 11 cm (see guidelines)	Multi-vitamin and mineral supplements, Therapeutic nut butters, Protein packs, Ensure, peanut butter, beans Treat for worms. Treat co-infections. Diarrhea: Zinc 25--50 mg/day X 14 days REFER TO CLINIC FOR FOLLOW UP	Multi-vitamin/MVI supplements. **Do NOT add high doses of iron**. Treat for worms. Vitamin A supplement upon presentation: See dosage chart under MEASLES Treat co-infections: Amoxicillin advised empirically. (see above for dose) Diarrhea: Zinc 10-25 mg/day X 14 days Therapeutic nut butters, Pediasure, protein bars or powders, increased concentration formula for infants, support of breastfeeding mother if available. REFER TO CLINIC FOR FOLLOW UP
VAGINAL INFECTION	Yellow discharge, pruritic White discharge Tan/grey discharge, fishy or foul odor	Doxycycline 100 mg BID X 14 days Consider bacterial vaginosis: Metronidazole 2 g X 1 or 250mg BID X 10 days Amoxicillin if thin discharge; Diflucan if thick discharge & pruritus Azithromycin 2 g X1 or 1g daily X 2 Doxycycline 100 mg BID X 10 days	