

THE GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF HEALTH AND SPORTS

DEPARTMENT OF MEDICAL SERVICES



GUIDELINES FOR COMMUNITY FEVER CLINIC

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Guideline for Community Fever Clinic

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1. Objectives

General Objective

To have well-organized and efficient fever clinic which is safe for both patients and health professionals.

Specific Objectives

- To identify COVID-19 cases in early stage of disease.
- To reduce the burden of emergency department at public hospitals.
- To collaborate with general practitioners in prevention and control of COVID-19.
- To prevent COVID-19 infections in GP clinics.
- To reduce nosocomial infection among suspected patients.

2. Rationale for Community Fever Clinic

- Every fever patient should be suspected and investigated to avoid potential spread.
- Risk of infection to health professionals shall be reduced by proper organization of community fever clinic.

3. Scope and Field of Application

All team members shall be aware of infection control measures. The team will be supervised by the respective township medical officer and shall comprise consultant physician or specialist assistant physician, or general practitioner or medical officer, two nurses, two nurse assistants/workers/volunteers. All medical practitioners must be registered with Myanmar medical council and must have practicing license.

4. Role and Responsibility

Nurse aid/ Worker

Shall be responsible for:

- Cleaning the clinic including instruments, door handles, chairs, beds, floors daily before and after the clinic and instructing patients to wear face masks and to do hand washing, supporting transportation of patients and disposal of medical clinic waste.

- Management of patients for line up.
- Preventing crowd of patients.
- Support for practice of social distancing among patients.

Nurse

Shall be responsible for:

- Registration and measuring temperature.
- Assisting consultant or specialist assistant physician and general practitioner or medical officer for examination and diagnosis of patients.
- Supervision of nurse aid/ worker.

Consultant Physician or Specialist assistant Physician or General Practitioner

Shall be responsible for:

- Examination of patients and screening or diagnosis of suspect case for COVID-19.
- Provision of appropriate treatment for other patients.

5. Procedure



Any patients with history of fever shall be eligible to attend the community fever clinic.

| Steps | Actions involved | Responsible person and rationale |
|-------|---|--|
| 1. | <p>Registration</p> <ul style="list-style-type: none"> - Name, age, gender, address , phone number and contact information shall be recorded | <p>Screening nurse</p> <p>Rationale for registration is to maintain records for further contact tracing.</p> |
| 2. | <p>Primary screening</p> <ul style="list-style-type: none"> - Any patient with history of fever shall be eligible for primary screening - Measure temperature using infrared | <p>Screening nurse</p> <p>The rationale for primary screening is to quickly rule out patients who require for hospital</p> |

| Steps | Actions involved | Responsible person and rationale |
|--------------|---|--|
| | <p>non-touch thermometer, SpO₂ using pulse oximeter and respiratory rate</p> <ul style="list-style-type: none"> - Those with fever and SpO₂ <93% and or respiratory rate >30/min or unable to talk shall be directly referred to Emergency Department of designated hospital after contact with focal person. - If undetermined, team decision shall be made. | admission. |
| 3. | <p>Appropriate treatment</p> <ul style="list-style-type: none"> - Those with definite etiology of fever and least possibility of COVID-19 shall be given necessary treatment while maintaining precaution measures and otherwise contact to focal person and then refer to designated hospital. | <p>Consulting physician</p> <p>Rationale is those with disease other than COVID-19 shall be treated.</p> |
| 4. | <p>Reporting</p> <ul style="list-style-type: none"> - Daily number of patients shall be reported to responsible persons or the respective township medical officer (TMO). | Community fever clinic team |

6. Surveillance Case Definition for COVID-19

Suspect case definition for COVID-19 will be the same as in Clinical Management Guideline for COVID-19 Acute Respiratory Disease version of the Department of Medical Services (Update should be assessed on MoHS official website <https://www.mohs.gov.mm/Main/content/publication/2019-ncov>).

Suspect case

1) A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath),

AND

a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR

2) A patient with any acute respiratory illness

AND

having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms

OR

3) A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness breath; requiring hospitalization)

AND

in the absence of an alternative diagnosis that fully explains the clinical presentation.

7. Patient Record Form

History taking and physical examination will be recorded for each patient in standard form (attached) as Clinical Management Guidelines for COVID-19 Acute Respiratory Disease version of the Department of Medical Services (Update should be assessed on MoHS official website <https://www.mohs.gov.mm/Main/content/publication/2019-ncov>).

8. Required Resources

Accommodation

- Patient reception area- spacious for about at least 10 patients to separate about 6 feet or more with adequate air flow in both direction
- Registering and screening area with desk and chair for screening nurse
- Examination area- desk, chair, patient bed with good lighting, good ventilation
- Changing area
- Containment area for suspect patients before referral
- Compound shelter if the patients have to wait before entering fever clinic area
- Rest rooms facilities for patients.

Protection

- Use of Personal Protective Equipment (PPE) will be according to instruction by Department of Medical Services dated on 12-3-2020 (attached)
- Proper hand washing or sanitizer before and after every patient encounter.

Others

- All patients must have surgical masks
- Separate hand washing facilities for patients and health care workers
- Contact phone number for fever clinic so that appointments can be scheduled to avoid crowding of patients
- Pulse oximeter
- Emergency medicine box
- Adequate PPE supply (PPE – cap, medical mask, face shield, gloves, disposable gown)
- Proper clinic waste management practice.

Patient Record Form for Suspected COVID-19 Acute Respiratory Disease

Patient's Particulars

Name-----Age-----Sex – M F , R/N-----

Date & time of admission-----

Room -----, Occupation-----

Address-----

Travel & contact history

Travel from-----, Name of Airline-----,

Arrival date & time-----

Contact to live stocks , How many days ago-----,

Type of exposure – Occupational , Visit

Contact with sick person , How many days ago-----,

Type of exposure – Health care worker , Household contact Visit

Is sick person a suspect case or probable case or confirmed case

Patient's Complaint

Fever , Duration of fever -----Day

Cough , Sore throat , Nasal discharge , Myalgia , Fatigue

Respiratory difficulty , Oedema

Vomiting , Abdominal pain , Diarrhoea , Urine output

Others-----

Past Medical, Drug & Personal History

Hypertension , Diabetes Mellitus , COPD , IHD , Heart failure ,

Renal disease, Stroke , Liver problem

Others-----

Hospitalization-----

Regular Taking Drugs-----

Smoking , Drinking

Physical Examination

Temperature-----‘F, BP-----, PR-----,SpO₂-----,RR-----

Respiratory Distress , Cyanosis- Peripheral / Central ,

General condition-----, GCS----- , Rash-----, Cervical L/N-----

Petichae , Purpura , Bleeding manifestations

Heart-----

Lungs-----

Abdomen-----

Bleeding manifestation-----, Urine output -----

SOFA Score-----

SOFA Score (Sequential (Sepsis related) Organ Failure Assessment Score)

| System or organ and measure | SOFA score | | | | |
|---|------------|-------------------|--|---|--|
| | 0 | 1 | 2 | 3 | 4 |
| Respiratory: | | | | | |
| P _a O ₂ /F _i O ₂ , mmHg | ≥400 | 300-399 | 200-299 | 100-199 with respiratory support | <100 with respiratory support |
| Coagulation: | | | | | |
| Platelets, × 10 ³ /μL | ≥150 | 100-149 | 50-99 | 20-49 | <20 |
| Liver: | | | | | |
| Bilirubin, μmol/L (mg/dL) | <20 (1.2) | 20-32 (1.2-1.9) | 33-101 (2.0-5.9) | 102-204 (6.0-11.9) | >204 (12.0) |
| Circulatory: | | | | | |
| Mean arterial pressure, mm Hg | ≥70 | <70 | Low dose dopamine or any dose dobutamine | Low-medium dose noradrenalin or adrenalin; medium dose dopamine | High dose noradrenalin, adrenalin, or dopamine |
| Central nervous system: | | | | | |
| Glasgow Coma Scale score | 15 | 13-14 | 10-12 | 6-9 | <6 |
| Renal: | | | | | |
| Creatinine, μmol/L (mg/dL) | <110 (1.2) | 110-170 (1.2-1.9) | 171-299 (2.0-3.4) | 300-440 (3.5-4.9) | >440 (5.0) |
| Urine output, mL/day | – | – | – | <500 | <200 |

*Our recommendation applies to patients with an infection and a SOFA score of ≥2.
P_aO₂ = partial pressure of oxygen (arterial). F_iO₂ = fraction of inspired oxygen.

Sepsis is defined by an increase in the Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score of ≥2 points. Assume the baseline score is zero if data are not available

Diagnosis : Suspect case , **Confirmed case**

No Pneumonia , **Mild Pneumonia** , **Severe Pneumonia**

ARDS , **Sepsis** , **Septic shock** , **Other**-----

COVID-19 Acute Respiratory Disease နှင့် ပတ်သက်၍ Personal Protective Equipment ဝတ်ဆင်ရန် လုပ်ငန်းလမ်းညွှန်

| အကြောင်းအရာ | Medical Mask | N95 mask | Gown | Gloves | Eyes protection (Goggles or face shield) | Boots/ closed shoes |
|--|---|----------|---------------------------|----------------------------|--|---------------------|
| ပြင်ပလူနာ ဌာန၌ Screening ပြုလုပ်ခြင်း | (+) အသက်ရှူလမ်းကြောင်း ဆိုင်ရာ လက္ခဏာများ (Respiratory symptoms) ရှိသူတိုင်း အတွက် အသုံးပြုရန် | (-) | (-) | (-) | (-) | (-) |
| လူနာများအား သံသယရှိပါက သီးခြား စမ်းသပ်ခန်း (Fever room/ Temporary isolation room) ၌ စမ်းသပ်ခြင်း | (+) | (-) | (+) | (+) | (-) | (-) |
| သံသယလူနာများ (Person under investigation/ suspected) လူနာခန်း၌ စမ်းသပ်ခြင်း/ ကုသခြင်း | (+) | (-) | (+) | (+) | (+) | (-) |
| ဓာတ်ခွဲစစ်ဆေးမှုပြုလုပ်သူများ/ Sample ယူခြင်း | (-) | (+) | (+) | (+) | (+) | (-) |
| Aerosol-generating procedures များ (e.g; tracheal incubation, non-invasive ventilation, tracheostomy, cardio pulmonary resuscitation, manual ventilation, bronchoscopy) ပြုလုပ်ခြင်း | (-) | (+) | (+) Apron ပါ ဝတ်ဆင်ရန် | (+) | (+) | (-) |
| လူနာများအား လူနာတင်ယာဉ်ဖြင့် သယ်ပို့ ရာတွင် အသက်ကယ်ကုသမှု ပြုလုပ်မည့် အထောက်အကူပြု ဝန်ထမ်းများ/ လူနာအား ထိတွေ့ကိုင်တွယ်မည့်သူများ | (+) | (-) | (+) | (+) | (+) | (-) |
| လူနာခန်းအား သန့်ရှင်းရေးပြုလုပ်သူများ | (+) | (-) | (+) | (+) (Heavy duty gloves) | (+) | (+) |
| လူနာခန်းသို့ ဝင်ရောက်မည့် ဧည့်သည်များ | (+) | (-) | (+) | (+) | (-) | (-) |

Reference : Rational Use of Personal Protective Equipment for Coronavirus Disease 2019 (WHO)

မှတ်ချက်

- ကျန်းမာရေးဝန်ထမ်းများသည် လူနာများအား ထိတွေ့ကိုင်တွယ်ခြင်း မပြုမီ နှင့် ထိတွေ့ကိုင်တွယ်ပြီးနောက် လက်ကို (Alcohol hand sanitizer/ ဆပ်ပြာနှင့် ရေဆေးခြင်းဖြင့်) စနစ်တကျ ဆေးကြောရမည်။
- သံသယလူနာများအား စမ်းသပ်စစ်ဆေးရန် မလိုအပ်သူသည် (ဥပမာ - Screening ပြုလုပ်ခြင်း/မေးမြန်းခြင်း၊ လူနာတင်ယာဉ် ယာဉ်မောင်း) လူနာနှင့် အနည်းဆုံး တစ်မီတာ သို့မဟုတ် သုံးပေ ခွာ၍ သတိပြု နေထိုင်ရပါမည်။
- လူနာများတွင် အသက်ရှူလမ်းကြောင်းဆိုင်ရာ ရောဂါလက္ခဏာများ ရှိပါက လူနာအား Medical Mask တပ်ဆင်ပေးရမည်။ အသက်ရှူလမ်းကြောင်းဆိုင်ရာ ရောဂါလက္ခဏာများ မရှိပါက Mask တပ်ဆင်ပေးရန် မလိုအပ်ပါ။