Intake

* When you enter the EMR Choose **“Intake.”**
* You will see a list of all patients who need Intake. Completed ones will have a green box under Intake. Ones who still need Intake will have a red box under Intake. You can also see what other stations each patient needs.
* Type information into the system **in English.**
* Ask the patient if he or she has seen us before.
  + “Se ha hecho atender antes con nuestros medicos, o primera vez?”
* Click the List button to the right of the patient’s name, unless it is already green.
  + Search for part of the patient’s name, if there is any chance we have seen her before. If you can’t find the record, search by common mistakes or misspellings or another part of the name.
  + If you find the patient’s record, click “Match this Patient”
  + If you are sure the patient does not have a record in the system, click “Close”
* Click the **Patient Info** box and fill out as much of the information as you can.
* **Name**—Get all 4 Get all four names if at all possible. Please use apellidos from the list instead of typing them differently, unless it is a new apellido that is not in the list.
  + “Como se llama?” “Otro nombre? Otro apellido?”
  + “Ima shutitak kanki?”
* **Community**--Choose the name of the community the patient is from. In a few cases,

this may be different from the community where we are working. If the patient’s community is not on the list, choose “Other” and type it in.

* “Es de aqui mismo?” “En cual comunidad vive?”
  + “Kaypi kawsanki?” “Maypi kawsanki?”
* **Birth Date or Age**—If you know the patient’s birth date, enter it. If they don’t have their cedula and don’t know, ask for or make a guess as to their age and enter it into “Estimated Age”.
  + “Que edad tiene?” “Mas o menos?”
  + “Mashna watata charinki?”
* **Gender—**Select the patient’s gender
* **Cedula**—this is an identification card issued by the government. Don’t make anyone go home to get their cedula, but if they have it with them, enter the number. The cedula can also be very helpful for getting correct names and birthdate.
  + “Tiene la cedula? Preste.”
  + “Cedulata charinkichu? Apamupay”
* **CC**—ask for the reason they are here or problem. Don’t go fishing for more problems, but do write down all of the problems the patient lists on his own.
  + “Que tiene, o que le duele?”
  + “Imata nanahun?”
* If there is not already a photo in the Photo Box, touch the box. Choose the camera and take a photo of the patient with your device. Make sure to ask the patient for permission and explain that it will only be used to identify her in the future.
* When you are finished, click “Mark Complete.”
* If appropriate, fill in the Notes field in the patient’s line on the Patient List.
  + If the patient requests a **particular provider** or the problem is more appropriate for a particular provider, type that provider’s name in the “Notes” field.
  + If the patient should go in with a **family member**, type “fam1” in the Notes field for each family member. For the next family, use “fam2” and so on.
  + If the patient needs a **Kichwa interpreter**, type “Kichwa” in the notes field
  + If the patient wants to see a dentist, try to find out if he wants a filling or an extraction or something else and type the desired **procedure** in the “Notes” field on the Patient List.
* **Do not** do intake on a person with “**por si acaso**” in the Notes box, unless you get the go ahead from the Listmaser.

**Vitals**

* When you enter the EMR, choose **“Vitals.”**
* Click on the Green arrow to the right of the Patient’s name. Record vital signs in the appropriate boxes.
* Be sure to **sterilize thermometers** between each use. You can use cotton balls soaked in alcohol and keep them in a covered container on your table.
* Tape a tape measure on the wall to facilitate taking heights. If possible, position it above the scale, so that you can take height and weight at the same time.
* Use a smaller, flexible tape measure for measuring head circumference. If you don’t have one, you can use a string and then hold it up on the tape measure on the wall.
* Many thermometers seem to read low. Try to experiment and use the best ones. Make sure the patient closes her mouth around the thermometer.
* Patients do not need to remove shoes or jackets before they stand on the scale unless they have extremely heavy ones.
* When you have finished, ask the patient to wait and click “**Patient Free**” on the Vitals tab.

For adults:

* Take **blood pressure**. You can do this manually or with an automatic monitor.
* Take **pulse**. You can do this manually or read it from the automatic monitor.
* **Weigh** and record in the appropriate box.
* Measure **height** and record in the appropriate box.
* Take **temperature** and record in the appropriate box. Be sure that the patient closes her mouth completely around the thermometer.

For children and youth 2-16 years old:

* **Weigh** and record.
* Measure **height** and record.
* Take **temperature** and record.

For children under 2:

* **Weigh** and record. It may be easier to weigh the mother holding the baby and then subtract the weight of the mother alone.
* Measure **height** and record.
* Take **temperature** and record. If you cannot get a thermometer in the baby’s mouth, you can take it in the armpit and type “ax” in the notes field next to it.
* Measure **head circumference** and record.

**Provider Assistant**

* Your job is very important for **controlling patient flow**. Try to observe and get a sense of the rhythm of the provider(s) you are working with.
* **Help the provider(s) set up** their exam areas. Bring desks and chairs as needed and supplies from the Provider Kit black box.
* When you enter the EMR, choose **“Medical.”** You will see a list of all patients who need to see providers.
* Look for the first patient with green boxes under Intake and Vitals but a red box under Provider, indicating she has not yet seen a provider. Ask him or her to follow you into the exam room and sit down near the provider.
* Look for Notes to the right of the patient’s line on the list.
  + If a provider’s name is in the Notes box, be sure to take the patient to that provider.
  + If “fam” and a number is in the box, it means it is a family that should go in together.
  + If Kichwa is in the notes, that means the patient needs a Kichwa interpreter.
* **Never let a patient in besides the ones you are purposefully bringing to the providers.**
* If you call a patient’s name several times and no one appears, you can skip to the next one. Look for the missing patient when you have a chance.
* Stay in the exam room or at its door whenever you are not doing something, so you are accessible to the provider. It is very important to **pay attention and be available**.
* The provider may ask you to take the patient to the **lab** to have a test done. Take the patient there. Later, check back to see if the patient is ready to return to the provider.
* The provider may ask you to find particular **supplies**. If you are unsure where they are, ask the Pharmacist or Anna.
* The provider may ask you to assist with various procedures in the exam room.
* The provider may ask you to go the **pharmacy** for prescriptions or take the patient to the pharmacy
  + If the Provider is not finished with the patient, take the prescription sheet and hand it to the pharmacist. When it is packaged, bring it back to the exam room to give to the patient.
  + **If you give the medications to the patient, ask for a $0.50 contribution**.
  + If the provider is finished with the patient, the patient may go with you to the pharmacy. If this is the case, it is helpful to have the Pharmacist, yourself, or someone else explain the instructions for taking the medication again.
* If your provider fills out a **Referral Form** for a patient:
  + Make sure to get as much contact information as possible.
  + When the provider has finished, take the patient to meet with the Virginia or an Intern who will be working on Follow Up.
  + Take a photograph or scan of both sides of the patient’s cedula and save it in the patient record under the Photos tab.
* Help the provider pack up at the end of the day. Make sure all supplies get back to their appropriate boxes.

**Provider**

* Let the Listmaster know if there are any kinds of patients you are not comfortable seeing, and also if you have a specialty, or are particularly skilled at seeing certain kinds of patients.
* Find out which room(s) are available for providers and then decide how the providers want to arrange the space.
* Take the **Provider Kit** black box to your room. This box has the supplies you will need for your consultation and exam area. Be familiar with the supplies in this box.
* Set up your consultation area with chairs and a desk.
* Set up the exam bed and privacy screen. Usually the exam bed is shared between providers.
* If there are light sockets without light bulbs, fill them with bulbs from the Provider Kit black box.
* Introduce yourself to your interpreter and discuss work preferences or any special requests. Build rapport with your interpreter.
* When you enter the EMR, choose **“Medical.”** You will see a list of all the patients who need medical attention.
* When you are ready for a patient, tell your Provider Assistant that you are ready.
* Do not let any patients come in to see you other than those brought to you by the Provider Assistants.
* Click on the Green arrow to the right of the Patient’s name. Click on the tabs to see information that has been entered, especially Vitals. Growth charts are accessible on the Vitals tab.
* To see past history, click on the Visit History tab.
  + Visits prior to October 2015 can be seen by clicking on the scanned documents in the right-hand column.
  + Visits since October 2015 will be accessible by clicking on the visit date in the left-hand column. The date of the visit you are viewing will be highlighted in yellow. When you are viewing past records, the background will turn red. Be very careful not to enter your notes from today’s visit on a past record. **Only enter your data when the background is white, not red.**
  + Past **prescriptions** can be seen without going into the past visit records, simply by clicking on the Pharmacy tab and clicking on “Show All.”
* Click on the Medical tab to enter your information.
* The Active Problems box to the right is information that will stay visible from visit to visit.
* If the Recheck box is checked, a previous provider wanted the patient to be checked for a past problem.
* If “Given Albedazol” appears, it means the child has already received albendazol.
* If you need to do a private exam, either ask for a private room to do it in, or have interpreters and provider assistants hold up blankets to create a private space.
* When you want to prescribe medications:
  + Click on the Pharmacy tab.
    - Enter the medication and quantity, as well as any instructions.
    - Only available medications will show up. When you select one, the available quantity will appear.
    - You can also consult the entire list of medications by using the “Go To” box in the upper right hand corner of the screen and selecting “Inventory”
  + Have your interpreter write clearly on a **Prescription Sheet in Spanish**:
    - Patient name
    - Generic name of medication
    - Instructions for taking the medication. Patients typically understand meals or times of day better than “every 4-6 hours”.
* Your Provider Assistant can take the prescription sheets to the pharmacy. If you are finished with the patient, he or she can go with the assistant. If you are still working with the patient, the assistant can bring the meds back.
* When you want to prescribe non-medical items:
  + Click on the Pharmacy tab.
    - Under “Non-Medical”, enter the item you want, as well as any instructions.
    - This list of items is not yet synced with inventory, so there may be something on the list that is unavailable.
    - You can also consult the entire list of non-medical items available by using the “Go To” box in the upper right hand corner of the screen and selecting “Inventory,” then clicking on “Non-Medical Inventory.”
    - Some of these items live in the pharmacy, and the pharmacist can fill those prescriptions. Others live in other places, and your assistant can find them. **If you give the item to the patient, click “Filled” next to the item on the Pharmacy tab**.
* If you want to order a lab test or earwash:
  + Click “Department Referral” and check the appropriate options
  + Have your Provider Assistant take the patient to the lab
  + Consider starting with another patient while waiting for the lab results.
* If you need to do a referral:
  + Consider the context and the investment of time and energy involved. Do you really want to refer this patient? We cannot refer every case that would be referred in the US.
  + Click the Referrals tab and then “Create New Referral”
  + Fill out the **Referral Form** carefully.
  + Be sure to get good, clear contact information. Without this information, we cannot help the patient access additional care.
  + If a staff member from the appropriate Subcentro is present, consider discussing the case with that person and asking him or her to help with follow up.
  + If the referral is urgent, and you want the patient to go to the hospital the same day, have the Provider Assistant find Anna, Herman, or Aaron to discuss how to arrange that.
* After you have finished with a patient, finish filling out the **Medical tab.** Be sure to mark the Diagnoses. Please check the existing diagnoses before adding a new one.
* When you have finished with a patient, click the “Patient Free” box. This does not lock the record in any way, it just indicates that others can call the patient to other stations.
* Feel free to consult with the other providers for any questions and second opinions.
* If you need a supply, have your Provider Assistant ask Anna or the Pharmacist where it is.
* At the end of the day, clean up your station and make sure all of your supplies get back into the Provider Kit. If you used supplies from another box, make sure they get back to the appropriate box. Don’t pack up until the **Listmaster** tells you that you are finished.
* If we are working at a school, typically all of the children in the school will receive albendazol. Children younger than school age or teenagers may not receive it. If you are unsure, ask. Children who receive albendazol at the Peds station will have a note show up on their record in the Medical tab.

**Pharmacist**

* Keep the pharmacy organized!
* Set up in an **area you can protect** from curious children. If you are outside, block off your area with desks.
* The 6 white towers, the PE box, the SM/PT box, and the WC box live in the pharmacy.
* If you are ever unsure of what to do, **ask**! Don’t make substitutions of your own accord.
* When you enter the EMR, select “Pharmacy Orders”. It will show you all of the medical prescriptions. You can filter to see only the unfilled ones by clicking on “Show Open Orders.”
* Check the details on your order and pack the prescription according to the instructions below.
* Provider Assistants will bring you prescription sheets in Spanish with the medication, amount, and dosage written on them.
* Whenever possible, **pack the medications in the long, skinny plastic bags**. Place the **prescription sheet inside the bag**.
* Count out pills using the **pill counters** to keep them clean.
* Tablets can be split using the **pill cutters** to get half the dose. Capsules cannot.
* **Suspensions** should be mixed up for the patients.
  + Read the instructions and add the correct amount of pure water.
  + Mark a medication syringe or cup with the dosage amount to make it easy for the parents to measure the medication.
  + If the parent or teacher is there, show him or her how to administer the suspension.
  + If the patient requires 2 separate bottles and there is a reliable parent you can train, then show the parent how you are mixing up the first bottle and instruct him or her to mix the second bottle when the first runs out.
* **Creams** in large containers should be repackaged into smaller containers. You can use a tongue depressor to do that.
* **Naphcon-A** bottles can be divided into 3 separate bottles, using clean dropper bottles and the original bottle.
* If the patient is there, explain the instructions for taking the medication again.
* **If you give the medications to the patient, ask for a contribution of $0.50.**
* Once you have given the medication to the patient, **click the “Filled” button**. This is very important.
* You can see the entire inventory by going to “Go To” and selecting “Inventory.”
* Periodically, check the Non-Medical prescriptions list.
  + To do that, click on “Non-Medical Orders”.
  + Click “Show Open Orders.”
  + Providers will fill some orders on their own, but the ones that are open, you should fill. If you do not have those items, ask a Provider Assistant to let the Provider know.
* If we run out of any medication, or if you select 1 week and the Need box turns red, make a note and ask Anna or a Medical Director if we should buy more.
* If one provider’s prescriptions seem out of line with everyone else’s, let the Group Coordinator or Anna know.
* When you aren’t busy, make **pre-packs**:
  + Ibuprofen 200mg #30
  + Acetaminophen 325mg #30
  + Adult multivitamins #90
  + H. Pylori packs:
    - 4 sacks, labeled *desayuno, almuerzo, merienda*, and *de noche*
    - in each sack:
      * 2 g amoxicillin
      * 500 mg metronidazole
      * 524 mg bismuth subsalicylate
    - In the *desayuno* sack only: 60 mg lansoprazole
    - Use the largest dosage of each medication available. For example, if we have 500 mg and 250 mg capsules of amoxicillin, use the 500 mg ones for your h. Pylori pack.
    - **When you make an h. Pylori pack, click “Made H Pylori Pack”** on the Inventory page.
* Try to use older meds before newer ones.
* When you aren’t busy, you can write expiration dates in large numbers on the tops of packages with a sharpie to make it easier to use older ones first.
* Keep the masterSUPPLIESlist open on your laptop, so that if anyone is looking for something you can tell them where it is.
* If Open Orders are left on your list at the end of the day, look at them carefully and decide whether or not they have been filled. If a prescription has been filled, click Filled. If it was ordered but not filled (for example, the patient left), then click on the “i” icon to open the info box and click Archive.

**Lab**

* Set up your lab using a table and the TEG box.
* When you enter the EMR, choose **“Labs.”** You will see a list of all the patients who need lab tests or earwash.
* Click the green arrow to the right of the patient’s line on the list.
* You will see what tests or earwashes have been ordered by looking at the “Requested Labs” box.
* Follow the instructions for each test.
* **H. pylori** tests:
  + Set up for the test with: an h. pylori test, a lancet, an alcohol wipe, a capillary tube, the bugger bottle, and the rubber cap for the capillary tube.
  + Warn the patient that it is going to hurt, but reassure him or her that it will only hurt a little bit. (Le va a doler un poquito, un ratito no más)
  + Remember we are doing the finger stick option, so you must use the **glass capillary tube** and fill it up to the blue line.
  + Have the patient put the finger in a cup of warm water for several minutes if necessary. Use the ring finger as it is usually less calloused than the index or pointer. Massage the hand to get blood into the finger.
  + Wipe the finger with an alcohol wipe and prick it hard with a lancet. If you prefer, you can use the lancet platform from the blood glucose monitor. However, unless you are used to that system, it is usually harder to get a good stick that way.
  + Collect blood in the capillary tube, using the black rubber top covered with your finger to create suction.
  + Drop the blood into the test, squeezing the black rubber top to push it down.
  + Drop one drop of buffer solution into the test.
* **Urinalysis**:
  + Keep the bottle of strips closed to preserve the strips.
  + Have women clean themselves with a sterile saline wipe, then collect urine mid-stream. (Primero limpiese con esto. Luego orina un poco en el baño. Luego orina aqui.)
  + Have the patient dump the urine into the toilet after you are finished, but make sure that no more urine is needed for another test before doing so.
* **HCG:**
  + Have women clean themselves with a sterile saline wipe, then collect urine mid-stream. (Primero limpiese con esto. Luego orina un poco en el baño. Luego orina aqui.)
  + Have the patient dump the urine into the toilet after you are finished, but make sure that no more urine is needed for another test. Wait until your results are conclusive before disposing of the urine!
* Mark the test results in the appropriate boxes on the Lab Info tab and click the “Patient Free” button.
* Make sure the patient knows where to go when you are finished with the test. Usually they should go back to the exam room.

**Earwash**

* Set up your supplies outside. You will need a chair for the patient to sit in. You will also need **warm water**. This usually means heating water in the hot pot and mixing it with cold, pure water. You might need an extension cord for the hot pot.
* When you enter the EMR, choose **“Labs.”** You will see a list of all the patients who need lab tests or ear washes.
* Click the green arrow to the right of the patient’s line on the list.
* You will see what tests or ear washes have been ordered by looking at the “Requested Labs” box.
* Before beginning to wash the ears make sure a provider has looked into the patient’s ear with an **otoscope**. If there is any suspicion of a perforated eardrum, do not proceed as you could cause a lot of pain. It’s a good idea for you to look into the ear with an otoscope to get an idea of what is there and how it has changed after you wash it.
* Before washing a patient’s ear, put **hydrogen peroxide or Colace** in it, block with a cotton ball, and wait at least 10 minutes. Waiting longer is fine.
* Have the patient wear the **cape** to stay dry.
* Put warm water in the earwash spray bottle, test this on your hand to make sure it is tepid.
* Have an assistant hold a **kidney basin** under the patient’s ear.
* Start slow and gradually increase pressure as you spray water forcefully into the ear using the spray bottle.
* If the patient experiences significant **pain,** stop and call a provider. It good to find out if it’s pain or if it just feels weird. (Te duele mucho o solo se siente raro/a?; Does it hurt a lot or does it just feel weird?) Some patients will feel dizzy but that will go away if you wait. (Estás mareado/a; Are you dizzy?)
* If you have used a whole bottle of water in one ear and not gotten any wax out, have a provider look into the ear again.
* **Be persistent**. It often takes a long time to get the wax out.
* **Do not stick any instruments into the ear**. Only a provider should do that.
* If a provider comes to look in the ear, offer the provider the lighted ear curettes and the alligator forceps for pulling wax out.
* When you have finished washing an ear, check the appropriate box on the Labs Info tab.
* When you have finished with a patient, click the “Patient Free” box.

**Vision**

* Set up an area for vision exams. Consider the angle of the sun, so that it won’t be in patient’s eyes or creating glare on your computer screen. Have glasses and computer under cover in case of rain. Hang a “**Lea” chart on the wall and measure 10 feet** from it. Make a line for patients to stand behind.
* 3 people is ideal to run the station. One on the computer to take notes, one to do the close to patient work, and one to be at wall chart. 1 table and 2-3 chairs are desirable.
* When you enter the EMR, choose **“Vision.”** You will see a list of all the patients who need vision tests.
* Click the green arrow to the right of the patient’s line on the list.
* For a patient with the EMR, answer the questions on the Vision tab and check the appropriate boxes.
* Use the “hands” or “pictures” Lea chart for any illiterate patients. Make sure the patient has a name for each of the 3 symbols on the wall chart. Often it’s nice to use the letters chart for literate patients.
* Test **distance vision** using the chart on the wall and **near vision** using a small, hand-held chart held 14 inches from the patient’s face.
  + Patients **with glasses** should have their vision tested with and without their glasses.
  + LEA instructions say do the near [hand chart] testing first. Then the distance [wall] chart.
  + **With both eyes uncovered**, point to the first symbol in each line in descending order. **Do not leave pointer close to symbol** because it makes fixation easier. If there seems to be difficulty, cover the line below.
  + Move down one row at a time until the person has difficulty, then move back up one line and ask that all symbols be identified. If they have no trouble, rapidly skip down to the smaller characters.
  + If the person identifies all correctly, go down one line and ask for all symbols to be identified.
  + Visual acuity is recorded as the last line on which at least **3 of the 5 symbols are identified correctly.** When tested at 10 feet the visual value is found in the margin next to that line.
  + After obtaining good responses for binocular testing, proceed by testing **each eye individually.**
  + **When testing monocularly,** use the first symbol of each line for one eye and the last symbol on each line for the other eye to determine which line to start testing.
  + Record all results
  + Randomly skipping between lines and characters prevents the patient from simply reciting lines from memory
  + If the patient is unable to read any of the lines:
    - See if they can detect light
    - See if they can detect motion
    - See if they can tell the number of fingers placed in front of them
* **Keep your boxes of glasses protected** from curious children and adults.
* The eyeglass bags can be arranged as a file cabinet in the suitcase or hung on a wall or between windows by the rope for easy access.
* If someone needs reading glasses, let him/her try the weaker strengths first, then stronger. Threading a needle is a good test of whether the glasses help. For literate patients, you can also have them read lines from a magazine.
* Patients with distance vision problems should be referred to Vista Para Todos. The EMR system will recommend a referral if appropriate.
  + Click the Referrals tab and then “Create New Referral”
  + Fill out the **Referral Form** carefully.
  + Be sure to get good, clear contact information. Without this information, we cannot help the patient access additional care.
  + Be sure to release the patient after doing a referral.
* Give referred patients a Tandana VPT referral card filled out with their name and stamped with our sello.
* When you have finished with a patient, click the “Patient Free” box.
* Do the H test with tongue depressor for peripheral vision. This is a good time to check the eyeball for abnormalities.
* You can make a pharmacy order for eye drops, and sunglasses and do referrals to VPT on the EMR system. Please write a paper pharmacy order and put vision on the top of the slip and give to the patient to take to pharmacy.
* The EMR recorder should have this sheet handy with the card numbers. If there is a long line of patients, you can stop at line 8 which is the 20/20 line on both charts.

1 20/200

2 20/100

3 20/70

4 20/50

5 20/40

6 20/30

7 20/25

**8 20/20**

9 20/15

10 20/13

11 20/10

**Pediatric Check-Ups**

* The Check-Up will take different forms depending on the volunteers and supplies we have available.
* Keep in mind that the kids will be crowding around and making noise, so try to choose an area where they will be less distracting to other volunteers and patients.
* If we are doing dental sealants and fluoride treatments, the check-ups should be integrated into that process. For example, kids can go from Peds to Dental.
* If the dentists are not doing sealants on all children, but we have fluoride available, it is good to incorporate fluoride application into the Peds station. Have the children brush their teeth before coming to the peds check up. Then a volunteer can apply fluoride to their teeth as they come through. A dentist can easily teach volunteers how to apply fluoride.
* Ask the teachers for a **list of the students’ names** and then to bring the **classes one at a time.**
* When you enter the EMR, choose Pediatric.
* Click “Add Children From List” and enter the Grade and Community, then Continue.
* Check the boxes to the left of each child who is on the list from the teachers. Click “Add Selected.”
* If a child does not show up on the list, clear the grade and community and search for her name, including common misspellings.
* If the child does not have a record in our system, click “Add New Child.” Enter the information in the black box, and click “Create Patient.”
* Make sure you are ready before you call students. If they are standing around waiting, they will run away and it will get chaotic.
* Click the Details box next to the student’s name.
* Record each student’s **height and weight**.
* If the students have not been treated for parasites within the last 6 months, every child over 2 years old should receive **400mg of albendazol**. Make sure they chew and swallow it. If necessary you can hide it in a small piece of banana or bread.
* When you give a child albendazol, make sure to mark the Albendazol box.
* If you apply fluoride right at the Peds station, check “Given Preventative Dental”. If the whole class will go to the dentist, don’t mark it.
* If a nurse or provider is available, listen to each child’s heart and lungs. Refer the child to the medical department, if you think she needs more attention.
* Look in the child’s mouth. If the child badly needs dental work, refer him to the dental department. We cannot do dental work on every child, so just refer those with the worst problems.
* If you need to refer a child for medical, dental, or vision care, first see the color of the box around her name. If it is blue, she is already on the regular patient list. **If it is orange,** a provider requested a Recheck on her, so be sure she gets referred to Medical.
  + Click on “Dept Refer” and check the boxes for the department(s) the child needs.
  + Be aware of total patient numbers and check with the Listmaster about whether you can refer more children.
* Be sure to click “Mark Complete” when you are finished with the child
* If there is an epidemic of flu going through the school, also take the children’s temperatures and record in the box. Note any high temperatures and make a list so the children with fevers can be brought to one of the providers as a group.
* Sometimes the teachers need a copy of the heights and weights for their registro. If so, copy the information for them.

**Listmaster**

* Your job is essential to the smooth operation of the clinic and enables the maximum number of patients to be seen.
* Your job requires both precision and an unconscious awareness of what’s going on around you.
* You must **always stay in the Intake area**. If you leave for any reason, you must hand off your duties to someone else who understands the system.
* Patients must come to you first to get their names on the list.
* When you enter the EMR, select Intake.
* To add a patient to the list:
  + Click the “New Patient” box at the top.
  + If you have time, you can search for the patient’s record:
    - If you can’t find it, try different permutations of the name and common errors someone could have made with the name.
    - If she is in the records, click the green check mark to the right of her line on the list. It is very important to **make sure that you have the correct person**.
  + If you don’t have time or if the patient is not in our system, click “Add New Patient” at the top.
    - Enter the patient’s names. It is not necessary to get all 4, as the intake person can add additional names in later.
    - Click “Create Patient.”
  + When you add the patient, a box will pop up, allowing you to select boxes for the stations the patient needs to see. Ask the patient if they want medical, dental, and/or vision attention. Explain that vision is only for difficulties seeing, and that if they have an eye infection or irritation, they will need a medical turn.
* **Do not put anyone on the list who is not present** in person.
* If a mother comes with children, ask for the names of all the family members she wants to have seen, so you can put their names together on the list. That will help you keep track of when the family is ready to see a provider or dentist. In the “Notes” box to the right on the Patient List, enter “fam” and a number by each of their records, so everyone can tell who needs to go in together.
* Generally, patients should be seen in the order they arrive, but you can switch things around to improve efficiency. Rather than wait for someone to be ready or come back from the kitchen, send a ready patient in.
* **Children must have a parent,** or a sibling old enough to be reliable, or a teacher go in with them to be seen by a provider.
* Send families in all at once.
* Be very aware of the **cut off number** and any factors that might add patients that you haven’t taken on your list, such as pediatric check-ups. When the number is reached, alert all stations that they may no longer make referrals to the department whose list is full.
* If you take a “**por si acaso” list**, be very clear that the likelihood is that the patient will not be seen. Type “por si acaso” in the “Notes” box to the right of the name on the Patient List. Do not have intake done on a patient unless you are sure she will be seen. Doing intake basically guarantees the patient a turn.
* Be aware of who is where in the process and how things are going.

**Dental Assistant**

* **Help the dentist(s) set up.** Bring the dental equipment wooden box, compressor, black dental boxes (3), dental clear boxes, and dental chairs to the dental room.
  + Set up the compressor outside and run the hose through a window.
  + Things you might need to find elsewhere at site or in clear box: extension cord, 2 tables, at least 3 chairs, lights, sheet to cover windows to make the area private, an empty bottle for sharps/needles, large plastic garbage bag, waste basket, and blank paper for notes.
* Log in to the EMR system using the dentist’s name and select Dental.
* Look for the first patient with a red box, indicating she has not yet seen a dentist. Ask him or her to follow you into the exam room and sit down in the dental chair.
* **Never let a patient in besides the ones you are purposefully bringing to the dentists.**  It is ok for family members to come in, especially if the patient is a child.
* If you call a patient’s name several times and no one appears, you can skip to the next one. Look for that patient later when you have a chance.
* Click the green arrow to the right of the patient’s name on the Patient List.
* Enter the diagnosis and treatment information in the appropriate boxes. For fillings and extractions, enter the tooth number for each tooth.
* To see past history, click on the Visit History tab.
  + Visits prior to October 2015 can be seen by clicking on the scanned documents in the right-hand column.
  + Visits since October 2015 will be accessible by clicking on the visit date in the left-hand column. The date of the visit you are viewing will be highlighted in yellow. When you are viewing past records, the background will turn red. Be very careful not to enter your notes from today’s visit on a past record. **Only enter your data when the background is white, not red.**
* Stay in the dental room as much as possible, so you are accessible to the dentist. It is very important to **pay attention and be available.**
* The dentist may ask you to assist with various procedures and tools or to apply fluoride.
* If the dentist wants to prescribe a medication:
  + Click on the Pharmacy tab.
    - Enter the medication and quantity, as well as any instructions.
    - Only available medications will show up. When you select one, the available quantity will appear.
    - You can also consult the entire list of medications by using the “Go To” box in the upper right hand corner of the screen and selecting “Inventory”
  + Write clearly on a **Prescription Sheet in Spanish**:
    - Patient name
    - Generic name of medication
    - Instructions for taking the medication. Patients typically understand meals or times of day better than “every 4-6 hours”.
    - Some dentists prescribe Ibuprofeno 200mg, 15 tablets [#15], 1 with breakfast [desayuno], lunch [almuerzo], and dinner [merienda] for 5 days [Por \_\_5\_\_dias] for an adult and masticable [chewable] Ibuprofeno for the same length of time for children.
  + Take the Prescription Sheet and hand it to the pharmacist. When it is packaged, bring it back to give to the patient or have it available for the dentist to give to the patient. Put the Prescription Sheet in the plastic bag with the pills. Or, if the patient is finished, she can go to the pharmacy on her own with the prescription sheet.
    - **If you give the medications to the patient, ask for a $0.50 contribution.**
* Give every patient a toothbrush [cepillo] and toothpaste [pasta].
* **When the patient is finished, click the “Patient Free” box.**
* If the dentist wants to do a referral:
  + Consider the context and the investment of time and energy involved. Do you really want to refer this patient? We cannot refer every case that would be referred in the US.
  + Click the Referrals tab and then “Create New Referral”
  + Fill out the **Referral Form** carefully. You can choose the English or Spanish version, depending on the dentist’s best language.
  + Be sure to get good, clear contact information. Without this information, we cannot help the patient access additional care.
  + If the patient needs help with dentures or another expensive procedure, ask Herman for approval.
* Help the dentist pack up at the end of the day. Make sure all supplies get back to their appropriate boxes. Make sure to **release the pressure from the compressor** before it is packed in the truck.
  + Keep the boxes organized.
  + Make a list of supplies that should be added to supply boxes for the next day/week’s work.
* Have the towels washed after each week.
* If we are doing sealants and fluoride treatments, there will be a whole system set up for that.
  + In the EMR, click on “Go To” and choose “Home”. Click on Intake List, and choose Pediatric. You will see a list of children who have been added to the list for the Peds station.
  + Click on the “Dental” button to the far right of the child’s name. Enter your data as usual. Be sure to click “Patient Free” when the child is finished.
  + The children will need brush their teeth with pumice. It is best to take them to a sink, one class at a time, and give each of them a toothbrush with pumice on it. Have them brush and rinse.
  + Then the dentist will need to apply etch to each child’s teeth.
  + Next, the dentist will need to apply sealant. 1 vial of sealant either red or blue, will do about 4 children’s teeth. Red and blue are often used together and are hardened with an ultraviolet light. You should not look at the blue light when the dentist puts on the orange glasses.
  + Finally, fluoride will be applied. A volunteer can easily learn how to do that.
* If we are not doing sealants on all of the kids, but we have a good supply of fluoride, it also can work well to do fluoride at the peds station. The kids will need to brush their teeth before going to the peds station, and then a volunteer can apply the fluoride as part of the peds process.

Spanish phrases you might need:

When children climb to look in the windows: Get down – *Bajense*

Get away – *Quiten*

Go play – *Vayan a jugar*

Line up – *Formense*

Come – *Venga*

Be calm, still – *Quietitos*

Wait here – *Espere aqui*

It will hurt a little bit -  *Le va a doler un poquito*

50 cents – *cincuenta centavos*

Open your mouth – *Abra la boca*

(Don’t) Close your mouth – *(No) Cierre la boca*

Keep your mouth open – *Mantenga la boca abierta*

Does it hurt? – *Le duele?*

You will feel better soon. – *Va a estar mejor pronto.*

Spit – *Escupa*

Rinse *– Enjague*

**IT Specialist**

* Charge the batteries on the server, back-up router, and any other devices you have been asked to take responsibility for before each day of work.
* After arriving at the work site, find a central location for the router that is not too far from any one station and high off the ground. Stay away from concrete walls. If the work will occur on two stories of a building, put the router on the upper story. First connect a power strip so you don’t steal valuable plug-in space and so that no one unplugs the router accidently. Run an orange extension cord to where you want to set up the router making sure to not have a tripping hazard. Connect one more power strip to have extra space just in case. It’s smart to carry at least one 3 pin to 2 pin plug adaptor just in case.
* Find a safe location for the server that is near the router but protected from weather, kids, and traffic.
* It is important to do the following steps in chronological order. Plug in the router, push the on button, and wait about 15-20 seconds. Next turn on the server computer. Next connect this computer to the WiFi signal called “Tandana” or “Tandana 5G.” The server will be running FM server in the background, even if the FM app is not open.
* When everything is running correctly the following lights will be illuminated on the server: 1, 3, 4, 11, 12. Each light is marked with a black line.
* Walk around to the various stations to make sure everyone is able to connect to the server. If someone is having trouble, try to help troubleshoot.
  + The MacBook Air server must have 192.168.0.193 as an IP address (see System Preferences > Network)
  + Consult the Tandana FileMaker App Quick Reference and Tandana FileMaker Database Application Notes for additional information.
* You can open the FM Server Admin Console via the icon on the desktop. Use the “File Maker Server Access instructions” on the MacBook server desktop (Account ‘fmserver’, password ‘connection’) to see related information, such as who is currently connected.
* If some stations are not getting a strong wifi signal, and if electricity is available, try using the signal extender by plugging its two parts into two different outlets.
* If someone’s device is running out of battery, find an extension cord so they can plug it in. There are extension cords in several boxes, such as DTC, PE, TEG, and U.
* If you will serve as a scribe for a provider, login to the FM database on your device by entering the provider’s full name. Then consult the Provider cheat sheet for more details on using the system.
* **Please, make sure that the server is not shut down or disconnected until everyone’s client device is already disconnected from the network**! Hasty shut down of the server can cause loss of data.
* If someone accidently unplugs the server, or if the power goes out briefly, on the server, select “Turn Wifi off” under the Wifi symbol found in the upper right corner of the screen. Wait 15-20 seconds and then select “Turn Wifi on,” reconnect to “Tandana” or “Tandana 5G” and you should be back on.
* Wait until everyone is finished entering data at the end of the day, then pack up the server, router, and any other devices you are responsible for.
* In the evening, back up the server to the external hard drive, using Time Machine.
* Often, people will want to enter additional data in the evening. In this case, set up the server and router to make it available for them to connect to. If there is only one person who wants to enter data, that person can use the server directly, and you do not need to set up the local Wi-Fi network. Be sure to get the server back before the night ends.
* Charge the devices for the next day.
* If necessary, it is safe to run the router off our generator.

**Interpreter**

As an interpreter, you have the important task of relaying information accurately and efficiently between a provider and a patient. Please see the following guidelines below:

* Help the provider(s) set up their exam areas. Bring desks and chairs as needed and supplies from the Provider Kit black box.
* Ask your provider where they would like you to be seated.
* Please silence your cell phone while in the provider room as a courtesy to patients. Do not pull out your phone while with a patient.
* Start by greeting the patient and explaining to them that you will be translating for them so that they can communicate with the provider. Ask them to speak slowly and clearly reminding them that they may need to speak in shorter sentences than they are used to so the interpreter can remember everything that was said.
* Do your best to not add, omit or substitute anything while you are translating. If you need the patient or provider to explain something in a different way, ask them to do so. If there was an important word that is left out, you can check with the person who said it to make sure that is what they wanted to say. It is always OK to ask for an explanation.
* Patients don’t want to be thought of as ignorant or not able to understand and you can be deceived by patient’s responses into thinking that they understand something when they actually don’t. Always make patients comfortable and check for understanding.
* Always maintain confidentiality.
* Do not allow your own personal judgments or cultural values to influence objectivity. Think of yourself as a translating machine, incapable of having your own opinion on the subject. Be aware of your own personal biases.
* Be professional, show respect, and strive to understand cultural values of others. Patients may ask about traditional home remedies that may sound different to us. One example is that patients often ask what herbal tea they need to take their pills with. While it may sound odd to someone not from Ecuador because you can drink the pill with whatever water you choose, please respect this and tell them something common they may already have like oregano for stomach problems or chamomile if taking the pills at night.
* Be an advocate for the patient. There may be a time when a provider does not understand the cultural implications of what they are saying or doing. If need be, step out of your role as an interpreter to make a clarification that will help your provider understand why a course of action may not be appropriate at that point in time.
* Always stay with your provider. Take a break when they do. If you need a restroom break, please let your provider know between patients.
* Check in with your provider each day and make sure you are working smoothly together. Ask for ways you can improve your working relationship.
* Indicate when you, the interpreter, is speaking on your own behalf (not directly interpreting the words of the patient or provider).
* Help the provider ensure that the patient has all their questions/concerns answered
* If you are going to serve as a scribe, please study the “Provider” cheat sheet which explains how to do this job.
* Don’t forget to have fun! Interpreting can be a very rewarding job.

**Scribe**

* Help the provider set up.
* Your job is to make sure all the notes that the provider wants to take end up in the electronic medical system (EMR).
* When you enter the EMR, choose **“Medical.”** You will see a list of all the patients who need medical attention.
* Click on the Green arrow to the right of the Patient’s name. Click on the tabs to see information that has been entered, especially Vitals. Growth charts are accessible on the Vitals tab.
* To see past patient history, click on the Visit History tab.
  + Visits prior to October 2015 can be seen by clicking on the scanned documents in the right-hand column.
  + Visits since October 2015 will be accessible by clicking on the visit date in the left-hand column. The date of the visit you are viewing will be highlighted in yellow. When you are viewing past records, the background will turn red. Be very careful not to enter your notes from today’s visit on a past record. **Only enter your data when the background is white, not red.**
  + Past **prescriptions** can be seen without going into the past visit records, simply by clicking on the Pharmacy tab and clicking on “Show All.”
* Click on the Medical tab to enter your information.
* The Active Problems box to the right is information that will stay visible from visit to visit.
* If the Recheck box is checked, a previous provider wanted the patient to be checked for a past problem.
* When you want to prescribe medications:
  + Click on the Pharmacy tab.
    - Enter the medication and quantity, as well as any instructions.
    - Only available medications will show up. When you select one, the available quantity will appear.
    - You can also consult the entire list of medications by using the “Go To” box in the upper right hand corner of the screen and selecting “Inventory”
* When you want to prescribe non-medical items:
  + Click on the Pharmacy tab.
    - Under “Non-Medical”, enter the item you want, as well as any instructions.
    - This list of items is not yet synced with inventory, so there may be something on the list that is unavailable.
    - You can also consult the entire list of non-medical items available by using the “Go To” box in the upper right hand corner of the screen and selecting “Inventory,” then clicking on “Non-Medical Inventory.”
    - Some of these items live in the pharmacy, and the pharmacist can fill those prescriptions. Others live in other places, and your assistant can find them. **If you give the item to the patient, click “Filled” next to the item on the Pharmacy tab**.
* If you want to order a lab test or earwash:
  + Click “Department Referral” and check the appropriate options
  + Have your Provider Assistant take the patient to the lab
  + Consider starting with another patient while waiting for the lab results.
* After you have finished with a patient, finish filling out the **Medical tab.** Be sure to mark the Diagnoses. Please check the existing diagnoses before adding a new one.
* When you have finished with a patient, click the “Patient Free” box. This does not lock the record in any way, it just indicates that others can call the patient to other stations.
* If you need to do a referral:
  + Click the Referrals tab and then “Create New Referral”
  + Fill out the **Referral Form** carefully.
  + Be sure to get good, clear contact information. Without this information, we cannot help the patient access additional care.
  + If a staff member from the appropriate Subcentro is present, consider discussing the case with that person and asking him or her to help with follow up.
  + If the referral is urgent, and you want the patient to go to the hospital the same day, have the Provider Assistant find Anna, Herman, or Aaron to discuss how to arrange that.

Common abbreviations for documentation of history in general:

* AOM - acute otitis media (aka inner/middle ear infection)
* CAD - coronary artery disease (acquired heart disease, usually from high cholesterol)
* CHD - congenital heart disease (born with a heart condition)
* CHF – congestive heart failure
* DM - diabetes mellitus
* DVT - deep vein thrombosis (blood clot, usually in the lower legs)
* FHx/FH - family history
* H/O - history of
* HTN - hypertension
* LE – lower ext
* MI - myocardial infarction (heart attack)
* NKDA - no known drug allergies
* N/V/D - nausea, vomiting, diarrhea
* PMHx/PMH - past medical history
* S/P - status post (indicates ‘condition after’ and generally means after some sort of surgical intervention. We would say something like ‘status post appendectomy’ to state that a person had their appendix removed.  We might use it as part of a one liner to assess a patient -  i.e. 48 yr old male, s/p appendectomy, here today with 2 weeks of abdominal pain)

Common abbreviations for physical exam findings:

* CTAB – clear to auscultation bilaterally (lungs)
* DTRs – deep tendon reflexes (neuro exam finding)
* EOMI – extra ocular movements intact (to describe eyes)
* m/r/g – often indicated after “RRR” with a no to mean no murmurs, rubs or gallops
* NTND – non-tender, non-distended (abdomen)
* PERRLA – pupils equal round, reactive to light and accommodation (to describe eyes)
* RRR – regular rate and rhythm (heart)
* TMs – tympanic membranes (ear drums)
* w/r/r – often indicated after “CTAB” with a no to mean no wheezes, rales or rhonchi

Common abbreviation for prescriptions:

* BID - Latin for ‘bis in die’ - means to take twice a day
* PO - Latin for ‘per os’ - means to take by mouth
* QD - Latin for ‘quaque die’ - means to take once daily
* QID- Latin for ‘quater in die’ - means to take four times a day
* TID - Latin for ‘ter in die’ - means to take three times a day

**Dentist**

* **Set up your area.** Bring the dental equipment wooden box, compressor, black dental boxes (3), dental clear boxes, and dental chairs to the dental room.
  + Set up the compressor outside and run the hose through a window.
  + Things you might need to find elsewhere at site or in clear box: extension cord, 2 tables, at least 3 chairs, lights, sheet to cover windows to make the area private, an empty bottle for sharps/needles, large plastic garbage bag, waste basket, and blank paper for notes.
* Have your assistant log in to the EMR system using the your name and bring in the first patient.
* **Never let a patient in besides the ones the assistant brings in purposefully.**  It is ok for family members to come in, especially if the patient is a child.
* To see past history, ask your assistant to pull it up in the EMR.
* If you want to prescribe a medication:
  + Have your assistant click on the Pharmacy tab.
    - Enter the medication and quantity, as well as any instructions.
    - Only available medications will show up. When you select one, the available quantity will appear.
    - You can also consult the entire list of medications by using the “Go To” box in the upper right hand corner of the screen and selecting “Inventory”
  + Have your assistant write clearly on a **Prescription Sheet in Spanish**:
    - Patient name
    - Generic name of medication
    - Instructions for taking the medication. Patients typically understand meals or times of day better than “every 4-6 hours”.
* Give every patient a toothbrush [cepillo] and toothpaste [pasta].
* If you want to do a referral:
  + Consider the context and the investment of time and energy involved. Do you really want to refer this patient? We cannot refer every case that would be referred in the US.
  + Click the Referrals tab and then “Create New Referral”
  + Fill out the **Referral Form** carefully.
  + Be sure to get good, clear contact information. Without this information, we cannot help the patient access additional care.
  + If the patient needs help with dentures or another expensive procedure, ask Herman for approval.
* Pack up at the end of the day. Make sure all supplies get back to their appropriate boxes. Make sure to **release the pressure from the compressor** before it is packed in the truck.
  + Keep the boxes organized.
  + Make a list of supplies that should be added to supply boxes for the next day/week’s work.