Minor Ailments

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SUB: COMMUNITY HEALTH NURSING

DEPT: COMMUNITY HEALTH NURSING

Cont....

*** INTRODUCTION -**

- Community health nurse is responsible to provide primary health care in the community.
- Treatment of minor ailments and emergencies is an important component of community health nursing.
- Nurse should be able to identify the signs and symptoms of a patient and treat them according to the standing orders.
- Minor ailments indicate slight illnesses and emergencies of smaller nature.

Cont....

PRINCIPLES OF MANAGING MINOR AILMENTS -

- a. Ensure a safe and healthful environment for patient.
- b. Treat the risk/injured person promptly to prevent any possible complication.
- c. In cases of infectious diseases, take appropriate precautions to prevent the spread of infection.
- d. Keep the continuous watch over the patient's condition and vital signs during the entire period of care.

Cont....

- e. Help the patient to get well as soon as possible and in his Activities of daily living .
- f. Use the opportunities of health education during the care.
- g. Always remember the limitations in providing treatment or follow the physician's instructions.
- h. Respect the beliefs of patients, if he has used some other therapy for treatment of his ailment.
- i. Help the family members in coping with the situation and prepare them for taking care of sick at home.
- j. In case of serious conditions or doubt about diagnosis and prognosis, refer the patient without any delay.

CLASSIFICATION OF MINOR AILMENTS -

Minor ailments can be classified into two

- GENERAL MINOR AILMENTS: it include common accidents and emergencies which need immediate first aid
- In this category injuries and falls, dog bite, burns, high fever, heat stroke, diarrhea, fainting etc

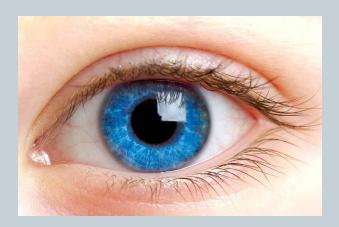
2. Systemic minor ailments

EYE:

- EYE ACCIDENTS
- FOREIGN BODIES
- INFECTIONS
- POOR EYE SIGHT
- DRY EYES
- NIGHT BLINDNESS

EAR:

- EAR ACHGE
- FOREIGN BODY
- OTTITS MEDIA
- DISCHARGE



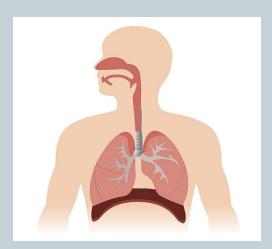


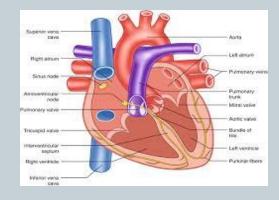
RESPIRATORY TRACT:

- COMMON COLD
- SINUSITIS
- SORE THROAT
- COUGH
- DYSPONEA
- CHEST PAIN
- ASTHMA

CVS:

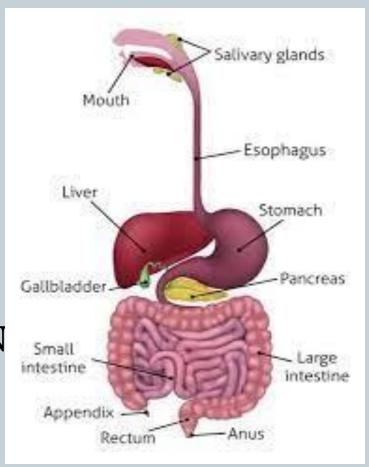
- HYPERTENSION
- ANEMIA
- RHD





DIGESTIVE SYSTEM:

- TOOTH ACHE
- CONSTIPATION
- INDIGESTION
- VOMITING
- ABDOMINAL PAIN
- INTESTINAL OBSTRUCTION



URINARY SYSTEM

- BURNING MICTURATION
- URINARY INFECTION
- RENAL STONES

NEUROMUSCULAR SYSTEM

- HEAD ACHE
- BACK ACHE
- CONVULSIONS
- EPILEPTIC FITS

REPRODUCTIVE SYSTEM:

- HEAVY BLEEDING
- DISCHARGES

■ MANAGEMENT OF MINOR AILMENTS -

- ASSESSMENT Taking history –
- Performing quick physical examination
- FINDING THE CAUSE,
- MAKING THE DIAGNOSIS AND PLANNING FOR CARE
- PROVIDING TREATMENT AND NURSING CARE
- EVALUATING THE CARE AND CONDITION OF THE PATIENT – If the outcome is successful, plan for follow up -If condition does not improve or serious signs – refer to hospital.

STANDING ORDERS -

- Standing orders are directions and orders of specific nature. On the basics of these on the non availability of doctors nurses / health workers can provide treatment at home hospitals or health institutions and community.
- Should be followed in temporary basics / or in emergency situation.

OBJECTIVES -

- To maintain the continuity of treatment of the patient.
- To protect the life of the patient / to resuscitate him.
- To create the feeling of responsibility in the members of health team.

USES -

- Providing treatment during emergency.
- Enhancing the quality and activity of the health services
 Strengthening of primary health services in the community.
- Decentralization of health responsibilities.
- Developing the feeling of confidence and responsibility in nursing and other health worker.
- Protecting the general public.

TYPES OF STANDINGD ORDERS:-

The authorized doctor and the registered community health nurse jointly releases standing orders

1) INSTITUTIONAL STANDING ORDERS –

- Standing order prepared with a view of the available resources, staff position and objectivity of hospital.
- Difference will be there b/w government and private hospitals.

2) SPECIFIC STANDING ORDERS –

- Prepared for the trained medical personnel.
- Technical knowledge and special skills are required.
- These orders should compensate the need of a doctor.
- Such orders enhance the quality of CHN.

3) General standing orders -

Common man is expected to follow some SO
 Eg – in case of diarrhoea – ORS PACKET

❖ STANDING ORDERS FOR TREATMENT OF MINOR AILMENTS –

1) FEVER

- Examine the vital signs
- Gather information about other symptoms accompanying the fever head ache, nausea, vomiting, shivering cold running nose, allergy, skin infection, jaundice, fits, cough
- Provide rest and light meal to the patient
- Prepare blood slide to examine malaria parasite
- Give paracetamol tab
- Give lots of liquids to the patient
- If the fever is more than 102 deg F tepid sponge

- Monitor the pattern of fever and wait for two days
- If the fever is accompanying with rashes- isolate the patient
- In case of convulsions, unconsciousness and hyperpyrexia accompanying the fever refer the patient to the hospital

2) Heat Stroke:-

- Person suffering should be kept in shade and in a well ventilated place.
- Note the vitals.
- Remove all clothes from the person and wrap in a wet sheet.
- If the patient is conscious give him cold water mixed salt and other cold drinks.
- Keep continuous observation over temp.
- As soon as refer to hospital.

3) DIARRHEA – GI SYSTEM

- Monitor the symptoms of dehydration.
- If the dehydration is severe or the patient is in the state of shock refer him to hospital.
- Provide ORS to the patient.
- Rice water, coconut water, lemon juice, light tea, banana should be given to the patient.
- If there is epidemic of diarrhea sample should be send for stool test.
- Food and water should be protected.
- Notification should be done.

4) BURNS - SKIN

- Try to keep the burned body part immersed in water.
- Check the spread of burns.
- If the cloth has stuck to wound DO NOT TRY TO REMOVE IT.
- Rings, bangles, shoes, belts and other tight fitting articles to be removed.
- Do not touch blisters unnecessarily.
- Assess the percentage of burns.
- Give primary treatment of shock if needed.
- Give ORS if patient is conscious and not vomiting.
- Provide analgesics if required.
- Refer patient to further treatment.

5) DROWNING -

- Loosen the clothes from chest.
- Make the person lie on his abdomen and get the water out of lungs.
- Resuscitate the patient immediately and send him to the health care centre / hospital.

6)BITES – DOGBITE

- Thoroughly wash the wound with soap and water.
- Use running water.
- Apply Betadine or tincture iodine.
- If the wound is excessive check hemorrhage.
- Stitches should be done only after 24 hours.
- Give injection TT.
- Do not kill the dog and observe for 10 days.

7) FAINTING - CNS

- Lie down the person .his head should be at a slight lower level than feet.
- Person should get fresh air.
- Once the person gain consciousness ask him to take deep breath and give him liquids to drink.
- If unconsciousness continue refer to hospital.

8) CONSTIPATION – GI

- Advise more fluids.
- Leafy vegetables

9) ANEMIA – BLOOD DISORDER

- Encourage to eat ragi,
- Advise dry fruits.
- Advise oral iron supplements.
- Get the stool examined for hook worms.

10) Bleeding nose –

- Make patient sit with head erect and bend forward.
- Loosen all clothes at neck.
- Don't let to blow the nose.
- Check vitals.
- Refer to hospital.

* ROLE OF CHN -

- History collection / assessment.
- Finding out the actions/ complications and any specifications.
- Vitals monitoring.
- Identifying the needs and problems.
- Nursing services under standing orders.
- Implementing referral system.
- Informing authorities out break of diseases .

- Keeping medicine kit ready.
- o Representing nurses view point in meting.
- Being careful about limits.
- Ensure safe and healthy environment.

THANK YOU