Medical mission trips can be a life-changing experience, being prepared is crucial to a successful and safe medical mission trip. HOM has provided the following medical guidelines, based on the most current medical and mission organizations’ standards and feedback from our teams, to help prepare for your trip and while on the mission field.

MEDICAL GUIDELINES INDEX
1. Introduction to the Medical Mission Clinic and Pharmacy - revised Jan. 2013
2. RN Protocols for Patient Care
3. Clinic, Pharmacy and General Supply Lists - revised Jan. 2013
4. HOM Formulary - revised Apr. 2013
5. Options for Acquisition of Medication - revised Apr. 2013

MEDICAL FORMS AND TEMPLATES
1. Insert for Luggage
2. Medical Clinic Forms and Templates
   a) Patient Health Record – revised Jan. 2013
   b) Rx and Return to Clinic (RTC) form – revised Jan. 2013
   c) Med Labels (Avery 5160)
   d) Patient Medicine Instructions
To understand medical mission trip needs, it helps to have an idea of what will happen at the clinic site. This a general guide that may be adapted as needed depending on team size, staffing, and the location of the clinic. HOM’s medical clinics are open to anyone; church staff will announce the clinic date weeks in advance of a team. Most medical clinics are in the new Cite Soleil clinic building, occasionally teams may hold clinics at the church in Repatriote or Ibo Beach. Due to safety and logistical concerns, we do not set up clinics outside the HOM complexes. Please read the Mission Guidelines for additional information regarding preparing for your mission trip.

HOM has a secure medical storeroom and co-coordinates with teams to buy and maintain medicines. The medical team is responsible for providing all medicines, forms and supplies needed to furnish the clinic. Contact medtrips@haitioutreachministries.org at least one month in advance regarding planning for the medical clinic and assistance with buying medications in Haiti (see Options for Acquiring Medications). Teams working in the Cite Soleil clinic are asked to contribute $20 per day to help purchase generator fuel to provide power for the clinic.

Usually teams arrive on Saturday or Sunday and drop medications/supplies off at the clinic or housing site. On Sunday, teams are encouraged to attend a worship service and use the afternoon preparing for Monday’s clinic. Sometimes one or more providers perform blood pressure screening for church members after church while other team members set up stations and organize supplies, count pills and take care of last minute details.

Mathanie Meme, our Haitian medical coordinator, will meet you at the clinic to guide you through the clinic set up and to help as needed. HOM will have translators waiting at the clinic site; we recommend one translator per provider and per station, and two in the pharmacy to ensure that patients understand medication directions. Some teams like to work with the same translator each day while other teams mix it up; either way works (See Working with Translators). Teams usually start the day with prayer and then go to work. A workday is 8 am to 4 pm with a break for lunch, the last day is generally shorter to allow time to clean and pack up the clinic and pharmacy. Each provider can expect to see 40 or more patients per day. It is important that all team members take frequent water and bathroom breaks to avoid illness and fatigue and as an opportunity to interact with the patients. Although this is a medical mission, it is also about Christian outreach.

Intake or Registration
At registration, the patients’ demographic information and chief complaint is recorded on the patient chart. At the Cite Soleil clinic, we share registration with Samaritan’s Purse (S/P) and HOM volunteers work closely with their staff. S/P staff will assess patient acuity and direct patients to registration or directly to triage. Once patients are registered they are sent to either HOM or S/P medical staff for triage. From triage, the patients wait in a designated place for the next available provider. If seen at the Cite Soleil clinic, a patient record may exist and a copy provided to the team for use at that visit. HOM staff and translators will help maintain order. If working outside the C/S clinic or without S/P assistance, providers will need to briefly assess waiting patients to identify anyone who needs immediate care.

Triage
Additional health information and vital signs are recorded on the patient record; vision testing may be included when available. Medical personnel may provide OTC meds (using HOM’s RN Protocols) for patient with minor complaints, thus allowing providers additional time with patients with more serious or complex problems. Weight and arm measurements are obtained on all children. Vitamins and worm medicines may be given here.
Medical Consultation

Health care providers take a detailed history (with the aid of a translator), examine the patient and list the diagnosis and treatment plan in the space provided on the patient record form. Examinations are problem-oriented, and in many cases, diagnoses are determined based on history. Bear in mind that common complaints often have very different etiologies in Haiti than in North America. In some cases, medication is dispensed from the examination area. Follow-up should be arranged for patients who need ongoing medical care, either with the next visiting team or with an S/P provider. If a patient needs emergency care, Mathanie will work with S/P staff to facilitate transporting the patient to the nearest hospital.

Dental Care and Consultation – Dentists that accompany medical teams will have access to a dedicated space and basic dental equipment in the original Cite Soleil clinic. Several portable dental chairs, portable compressors, two portable dental lights, gomco suction, autoclaves, extraction forceps and some hand pieces are available. We recommend that teams bring LED headlights, lidocaine, needles, syringes and restorative material. Contact medtrips@haitioutreachministries.org and Dr. Don Trawick, DDS at Dgtrawick@aol.com for more information regarding dental mission information.

Points to Remember...

1. Record only pertinent physical findings, diagnosis(es), and plan of care. Provide medication name, dose and directions on the patient record or prescription (Rx) form for the patient to take to the pharmacy.
2. Try to minimize the number of meds for each patient and use medications recommended in the HOM formulary to decrease risk of confusion and provide continuity of care.
3. Antibiotic resistance is not a problem here, so treatment duration can be shorter. Dehydration is the leading cause of death; use the lowest dose for the shortest time to decrease risk of GI side effects. Pediatric doses should be on the lower end of the acceptable treatment range.
4. If a patient has a life threatening illness, refer the patient to a hospital immediately!
5. If concerned about a patient, you may request that the patient return to see you before the end of the mission. Give the patient a Rx form and check off the Return to Clinic (RTC) box; include the provider name, the date the patient should return and a brief note as to the reason. Instruct the patient to give the form to the registrar or intake personnel on the appointed day.
6. Many of the diseases and medications available are very different from what we are accustomed to in the U.S. A helpful reference is “The Handbook of Medicine in Developing Countries” by Palmer and Wolf, Doctors without Borders offers an excellent reference book. Some reference books are available for team use.

Treatment and Dressing Area (may be combined with Triage)

Medical personnel may perform diagnostic tests such as blood sugar testing, urinalysis or pregnancy testing here (if not obtained in triage). Wound care, eye and ear irrigations, IVs, nebulizer and other treatments that require monitoring is done in this area. Blood-borne pathogen protocols should ALWAYS be followed, no one who has not received Hepatitis B vaccine can handle any kind of body fluids or wounds.

Clinic Supplies and Forms

Each team is responsible for bringing adequate clinic, pharmacy and general supplies, including patient record forms and Rx/RTC forms, needed to equip the clinic. NOTE: Cite Soleil patients may have a patient record but we strongly recommend bringing additional patient record forms. Teams may fill prescriptions based on the provider’s notes on the patient record or by using the prescription (Rx) forms. We encourage teams to use and save the Rx forms to provide feedback on illnesses treated and medications dispensed. A few patient education handouts are available in French/English format; if you wish to use these in your clinic or help to develop additional resources please contact medtrips@haitioutreachministries.org.
PHARMACY SET UP

In the pharmacy, medications are dispensed as ordered on the patient record or on the Rx/RTC form (see Forms) the patient brings from the health care provider. Assign a minimum of two members to the pharmacy: for larger teams add additional people for every 2-3 providers. We recommend two translators in the pharmacy, as it is essential for the patient to understand how to take medicine. A list of the most commonly prescribed drugs with directions in Kreyol and English is available on the website (see Forms); we encourage all teams to include an instruction sheet with every patient’s medication. Pharmacy is a busy station and the last to close for the day.

Prior to Arriving on the Site

In a typical medical clinic, four providers may see 100-150 or more patients per day. That can mean 300 or more prescriptions to fill! When possible preprint self-stick labels with the drug name and directions; templates for these labels (compatible with Avery 5160 labels) are available from the HOM website. It is often helpful to package medications each night after clinic. Some medications may be dispensed at registration/triage (multivitamins, de-worming medications) or at the provider’s stations (antacids, NSAIDS, etc.) to ease back-log at the pharmacy.

Preparation On site

- Determine the clinic pharmacy location. In most sites, HOM staff has established the clinic arrangement. If site conditions change, the team leader or physician/pharmacist and HOM staff decides on the location for best workflow. Ideally, the site must be secure and have adequate space for 4 or more people to work. Carefully consider traffic and work flow issues.

- Organize your medications. In the Cite Soleil clinic the pharmacy will be set up and ready for use. Please do NOT re-organize the pharmacy as our staff has limited time to organize and inventory stock between teams. Always check expiration dates, use short dated medications first. Most medications may be used 3-6 months longer than the expiration date, please let our staff know before disposing expired medications. If working in a location outside of the clinic, utilize luggage or other storage containers to organize medication so that the most used are easily accessible. Medications must be safely securely at the end of the clinic.

- Orient your helpers. If there are not sufficient pharmacists for a team (usually at least 1-2 for every 4 providers) then you will need helpers to assist with the dispensing. Often these may be non-medical personnel. Take time to explain the formulary set up and how you plan to dispense medications.

- Get to know your translators. The most important part of your work will be to make sure the patient understands how and when to take the medication. You will probably need to rely on your translator for this process, so take the time to talk with him/her and decide how you plan to work. Many of the translators are experienced with working with medical teams and may offer valuable suggestions.

- Develop a dispensing system. As Haitian names are unfamiliar to North Americans, using a numbering system may be helpful; number each prescription and give the corresponding number to the patient. When the prescription is ready, match the name and the number before dispensing the medication.

- Optimize patient care. We recommend limiting the number of medications a patient receives to three, the more medications given, the greater the possibility of confusion and/or mistakes. All medications must be labeled with the drug name; if possible adding written instructions is encouraged. Distribute the Kreyol/English medication list instructions (see Forms) to every patient. Have the patient repeat back all instructions to make sure they understand each prescription given.
During Dispensing
If there are any questions regarding the medications prescribed by the health care provider; ask the provider to clarify (while he/she is between patient examinations if possible).

- The pharmacy may be the longest wait for the patient, but it is important that we are very careful in filling prescriptions, and that each patient fully understands how to properly take his/her medications.
- No medicines will be dispensed without a Rx form or patient record.

At the End of the Day
During the evening debrief, compare notes on clinic operation and make plans for the next day. It is helpful to record some basic statistics like number and type of prescriptions filled. That will help future teams to plan and prepare for their visit. Do a quick inventory of medications needed or not being used. Continue to pre-pack medications for the next day. Inform the health care providers of medications that are running low. Please contact Mathanie if additional medications or supplies are needed, she can make appropriate arrangements to obtain the needed items.

At the End of the Mission
HOM recommends that the last day of the clinic should be the shortest to allow the team’s pharmacy staff to restock and inventory all medications and supplies not used. This will help determine not only what medications are needed for the next team but also what illness are most prevalent so that we can provide guidance to our teams and develop appropriate strategies for care. Please leave a copy of the inventory with the HOM field staff or forward to the HOM medical staff after the team returns to the States (a "Medication Worksheet" form is available in the clinic and upon request).

We ask that all teams leave the pharmacy and clinic area clean, organized and ready for the next team. Please do NOT change the pharmacy or treatment room set-up; our (mostly non-medically trained) staff has limited time to organize and manage the inventory between teams. Make sure all medications left are labeled with drug name, dose and expiration date. Our goal is keep the clinic and pharmacy ready for each team to be able to start work immediately on Monday with a minimum of effort.

Additional resources are available upon request: Contact medtrips@haitioutreachministries.org.

- Kreyol/English Medical Terms and Kreyol/English Patient Education Handouts
- Tropical Disease and Treatment Algorithms/Information
- Medication Inventory and Supply Inventory Worksheets
- A list of organizations that supply free or reduced cost medications/supplies is included in the guidelines – more information as to what each group offers is also available

Blessing International (Medicine for Missions) has excellent resources on their website: www.blessing.org

- Clinical Drug Info Sheets
- Tips from the Pharmacologist
- General Information
The clinic space has an area for (shared) patient registration. There are 4 exam rooms for HOM teams and 4 exam rooms for Samaritan’s Purse MDs; in addition there are 3 exam rooms to be shared as needed. There is a space for a future lab that can be used as flex space. HOM teams have a dedicated space for pharmacy, triage and a treatment room. There is an intake pass through window in the hall for patients to drop off Rx, then they wait outside (on benches), there is another pass through window for patients to receive the medications.
#2 RN TEAM PROTOCOLS FOR PATIENT CARE

Nurse-only teams can provide limited patient care, health education, and medications in absence of a team health care provider (MD, DO, NP, PA) using HOM developed protocols and independent judgment. Utilizing these protocols does not involve making medical diagnoses but provides the guidelines nurses need for the safe, effective, and fast disposition of the individual’s health needs. The goal is to provide competent care of health related problems by RNs at the appropriate time.

Registered nurses (RNs) of all educational levels are able to provide triage and care. Experience is the major requirement; minimum two years of experience in Medical Surgical, E.R., or Family Practice is recommended. Nursing students may assist on Nurse only teams but cannot work in the provider role or provide medications.

We strongly encourage all RN teams to refer patients to Samaritan's Purse MDs if there is any question or concern regarding their health or well-being. RNs cannot diagnose new problems or dispense medication other than those included in these protocols. **Always err on the side of caution.** Remember the older or younger the patient, the greater the risk of serious problems.

**ALLERGIC RHINITIS**
1. Ask if the patient has been diagnosed with A.R., if yes treat with OTC antihistamines
2. Ask if patient experiences itchy, watery eyes, clear nasal discharge, sneezing, sniffling and congestion
   - If no fever and normal lung sounds, treat with OTC antihistamines, liquid tears and OTC cough/cold medications. Nasal corticosteroid sprays can also be helpful
   - If symptoms are accompanied by fever, pain in the front of the head and upper face, stuffy nose, and thick, colored mucus refer to MD
   - Cough and cold medicines are not advised in children under 2 years old

**ASTHMA**
1. Ask if patient has been diagnosed with asthma: if no, refer to the MD. If yes:
   - Ask the patient if they are taking any prescription or OTC medicine for their asthma, refill medications as documented in the chart
2. If actively wheezing, administer jet nebulizer treatment
   - If wheezing improves, refill medications as documented in chart
   - If wheezing doesn’t improve, if accompanied by fever or patient appears ill, refer to MD
   - If SOB or difficulty breathing, vomiting, blue lips or weakness, refer to hospital

**BACK PAIN**
1. Ask about other symptoms: fever, dysuria, loss of bowel or bladder control;
   - If no other symptoms and no history of injury: treat with OTC NSAIDs
   - If fever over 100 F & dysuria; check urinalysis,
     - If positive leukocytes: treat for UTI with Cipro 500 mg BID x 3 days or Bactrim DS BID x 7 days
     - If negative leukocytes – refer to MD
2. Ask the patient if they have had a recent injury:
   - If no: treat with OTC NSAIDs
   - If recent trauma such as a fall, MVA, or similar incident refer to MD or hospital
   - If experiencing symptoms of acute nerve dysfunction including the inability to walk or inability to raise or lower the foot at the ankle or inability to raise the big toe upward. Refer to hospital

**BOWEL PROBLEMS**

**Diarrhea:**
1. Ask about length of illness, frequency of BMs and related symptoms
   - If symptoms for less than 48 hours with no fever or blood: treat with OTC Pepto-Bismol or Imodium
   - If symptoms persist for more than 48 hours, is accompanied by fever, blood in the stool or has signs of dehydration: refer to MD
   - If symptoms for more than 48 hours in the very young, the elderly, or sick: refer to MD
**Constipation:** (not a common complaint – ask about normal bowel patterns)

1. If patient’s bowel pattern has not changed, regardless of frequency of stools, provide reassurance.
2. If patient is experiencing fewer bowel movements than usual; ask if they have been treated for constipation
   - If yes, treat with stool softener or laxative (such as Peri-Colace or Milk of Magnesia)
   - If no: ask about duration and characteristics of symptoms:
     - If less than 2 weeks, no fever, bloody stools, nausea/vomiting; treat with stool softener or laxative
     - If constipation is a new problem; lasted longer than 2 weeks, has blood in the stool and/or has lost weight, refer to MD
   - If patient is experiencing severe abdominal pain, fever, N & V: refer to hospital

* Haitian mothers are often concerned about their baby’s stool: reassure them that loose stools are normal if breastfeeding

**DIABETES MELLITUS**

1. Ask if patient has been diagnosed and treated for DM: if yes and no adverse symptoms or complaints, check and record blood sugar and refill medications as documented in the chart.
2. If no diagnosis of Diabetes; check blood sugar and record
   - If fasting above 120 or non-fasting above 200 with symptoms of increased urination, increased thirst or unexplained weight loss, refer to MD
   - If fasting is 100 to 120, recommend avoid sweets and recheck at next available clinic.
   - If fasting is below 100 but complains of any symptoms: refer to MD
   - If fasting below 100 and no symptoms: reassurance

**FEVERS**

1. Ask parents if child over the age of 6 months with mild fever is alert, playing, eating and drinking well;
   - If yes, treat with NSAIDs or Tylenol, fluids and rest
   - If no or if fever persist for more than 3 days or is accompanied by other symptoms that suggest an illness, such as a sore throat, earache, or cough refer to MD
   - If child is inconsolable, is lethargic, seems confused, cannot walk, has difficulty breathing, has a bad headache, stiff neck or refuses to move an arm or leg, refer to hospital
   - A child younger than 6 months or with a toxic appearance, regardless of age, refer to MD or hospital
2. In adults, if the fever is mild and there are no other symptoms: treat with OTC NSAIDs, fluids and rest
   - If fever is accompanied by lethargy or other symptoms that suggest an illness such as a sore throat, earache, or cough refer to MD
   - If patient has a new rash or bruises refer to MD
   - If patient has dysuria, obtain urinalysis: if positive leukocytes, treat with Cipro 500 mg BID x 3 days or Bactrim DS BID x 7 days

**GERD OR INDIGESTION**

1. Ask if patient has ever been diagnosed or treated for GERD: if yes, treat with antacids or TUMS
2. Ask about symptoms and length of illness:
   - If patient experiences upper abdominal pain or burning sensation, burping, feeling of bloating, stomach fullness, or nausea after eating: treat with antacids or Tums
   - Advise patients to follow-up with MD if symptoms are not relieved by medications
3. Ask if patients experience hematemesis and hemoptysis:
   - If patient complaints of spitting up small amounts of bright or dark red blood, refer to MD,
   - If patient complains of vomiting large volumes of dark red or brown blood or coffee ground colored matter, refer to hospital.
4. Ask if patients experience a feeling of fullness, tightness, or dull pressure or pain in the center of the chest, dizziness, SOB, pain that spread to the shoulders, neck, jaw or arms. If yes, refer to hospital.
HEADACHE
1. Ask if patient has been diagnosed and treated for tension or migraine headaches; If yes: treat with OTC NSAIDS as documented in the chart
2. Ask about onset and severity of pain; if pain is described as mild to moderate with no sudden onset or other symptoms of illness;
   - If yes: treat with OTC NSAIDS
   - If pain is severe, sudden onset or accompanied by other symptoms, refer to MD
3. Ask about other symptoms: fever, stiff neck, nasal congestion, cough, visual changes;
   - If no: treat with OTC NSAIDS
   - If yes: refer to MD or hospital
4. Ask about recent head trauma or fall;
   - If no: treat with OTC NSAIDS
   - If yes: refer to MD or hospital

HYPERTENSION
1. Ask if patient has been diagnosed and treated for HTN
2. Check and record Blood Pressure
   - If B/P is 160/100 or below and no adverse symptoms or complaints, refill medications as documented in the chart
   - If B/P is below 160/100 but patient complains of confusion, headache, chest pain, SOB: refer to MD
   - If B/P is above 160/100 with or without symptoms: refer to MD
3. If a patient has NOT been previously diagnosed with HTN
   - If B/P is 140/90 or below, reassurance
   - If B/P is above 140/90, recommend that the patient return to the next scheduled medical clinic for re-evaluation. Recommend decrease salt in diet
   - If B/P is above 160/100 or patient complains of confusion, headache, chest pain, SOB: refer to MD

MUSCLE OR JOINT PAIN
1. Ask if patient has been diagnosed or treated for muscle and joint pain; if yes treat with OTC NSAIDs
2. If patient does not have a documented history of muscle or joint pain,
   - Ask if patient has been in an accident or had a fall, if yes refer to MD or hospital
   - Ask if patient has signs of infection around a muscle/joint i.e. redness, swelling, warmth: if yes refer to MD or hospital
   - Ask if patient has SOB, muscle weakness or inability to move any part of the body, if yes refer to Hospital immediately
   - Ask if patient has had a high fever, stiff neck, and/or vomiting: if yes send to Hospital immediately
   - If no to above: document symptoms and history, treat with OTC NSAIDS and advise to follow-up with MD or next medical team if symptoms persist.

PIN WORMS
1. Ask if worms have been seen or if patient is experiencing itching around the anus especially at night
   - If yes: prescribe Mebendazole (Vermox) 100 mg or Albendazole (Albenza) 400 mg in adults and children over age two. If possible, give a second dose two weeks later to lessen risk of re-infection.
   - Discuss prevention methods; carefully washing the hands after using the toilet, and before and after eating. Launder all bedding, clothing, and toys to destroy lingering eggs
2. Pinworms do not cause abdominal pain, bloody bowel movements, or fevers. If the person has any of these signs or symptoms, refer to MD

RASH – Although most rashes are not dangerous to a person or people in the vicinity (unless they are part of an infectious disease), it is impossible to provide accurate guidelines for diagnosis of skin diseases. We advise that it is best to refer all patients complaining of rashes to the MD, but RNs may treat symptoms like itchy and/or dry skin with OTC medications (anti-itch creams, antihistamines, or lotions)
1. Ask if patient has been diagnosed with eczema or atopic dermatitis, if yes refill medications as documented in the chart.

2. Ask if patient is taking an antibiotic or recently treated with new medications:
   • If yes, advise patient to stop medications, treat with OTC Benadryl and refer to MD.
   • If accompanied by SOB, angioedema, or dysphagia, refer to hospital immediately

3. If patient does not have documented history of eczema, atopic dermatitis, or pruritus: examine skin
   • If no lesions, wounds, redness, signs of infection or fever may treat with OTC antihistamine and moisturizing lotions
   • If pustules or vesicular lesions, wounds, redness, or signs of infection refer to MD
   • If accompanied by fever, sore throat, nausea or other systemic symptoms refer to MD

THRUSH (Oral Candida)
1. Evaluate lesions: document if cottage cheese-like appearance on the tongue, cheeks or roof of mouth.
2. Access hydration status and ability to swallow
   • If no bleeding, difficulty swallowing or dehydration, treat with Nystatin suspension 5 mL QID (½ dose in each side of mouth). Advise to keep suspension in the mouth as long as possible before swallowing.
   • If complaints of difficulty swallowing or feeling that food get stuck, refer to MD
   • If symptoms are accompanied by fever, chills, vomiting refer to MD
   • If concerns about dehydration, refer to MD or hospital

3. Breastfeeding women = sensitive or itchy nipples, shiny or flaky skin on the areola, or unusual pain during nursing or painful nipples between feedings.
   • Prescribe Nystatin cream
   • Evaluate infant for oral thrush, if infant has symptoms; treat with Nystatin suspension 2 mL QID times daily (use dropper to place ½ dose in each side of mouth), avoid feeding for 5 to 10 minutes
   • If also bottle feeding - recommend rinse nipples and pacifiers in a solution of equal parts water and vinegar daily and allow them to air dry to prevent fungus growth

VAGINITIS
1. Ask patient about onset and characteristics of symptoms:
   • If patient has vaginal itch of less than 1 week duration with no discharge or odor, no fever or abdominal pain, treat with OTC barrier cream
   • If patient has vaginal itch and thick white discharge, but no odor, no fever or abdominal pain, treat with OTC Monostat vaginally QD x 3-5 days or Diflucan 150 mg or 200 mg 1 tab x 1 day
   • If patient has vaginal itch with thin, yellow or green discharge, “fishy” odor, but no fever or abdominal pain: treat with Metronidazole vaginal cream for 5 days or Flagyl 500 mg 1 BID x 1 day (advise to avoid alcohol including mouthwash 24 hours before and after taking Flagyl)
   • If vaginal discharge is accompanied by fever or abdominal pain; refer to MD
2. Caution against use of harsh soaps or douching which can disturb the normal environment of the vagina, and can lead to inflammation and infection.
#3 CLINIC SUPPLIES AND EQUIPMENT

The following items and recommended amounts should be adequate to equip a 1,000 patient clinic. Although there is always a possibility that a situation may arise for which we are unprepared, we have access to the Samaritan’s Purse facilities and a local pharmaceutical company. HOM provides basic equipment; B/P cuffs, Nebulizers, Otoscopes, Thermometers, Glucometers, Pill Counting Trays, Spatulas and Pill Cutters for team use. Unless otherwise notified you do NOT need to bring these items. A few inexpensive stethoscopes are available but we recommend that providers bring their own. Disposable supplies such as otoscope covers, glucometer strips, urine collection cups, paper drinking cups, trash bags and paper towels are ALWAYS needed.

Many teams leave surplus supplies and medications, these supplies are welcome and will be used by visiting teams but cannot be held for your use on future trips. We ask that you NOT bring large quantities of extra supplies or supplies not recommended, rarely are tracheotomies or central lines inserted in the field, and appropriate disposal or storage of these supplies is problematic. Teams may have to transport unusable supplies back to the U.S. Contact medtrips@haitioutreachministries.org prior to your trip for current information regarding available equipment and supplies.

“De-bulk” all medications and supplies; remove all cellophane wrappers, take bottles out of boxes, etc. We are very creative with the use of our space but there is no adequate waste disposal in Haiti and we do not wish to contribute to the trash problem. Medications brought in zip lock or individual pharmacy bags MUST be labeled with the name and dose of the medication and the expiration date – otherwise these medications have to be discarded after you leave. Do not plan to leave your suitcases in Haiti – although we can use a few to hold surplus supplies - there is very limited space to store these.

Please bring a few 30-32 quart size plastic storage containers to use in organizing and transporting medications and to protect supplies from dust. Available at Bed, Bath & Beyond and Wal Mart for $10, these fit in most standard suitcases, pack supplies/clothing in the storage case and then place in the suitcase. Shoebox size plastic containers, available at most Dollar stores, are useful for holding small packages of medications and supplies.

CHARTS AND FORMS (see HOM Mission Guidelines forms)
600-800 Patient records *(please give patients a gallon size zip lock bag to protect their patient record)*
1000 Rx & Return to Clinic Forms * optional (Rx may be filled using a Rx form or from the Patient Record)
SELF-STICK Medication Labels (pre-print with med name, exp. date and directions, leave some blank)

MEDICAL & DIAGNOSTIC EQUIPMENT (Please bring)
1. Glucose Monitor Test Strips for AccuChek or True Track meters: 50 strips per 2-3 providers.
2. Albuterol nebul: 1 package (30 vials) per 2-3 providers; a few additional masks/tubing are welcome
3. Disposable otoscope and Braun ear thermometer covers; 500
4. Urinalysis strips: 1 Bottle (50 tests) per 2 - 3 providers
5. Urine Pregnancy Test Strips: 25-50 tests

Although more injuries were seen in the aftermath of the 2010 earthquake, under normal circumstances few traumatic injuries are treated. Most common injuries are muscle aches, sprains, minor lacerations and burns.

BANDAGES *(Do NOT bring casting materials, braces, or boots)*
1. Ace Wraps and Coban: 2", 3", 4", two - four each size
2. Band-Aids: one box each of different sizes
3. Gauze and gauze pads: Several rolls of sterile, non-sterile, medicated, (1) 50 packs each 2x2 & 4x4
5. Tape: 1-2 rolls of different kinds and sizes
6. Telfa Pads: 10-12 (assorted sizes)
MEDICAL SUPPLIES AND TOOLS

1. Alcohol: 1 bottle
2. Alcohol Prep Pads: 2 boxes (100)
3. Bandage Scissors & Small Sharp Scissors: one per 2-3 nurse/EMT (there are several available)
4. Betadine Solution & Iodine Swab sticks: 1 bottle and 1 small box of swab sticks
5. Bulb Syringe for ear irrigation (or large 60 cc syringe): 1 - 2
6. Eye Wash: 2 - 4 bottles
7. Face Shields: 1
8. Face Masks (disposable) 1 small box (25)
9. Gloves: 1 boxes (each size) non-sterile and 2-4 packages sterile each size
10. Hydrogen Peroxide: 1 bottle
11. Kidney-Shaped Emesis Basin: 1
12. KY jelly: 1 tube per provider
13. Lancets: 1 box (100)
14. NS IV Fluid & I.V. Setups: 4 (500 ml) bags and 4 set-ups
15. Rapid tests: test kits for anemia, malaria, dengue in addition to pregnancy are available and helpful
16. Q-tip swabs: 1 - 2 packages (100s) non-sterile and 25 sterile
17. Scalpels, disposable: 1 box
18. Sharps Container: (as of 2013 there several available – do not bring)
19. Sterile Safety Needles: 22g 1½ inch and/or 23g 1 inch - 1 -2 boxes
20. Sterile Syringes: 3cc and 5cc – 1 box each
21. Sterile Water: 4 small or 2 large bottles for wound and ear irrigation.
22. Suture Kits: 4 – 6 kits
23. Tongue Depressors: 1 box
24. Urine Collection Cups: 200 (also useful to hold small amounts of creams, ointments or lotions)
25. Vaginal Disposable Speculums: 25 each small and medium
26. Forehead light with adjustable band * optional (useful for gyn exams)

PHARMACY SUPPLIES

1. Bottles for mixing suspensions (more are always needed)
2. Large plastic bags (for patients to hold meds and patient records) * Cloth or reusable bags highly desired
3. Calculators
4. Cups – 500 paper drinking (Dixie cups) and 200 small medicine cups
5. Drug and medical resource books (a few are available but dust and dirt tend to accumulate in the pages!)
6. Medicine bottles (tip: save empty OTC medicine bottles (Advil, etc) to dispense RX medications, be sure to attach new label)
7. Empty gallon containers to mix scabies wash
8. Medicine droppers (tip: 3 cc or 5 cc syringes make good droppers in a pinch)
9. Medicine labels (pre-printed in the US save time and are easier to read)
10. Mortar and pestle (one is available in the pharmacy)
11. Patient medication information and instruction sheets (see Mission Guidelines forms)
12. Pens and Markers (fine point sharpies)
13. Clear plastic pharmacy bags or snack size zip locks (You will need to purchase these for pre-packing medications prior to your trip, but do need to bring additional to Haiti. 3 x 4” pharmacy bags with picture dosing & white block for writing are available at Blessings for $2.50 per 100)
14. Zip lock bags – several boxes each gallon and quart
15. Plastic shoe box-type storage containers and larger (used to store and transport medications and supplies)
The goal of medical mission trips is to reach out to people and help by providing culturally competent patient care. Establishing a formulary of essential medicines is a critical component of preparation for a medical mission. The HOM formulary was developed with regard to disease prevalence, evidence of efficacy, safety, and comparative cost-effectiveness.

Although a few medications are available for purchase in Haiti, medical teams order most medications from U.S. companies and bring them to Haiti (see Options for Acquiring Medications). Drugs not sanctioned for use in the North America and expired medications are not allowed into the country - expiration dates should be six months past departure date. We recommend giving no more than 2-3 medications per person (in addition to vitamins and an anti-parasitic) to avoid potential for confusion and adverse reactions. You may substitute different medications in the same drug class, but we strive for continuity of care whenever possible. Amounts recommended are adequate to supply a 1,000 patient clinic (700 adults and 300 children). Teams with more or less than four providers should adjust amounts as needed.

The leading cause of death in children and the elderly is dehydration, often due to gastrointestinal illness. Drug resistance is rare in Haiti, for acute illnesses use lower doses for a shorter duration to decrease risk of adverse reactions. Although many of the medicines we prescribe are over the counter in the U. S., we adhere to strict standards and guidelines with distribution of medicines.

The most common diagnosis seen in our clinics are Rashes (40%), GI Distress & GERD (30%), Musculoskeletal pain (20%), Respiratory (20%), Fever (15%), HTN (15%), HA (10%), Anemia (10%), Vaginal discharge (10%), and DM (6%). Often a diagnosis may be determined based on history only, bear in mind that common symptoms may have very different etiologies in Haiti versus North America.

**ANTIBIOTIC/ANTIVIRAL** – recommend 2500 Adult and 1500 doses of children's ABX from the following list Acyclovir (optional), Amoxicillin (tab and suspension), Azithromycin ( suspension), Bactrim (tab and suspension), Cephalexin, Chloroquine, Cipro, Erythromycin, Flagyl, Nitrofurantoin, Rocephin (injectable) optional

**ANTIEPILEPTIC** - recommend 250 Valproic Acid (Depakote) or Tegetrol (both optional)

**ANTIFUNGAL/ANTIPARASITIC** – recommend 50 cream tubes, 250 oral, 750 doses of Antiparasitic Clotrimazole (w/applicator), Diflucan, Griseofulvin, Lotrimin, Mebendazole or Albendazole, Miconazole, Nystatin

**BLOOD PRESSURE/CARDIAC** – recommend 2500 (please provide at least 30-60 days' supply) Amlodipine, Atenolol, Enalapril or Lisinopril, HCTZ, Labetatol or Methyldopa (optional) Lasix (optional), Losartin

**DM** – recommend 2500 Metformin 1000 mg (provide 30-60 days' supply) (no Sulfonylureas 2nd hypoglycemia)

**EAR & EYE** – recommend 25 each eye/ear antibiotics, 25 wax softener, 50 liquid tears (No Visine type drops) Debrox Ear Wax Softener, Floxin or Cortisporin Otic drops, Gentamic or Sulamyd Oph drops, Liquid tears

**GI (Gastrointestinal)** – recommend 250 each anti-diarrheal and anti-nausea, 500 PPIs or antacids, 5000 Tums Imodium, Omeprazole, Promethazine (Phenergan), Ranitidine (tabs and susp.) and TUMS

**GU (Genitourinary)** – recommend 25 Vagisil (OTC) tubes, 5-10 Hemorrhoid cream (OTC) tubes

**NSAIDS (Fever & Pain)** – recommended 7,500 adult and 1000 doses of childrens’ IBU/Tylenol IBU & Tylenol (adult, children and infant susp.), Naprosyn (No aspirin please – small quantities 81 gr available)

**RESPIRATORY** – recommend 1000 antihistamines, 1000 cough drops, 500 steroids, 25 HFA and nose sprays Albuterol Inhaler or Corticosteroids/Beta agonists, Benadryl or any antihistamine(tab and susp.). Cough drops, Flanase or any other Rx nasal spray (no Afrin type sprays!), Prednisone, Sudafed, Tessalon Perles (optional)

**TOPICAL (Skin)** – recommend 25 tubes each steroid/antifungal cream, 5 burn creams, 60 doses lice/scabies Barrier cream (A&D, etc) tubes, Bacitracin or Triple Antibiotics individual packs and cream tubes, Diprolene or Hydrocortisone cream, Lice shampoo, Prep H or Annusol HC tubes, Scabies wash, Silvadene cream

**VITAMINS** - recommend 7,500 Adult MV w/FE, 5000 Children's MV w/FE (tab and susp.) and 1,000 Prenatal
#5 OPTIONS FOR ACQUIRING MEDICATIONS FOR MEDICAL MISSION TRIPS

Transporting medications and supplies to Haiti remains the greatest challenge. Currently all medical supplies must be approved prior to shipping by the Haitian government and are subject to customs and additional fees. CASCO and Relief Cargo ship medicines and supplies by air at $18.00/cu. ft. (price subject to change). For information on shipping options for medical supplies, contact Dennis Barnard, our liaison between Relief Cargo and Haitian officials, at 12th_man@comcast.net.

HOM has arranged to purchase (available) medications through Laboratoires 4C in Port-au-Prince. Most prices are consistent with those from Blessings International; in cases where prices are greater, the convenience of obtaining medications in Haiti versus packing and paying luggage fees may outweigh the difference in cost. HOM encourages teams to utilize this service as we feel it is vital to Haiti’s future to encourage economic growth through use of local resources. Using local sources also promotes continuity of care as patients have access to medications after the clinic.

Please contact medtrips@haitioutreachministries.org at least 1 month in advance to coordinate obtaining medications for your trip. The medications and quantities available in the 4C package are fixed and are adequate to supply a 1,000 patient clinic. HOM maintains limited amounts of most medications for team use. If additional medications are needed during a clinic, we will supplement as inventory allows or facilitate a trip to 4C. There is no charge for medications provided from surplus, however if we are able to provide free medications we ask that you consider donating funds to help maintain the clinic and purchase needed equipment. Often we have a surplus of one medication and a deficit in others; we may ask that your team purchase medications of one kind in exchange for another.

<table>
<thead>
<tr>
<th>ANTIINFECTIVE AND ANTI FUNGAL</th>
<th>CHILDREN’S</th>
</tr>
</thead>
<tbody>
<tr>
<td># 1000 Amox 500 mg</td>
<td>100 ml x 20 Amox 125mg/5ml sp</td>
</tr>
<tr>
<td># 500 Bactrim (Sulfaprim)</td>
<td>100 ml x 20 Amox 250mg/5ml sp</td>
</tr>
<tr>
<td># 500 Metronidazole 250 mg</td>
<td>100 ml x 10 Cefalin 250mg/5ml sp</td>
</tr>
<tr>
<td># 500 Chloroquine 250 mg</td>
<td>120 ml x 10 Bactrim (Sulfaprim) sp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALLERGY/RESPIRATORY</th>
<th>GI</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1000 Benadryl (Allergine) 50 mg</td>
<td>#500 Omeprazol (Opral)</td>
</tr>
<tr>
<td># 500 Chlorph. &amp; Sudafed (Sinuflex)</td>
<td>#500 Promethazine (Promaz)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANTIPARASITIC</th>
<th>BLOOD PRESSURE/CARDIAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1000 Mebendazole (Vermizol or Azol)</td>
<td>#1000 HCTZ 50 mg (Hydrex )</td>
</tr>
</tbody>
</table>

LABORATOIRES 4C MEDICATION PACKAGE = $400 USD  
Kreyol/French names of medicines in parenthesis

* HOM serves as a liaison between teams and 4C and receives no financial incentive for medication purchases.

HOM and our Haitian partners recommend packing medications and supplies in team luggage, with more expensive medications and supplies carried in personal carry-on bags. We recommend that non-descript luggage be used, no trunks or duffle bags that may arouse curiosity or suspicion, and that teams do not travel in clothing that identifies them as teams or medical personnel. Custom officials often target teams for luggage inspection; breaking into groups of two or three prior to clearing customs may attract less attention.

Many teams purchase needed medication and supplies from Blessing International and other organizations that provide prescription and OTC medications and supplies for much less than the retail value to mission teams. For first time applicants, the process to qualify for free medical supplies and medications takes weeks to months. Once approved, it takes up to 2 weeks to receive medications after placing an order, so plan ahead! Soliciting donations of over the counter (OTC) medication can also greatly reduce the cost of equipping a medical clinic.
The ability to purchase medications may require statement of intent, current MD/NP/PA and DEA license and HOM’s 501(c)3 information (contact HOM at info@haitioutreachministries.org for this information). Many companies require information regarding where the medications will be used. The Cite Soleil clinic name and mailing address is Clinique de Sante Communautaire de l’Eglise Chretienne des Cities (CSCECC), P.O. Box 738, Port-au-Prince, Haiti. The physical address is Cite Soleil, Bloc Project Drouillard, En face Cite Gerard, Port-au-Prince, Haiti. Medications and supplies cannot be shipped directly to the clinic!

**Please do NOT contact any Haitian official or health care provider directly!** If you need additional information to obtain medication or supplies, contact medtrips@haitioutreachministries.org for assistance.

Listed below are sources for acquiring medications and supplies for medical missions; we encourage everyone to refer to the company’s website for the most up-to-date pricing information and guidelines.

Alcon Cares, Inc. *(please do NOT use)*
AmeriCares
www.americares.org
Blessings International “Medicine for Missions”
www.blessinq.org
Brother’s Brother Foundation
www.brothersbrother.org
Catholic Medical Mission Board (CMMB)
www.brothersbrother.org
CHUMA International
www2.providence.org/phs/phi/Pages/medical-supplies.aspx
Crosslink International
www.crosslinkinternational.net
Direct Relief International
www.directrelief.org
Health Partners International of Canada
www.hpicanada.ca
Heart to Heart Inc. (HTHI)
www.hearttoheart.org
INMED
www.inmed.org
International Aid, Inc.
www.internationalaid.org
Interchurch Medical Assistance, Inc.
www.imaworldhealth.org
Kingsway Charities
www.kingswaycharities.org
MAP (Medical Mission Packs)
www.map.org/johnsonandjohnson
Medical Bridges, Inc.
www.medicalbridges.org
Medical Ministries International
www.mmint.org
MedWish International
www.medwish.org
Ortho McNeil Pharmaceutical Medical Mission Program
Phone: 806-707-9566 (no internet information available, call for assistance)
Science With A Mission, Inc.
www.sciencewithamission.org
World Dental Relief (WDR)
www.worlddentalrelief.com
World Vision
www.worldvision.org
Worm Project (WP)
www.wormproject.org

* We do not recommend contacting Alcon. To qualify, teams are told to contact Haiti’s Director of Ophthalmology, who requires control of the mission, food, transportation and payment for his services.