MEDICAL MISSION GUIDELINES

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 you prepare for your trip and while on the mission field.

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#1 INTRODUCTION TO MEDICAL MISSION CLINIC AND PHARMACY

To understand medical mission trip needs, it helps to have an idea of what will happen at the clinic site. HOM teams work in the Cité Soleil clinic building; occasionally teams are asked to provide health care in the church in Menelas (Repatriote). HOM and MICECC leaders will direct team efforts based on current need and conditions. Due to safety and logistical concerns, we do not set up clinics outside the MICECC campuses. Please read the Mission Guidelines for additional information regarding preparing for your mission trip.

HOM co-coordinates with teams to buy medications and maintain medical and clinic supplies. Contact medtrips@haitioutreachministries.org at least one month in advance for current information regarding the medical clinic and assistance with buying medications in Haiti (see Options for Acquiring Medications). It is the team’s responsibility to supply all clinic and medical supplies and to bring medications (and arrange for HOM to buy medications on their behalf) needed to run a clinic. Teams are to contribute $100 per week to purchase generator fuel to provide power for the clinic.

Clinic workdays are Monday through Friday. 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 and organize supplies, count pills and take care of last minute details.

Mathanie (Mati) Meme and Max Francois, our Haitian medical coordinators, will guide you through the clinic set up and provide help as needed. Usually one of the MICECC MDs will also meet with the teams at the start of the clinic and be available during the week if needed. Please contact Mathanie or Max if assistance is needed, it is disruptive to the clinic if team members approach MICECC staff directly.

For security purposes, all team members must wear a nametag. HOM will have translators waiting at the clinic site; we recommend 1 translator per provider and per station, including the pharmacy to ensure that patients understand medication directions. Some teams like to work with the same translator each day while others mix it up; either way works (see Working with Translators in Mission Trip Resources). Teams start the day with prayer and then go to work, a workday is 8 a.m. to 4 p.m. with a break for lunch. The last day is generally shorter to allow time to inventory clinic supplies and medications and prepare for the next team. Each provider may see 25 or more patients per day. It is important that all team members take frequent water 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.

Cité Soleil Clinic

HOM shares the clinic space with MICECC (see diagram, page 6). The current set up is designed to accommodate multiple uses that can be managed with limited staff and time. Please do not modify, remove, discard or install equipment, supplies or furniture in the clinic without checking with Mathanie, Max or contacting at medtrips@haitioutreachministries.org. Mathanie has a great deal of experience in working with medical teams, managing the clinic and facilitating patient flow, please respect her guidance.

Intake or Registration

Each morning security staff distributes tickets to patients for the day’s clinic and directs them to a designated waiting area. MICECC RNs will briefly access the patients’ acuity to determine if someone needs immediate attention. MICECC staff collects the clinic fee and registers the patients by recording their demographic information and chief complaint on the patient record. Once patients are registered, they are directed to either HOM or MICECC medical staff for vital signs and additional screening as needed. If previously seen at the Cité Soleil clinic, the patient should have a patient record that includes information from the last visit(s).
If working outside the Cité Soleil clinic or without MICECC assistance, providers will need to 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 for patients 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 (MD, DO, NP, or PA) 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 may be dispensed from the examination area. Although many patients are waiting, do not feel rushed to make a diagnosis, a careful exam is expected and appreciated! Follow-up should be arranged for patients who need ongoing medical care, either with the next visiting team or with a MICECC provider. If a patient needs emergency care, Mathanie or Max will 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 located on the second floor of the clinic. See Dental Mission Guidelines for additional information and list of available equipment and supplies. Contact medtrips@haitioutreachministries.org and Dr. Don Trawick, DDS at Dqtrawick@aol.com 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 to provide continuity of care.
3. Antibiotic resistance is not a problem in Haiti, 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 (without charge) before the end of the mission. Give the patient an 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 security and registration personnel on the appointed day.
6. Many of the diseases and medications available are very different from what we are accustomed to in North America. A helpful reference is “The Handbook of Medicine in Developing Countries” by Palmer and Wolf. Doctors without Borders (MSF) offers an excellent reference book. Some reference books and materials are located in the pharmacy for team use.

**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: many Cité Soleil patients may have a patient record but please bring 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, please contact us at medtrips@haitioutreachministries.org.
Treatment and Lab Area (may be combined with Triage)

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

Pharmacy

In the pharmacy, medications are dispensed as ordered on the patient record or the Rx/RTC form (see Forms and Resources) the patient brings from the health care provider. Assign at least two members to the pharmacy: for larger teams add additional people for every 2-3 providers. We recommend 1-2 translators in the pharmacy, as it is essential for the patient to understand how to take medicine. A list of the most commonly prescribed medications with directions in Kreyol and English is available on the website (see Forms and Resources); we encourage all teams to include this instruction sheet with every patient’s medication. Pharmacy is a busy station and usually the last to close for the day.

Prior to Arriving on the Site

In a typical medical clinic, four providers may see 100-120 or more patients per day. That can mean over 300 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 on the HOM website (see Forms and Resources). 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

- **Familiarize yourself with the pharmacy set-up.** In the Cité 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 of 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 or mistakes. Label all medications with the drug name; add written instructions or check off the sun/moon illustration boxes on the RX labels. Distribute the Kreyol/English medication instructions (see Forms and Resources) to every patient. Have the patient repeat back all instructions to make sure they understand each medication 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.
- Do not dispense any prescription medicine without an Rx form or patient record.

At the End of the Day
During the evening debriefing, compare notes on the day’s clinic operation and make plans for the next day. It is helpful to record 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 used, use the time to pre-pack medications for the next day. Inform health care providers of medications that are running low. Please contact Mathanie or Max if additional medications or supplies are needed, they can make appropriate arrangements to obtain the needed items.

At the End of the Mission
HOM recommends that the last day of the clinic be shorter to allow the team’s pharmacy and triage staff to restock and inventory all medications and supplies. This will help determine not only what medications and supplies are needed for the next team but also what illness are most prevalent so that we can develop appropriate strategies for care. Please give a copy of the pharmacy inventory to the HOM/MICECC staff so that we can promptly notify incoming team of current needs. “Medication” and “Supply” worksheets are available for team use.

We ask that all teams leave the pharmacy and clinic area clean, organized and ready for the next team. Make sure all medications left are labeled with drug name, dose and expiration date. Return all medical equipment, reference books and unused supplies to the appropriate storage area or to HOM staff; report any problems with the equipment or depletion of supplies to our staff.

Team leaders can use this time to discuss the weeks’ events with the HOM/MICECC staff and leaders. This information is vital to our ability to provide guidance to future teams. Health care providers are encouraged to meet with MICECC physicians on the final day of clinic to discuss any patients who needs follow-up care after the team leaves. This ensures that our patients get appropriate care in a timely manner at no additional cost.

Copies of the medical guidelines, pharmacy inventory worksheet and other helpful resources are kept in the pharmacy. You may access the following resources under Forms and Resources on the website.
- Dermatological conditions (Rashes, Itches and Bumps) and disease information with photos
- Health Care beliefs and Voodoo
- Hypertension Treatment Guidelines
- Kreyol/English Medical Terms and Kreyol/English Patient Education Handouts
- Pediatric medication dosing chart (includes dosing by age and kg/lbs)
- RN Protocols
- Tropical Disease and Treatment Information
- Vaginal infections and STD Algorithms for Haitian population

A list of organizations that supply free or reduced cost medications/supplies is included in this guidelines. An expanded list with more details regarding what each organization offers is available in Forms and Resources.

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 MICECC MDs; in addition there are 2 exam rooms to be shared as needed. HOM teams have a dedicated space for pharmacy, triage, lab 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 CLINIC SUPPLIES AND EQUIPMENT

The following items and recommended amounts should be adequate to equip a 1000 patient clinic. Although there is always a possibility that a situation may arise for which we are unprepared, we have access to 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. Please 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 they have to be discarded after you leave. Do not plan to leave your suitcases in Haiti - there is very limited space to store these.

Please bring a few 30-quart size plastic storage containers to use in organizing 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 with tops, available at Dollar stores, are useful for holding smaller medication bottles and supplies.

CHARTS AND FORMS (see Forms and Resources)

100 Patient records per provider (please give patients a gallon size zip lock bag to protect their patient record)
300 Rx & Return to Clinic Forms per provider * optional (Rx may be filled using Rx form or 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 True Track meters: 50 strips per 2-3 providers.
2. Alere Hemopoint (HGB) H2 meter strips (optional)
3. Siemens DCA Vantage HBA1c analyzer strip (optional)
4. Albuterol nebules: 1 package (30 vials) per 2 providers; a few additional masks/tubing are welcome
5. Disposable otoscope and Braun ear thermometer covers; (as of 9/2014, we have plenty! Do not bring)
6. Urinalysis strips: 1 Bottle (50 tests) per 2 - 3 providers
7. Urine Pregnancy Test Strips: 25-50 tests
8. Additional POC tests: Hepatitis, Malaria, HIV, etc. are available (Science With A Mission) - optional

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/gauze pads: 1-2 rolls of sterile, non-sterile, medicated, (1) 50 packs each 2x2 & 4x4 and 10-12 Telfa pads
5. Tape: 1-2 rolls of different kinds and sizes
MEDICAL SUPPLIES AND TOOLS
1. Alcohol: 1 bottle
2. Alcohol Prep Pads: 2 boxes (100)
3. Bandage Scissors & Small Sharp Scissors: 1-2 (there are several available)
4. Betadine Solution & Iodine Swab sticks: 1 bottle and 1 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 is available, do not bring)
8. Face Masks (disposable) 1 small box (25) (several available, do not bring)
9. Gloves: 1 box (each size) non-sterile and 2-4 packages sterile each size
10. Hydrogen Peroxide: 1 bottle
11. Kidney-Shaped Emesis Basin: (many available, do not bring)
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 (NS IV fluid is available for purchase in Haiti)
15. Nebulizer tubing and masks: 4-6
16. Oxygen cannulas and tubing: 4-6
17. Q-tip swabs: 1 - 2 packages (100s) non-sterile and 25-50 sterile
18. Scalpels, disposable: 1 box
19. Sharps Container: (there are several available – do not bring)
20. Sterile Safety Needles: 22g 1½ inch and/or 23g 1 inch - 1 box
21. Sterile Syringes: 3cc and 5cc – 25-30 each
22. Sterile Water: 4 small or 2 large bottles for wound and ear irrigation.
23. Suture Kits: 4 – 6 kits
24. Tongue Depressors: 1 box
25. Urine Collection Cups: 200 (also useful to hold small amounts of creams, ointments or lotions)
26. Vaginal Disposable Speculums: 25 each small and medium
27. 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)
3. Calculator (several available)
4. Cups – 500 paper drinking (Dixie cups) and 200 small medicine cups
5. Drug and medical resource books
6. Empty gallon containers to mix scabies wash (some are available)
7. Medicine droppers (tip: 3 cc or 5 cc syringes make good droppers in a pinch)
8. Medicine bottles (tip: save empty OTC bottles (Advil etc.) to dispense medications, be sure to attach new label)
9. Medicine labels (pre-print to save time, some are available in the pharmacy)
10. Mortar and pestle (one is available in the pharmacy)
11. Patient medication information and instruction sheets (see Forms and Resources)
12. Pens and Markers (fine point sharpies)
13. Pharmacy bags or snack size zip locks (3 x 4” pharmacy bags with picture dosing & space for writing are available at Blessings for $2.50/100).
14. Zip lock bags – several boxes each gallon and quart
1. Plastic shoe box-type storage containers and larger (used to store and transport medications and supplies)
#3 HOM FORMULARY

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. Consideration was given to medications available and typically used in Haiti by local health care providers and NGOs in an effort to promote continuity of care. See the Clinic Pharmacy Inventory (page 15) for the complete list of medications and quantities on our formulary. Amounts recommended are usually 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.

HOM and MICECC recommends 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.

Most medications on our formulary are available for purchase in Haiti (see Options for Acquiring Medications). Some medications are not available or are too expensive and must be purchased in North America and brought to Haiti by the teams. If medications are pre-packaged prior to travel to Haiti, Haitian customs require that all medication bags include the medication name, dose, and lot # and expiration date. Medications not sanctioned for use in the North America and expired medications cannot be brought into Haiti - expiration dates should be six months past departure date.

The pharmacy in the Cité Soliel clinic is stocked with the medications (available in Haiti) needed to run a clinic so teams may start work with little preparation. Teams may wish to spend some time Sunday pre-packaging medications for Monday’s clinic. Teams may bring medications from North America rather than arrange to purchase in Haiti, but are asked to use medications in stock (with oldest expiration dates) first, and replace with the team’s supplies. You may substitute different medications in the same drug class, but we strive for continuity of care whenever possible. Please remember to label all medications by name, dose and expiration date. Although many of the medicines we prescribe are over the counter (OTC) in Northern America, we adhere to strict standards and guidelines with distribution of medicines.

We recommend giving no more than 2-3 medications per person (in addition to vitamins and worm medication) to avoid potential for confusion and adverse reactions. Teams are asked to provide at least a 30-day supply of medications, 0 days or more if possible, for chronic illnesses such as HTN and DM. Many patients travel great distances to the clinic and have limited resources to make frequent trips. Remember, we can always purchase additional medications during your week if needed, so be generous when treating chronic illness.

The most common diagnosis seen in our clinics are: Rashes (40%), GI Distress & GERD (30%), Musculoskeletal pain (20%), Respiratory illnesses (20%), HTN (20%), Fever (15%), Headache (10%), Anemia (10%), Vaginal discharge (10%) and DM (8%). A small number of patients are seen with burns, wounds, and traumatic injuries.

Often a diagnosis may be determined based on history, but bear in mind that common symptoms may have very different etiologies in Haiti versus North America. Additional information regarding treatment of tropical diseases, including STD algorithms and dermatological conditions (with photos) are available upon request. (contact medtrips@haitioutreachministries.org). 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.
#4 OPTIONS FOR ACQUIRING MEDICATIONS FOR MEDICAL MISSION TRIPS

Listed below are several organizations that provide prescription and over the counter (OTC) medications for much less than retail value to mission teams. For first time applicants, the process to obtain free medical supplies and medications takes weeks to months. Once approved, it may take 2 weeks to receive medications after placing an order, so plan ahead! Soliciting donations of 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 medtrips@haitioutreachministries.org for this information). Many companies require information regarding where the medications will be used. The Cité Soleil clinic name and mailing address is Clinique de Santé de la Mission Communautaire de l’Eglise Chrétienne des Cités, (CSMICECC), P.O. Box 738, Port-au-Prince, Haïti. The physical address is Cité Soleil, Bloc Project Drouillard, En face Cité Gerard, Port-au-Prince, Haïti. Please note that medications and supplies cannot be shipped directly to the clinic.

Please refer to the company’s website site for the most up-to-date pricing information. Additional information regarding these companies is available upon request: contact medtrips@haitioutreachministries.org

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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.

Transporting medications and supplies to Haiti remains the greatest challenge for teams. HOM has arranged to purchase (available) medications through several pharmaceutical companies in Port-au-Prince and Pétion-Ville, Haiti for use in our clinic. HOM encourages teams to utilize this option as we feel it is vital to Haïti’s future to encourage economic growth through use of local resources. Using local sources also promotes continuity of care as patients receive the same medications by every team through the clinic, other NGOs and at local pharmacies.

Please contact medtrips@haitioutreachministries.org at least 1 month in advance to coordinate obtaining medications for your trip. Some medications are cheaper in Haïti than from the U.S., while others may be more expensive, but the total cost is consistent with that from Blessings International. Purchasing in Haïti also reduces team cost by eliminating luggage fees and reduces the risk of losing medications in customs.

The quantity needed may be adjusted for teams with more or less than 4 providers but we cannot offer teams the option to choose specific medications for purchase. Medications purchased are for use in the Cité Soleil clinic only. We try to be considerate of team cost and are conservative in estimating the quantity needed for a clinic, if additional medications are needed, we can facilitate a trip to purchase additional medications.
The following list includes the medications and quantities recommended for a 4-provider team working 4 ½ days in the C. S. clinic. The estimated cost to purchase the available medications is $1600. Medications in blue and italicized are not available or are too expensive in Haiti and must be provided by the team. Limited quantities of the optional medications are usually available. A few medications, for use in the clinic, epi pen, nitrostat, clonidine are also available.

<table>
<thead>
<tr>
<th>MEDICATION (GENERIC) NAME &amp; DOSE</th>
<th>ANTIBIOTIC/ANTIVIRALS</th>
<th>INVENTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acyclovir 200 mg <strong>(optional)</strong></td>
<td>Antiviral <strong>(Herpes)</strong></td>
<td>100</td>
</tr>
<tr>
<td>Amoxil 500 mg <em>(Amoxicillin)</em></td>
<td>PCN ABX <em>(URI, O.M., Pharyngitis, UTI)</em></td>
<td>1000</td>
</tr>
<tr>
<td>Amoxicillin 250mg</td>
<td>PCN ABX <em>(URI, O.M., Pharyngitis, UTI)</em></td>
<td>200</td>
</tr>
<tr>
<td>Amoxicillin 250/5ml susp (100ml)</td>
<td>PCN ABX <em>(URI, O.M., Pharyngitis, UTI)</em></td>
<td>25</td>
</tr>
<tr>
<td>Azithromycin 250 mg/5 ml susp (120 ml)</td>
<td>Macrolide ABX <em>(URI, Pneumonia, STDs)</em></td>
<td>15</td>
</tr>
<tr>
<td>Bactrim <em>(Sulfamethoxazole/trimethoprim)</em></td>
<td>Sulfonamide ABX <em>(Cholera, Typhoid, Cellulitis, UTI, Bites)</em></td>
<td>500</td>
</tr>
<tr>
<td>Bactrom 40mg/5ml susp (100ml)</td>
<td>Sulfonamide ABX <em>(Cholera, Typhoid, Cellulitis, UTI)</em></td>
<td>15</td>
</tr>
<tr>
<td>Cephalexin 250mg/5ml susp (100ml)</td>
<td>Cephalosporin ABX <em>(URI, Sinusitis, Cellulitis, Wounds)</em></td>
<td>15</td>
</tr>
<tr>
<td>Cephalexin 500 mg tabs</td>
<td>Cephalosporin ABX <em>(URI, Sinusitis, Cellulitis, Wounds)</em></td>
<td>300</td>
</tr>
<tr>
<td>Cipro 500mg <strong>(not for ages 1-17)</strong></td>
<td>Quinolone ABX <em>(UTI, STDs, Diarrhea, Respiratory)</em></td>
<td>300</td>
</tr>
<tr>
<td>Doxycline 100 mg</td>
<td>Tetracycline ABX <em>(Malaria, STDs, Cellulitis, Wounds)</em></td>
<td>500</td>
</tr>
<tr>
<td>Erythromycin 500 mg</td>
<td>Macrolide ABX <em>(Diphtheria, O.M., STDs, GI, Respiratory)</em></td>
<td>500</td>
</tr>
<tr>
<td>Hydrochloroquine 200mg or 250 mg</td>
<td>Tetracycline ABX <em>(Malaria, STDs, Cellulitis, Respiratory)</em></td>
<td>500</td>
</tr>
<tr>
<td>Nitrofurantoin 100 mg tabs</td>
<td>ABX(UTI) <strong>safe in pregnancy</strong></td>
<td>200</td>
</tr>
<tr>
<td>Rocephin 1 gr injection (Ceftiaxone)</td>
<td>Cephalosporin ABX <em>(URI, Sinusitis, Cellulitis, Wounds)</em></td>
<td>10</td>
</tr>
<tr>
<td>* Antiepileptic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tegretal 200 mg <em>(carbamamazepine)</em></td>
<td>Anticonvulsant</td>
<td>300</td>
</tr>
<tr>
<td>* Anesthesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lidocaine 2%</td>
<td>Anesthesia</td>
<td>10</td>
</tr>
<tr>
<td>* Antiparasites/Antifungal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diflucan 150 mg <em>(Fluconazole)</em></td>
<td>Antifungal <em>(Vaginal yeast, Thrush, Tinea)</em></td>
<td>150</td>
</tr>
<tr>
<td>Flagyl *(Metronidazole) 500mg</td>
<td>Antiparasitic/ABX <em>(C.diff, BV, Peritonitis)</em></td>
<td>500</td>
</tr>
<tr>
<td>Lamisil *(Terbinafine) 250 mg <strong>(optional)</strong></td>
<td>Antifungal <em>(Tinea, Onychomycosis)</em></td>
<td>250</td>
</tr>
<tr>
<td>Griseofulvin 500mg</td>
<td>Antifungal <em>(Tinea)</em></td>
<td>500</td>
</tr>
<tr>
<td>Nystatin suspension 60 ml <strong>(optional)</strong></td>
<td>Antifungal <em>(Oral Candidiasis)</em></td>
<td>10</td>
</tr>
<tr>
<td>Vermox  <em>(Albendazole)</em></td>
<td>Antiparasitic <em>(Worms)</em></td>
<td>1000</td>
</tr>
<tr>
<td>* Blood pressure/Cardiac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amolodine 5mg</td>
<td>B/P <em>(Calcium Channel Blocker)</em></td>
<td>1000</td>
</tr>
<tr>
<td>Aspirin 81 mg</td>
<td>Anticoagulant</td>
<td>500</td>
</tr>
<tr>
<td>Atenalol 25 or 50 mg or Metoprolol <strong>(optional)</strong></td>
<td>B/P and Arrhythmia <em>(Beta Blocker)</em></td>
<td>500</td>
</tr>
<tr>
<td>Enalapril 10 mg or Lisinopril 10 mg</td>
<td>B/P <em>(Ace Inhibitor)</em></td>
<td>1000</td>
</tr>
<tr>
<td>HCTZ 25 mg</td>
<td>B/P <em>(Diuretic)</em></td>
<td>1000</td>
</tr>
<tr>
<td>Labetalol</td>
<td>B/P *(Beta Blocker) <strong>safe in pregnancy</strong></td>
<td>500</td>
</tr>
<tr>
<td>Lasix 20 mg <em>(Furosemide)</em></td>
<td>CHF*(Diuretic)*</td>
<td>100</td>
</tr>
<tr>
<td>Nitrostat *(Nitroglycerine) 0.4 mg</td>
<td>Angina <em>(Vasodilator)</em></td>
<td>25</td>
</tr>
<tr>
<td>* Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metformin *(Glucophage) 500 mg or 1000 mg</td>
<td>Biguanide <em>(DM)</em></td>
<td>1500</td>
</tr>
<tr>
<td>Glucotrol *(Glipizide) 5 mg</td>
<td>Sulfonylurea *(DM) Not 1st choice due to hypoglycemia</td>
<td>500</td>
</tr>
<tr>
<td>* Eyes, Ears and Nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificial tears <em>(no Visine type drops)</em></td>
<td>Eyes <em>(Lubricant)</em></td>
<td>50</td>
</tr>
<tr>
<td>Debrox <em>(or any ear wax softener)</em></td>
<td>Ear <em>(Ear Wax Softener)</em></td>
<td>25</td>
</tr>
<tr>
<td>Floxin Otic or Cortisporin Otic drops</td>
<td>Ear <em>(Antibiotic)</em></td>
<td>20</td>
</tr>
<tr>
<td>Gentamic Oph or Sulamyd Oph drops</td>
<td>Eyes *(Antibiotic) * can also be used in ears</td>
<td>25</td>
</tr>
<tr>
<td>Saline nose sprays <em>(No Afrin type optional)</em></td>
<td>Nose <em>(lubricant)</em></td>
<td>25</td>
</tr>
</tbody>
</table>
MEDICATION (GENERIC) NAME & DOSE | G/I (Gastrointestinal) | Inventory
--- | --- | ---
Dulcolax (Docusate sodium) 100 mg | Stool softener | 100
Imodium (Lopermaide) | Anti-diarrheal | 200
Normal Saline (9%) IV sol 500 ml | Rehydration fluids | 10
Oral rehydration salts | Rehydration solution | 100
Prep H or Anusol HC tubes | Anti-hemorrhoidal | 24
Prilosec 20mg (Omeprazole) | PPI (Aciphex, Dexilant, Nexium, Prevacid) | 500
Phenergan 25 mg (Promethazine) | Anti-nausea | 200
Phenergan 25 mg (Promethazine) injectable | Anti-nausea | 10
TUMS (Calcium Carbonate) | Antacid (Mylanta, Pepto Bismouth, Rolaids) | 5000
Zantac 150 mg (Ranitidine) | H2 Blocker Antacid (Pepcid, Tagamet) | 500
Zantac (Randitine)15 mg/ml (16 oz) | H2 Blocker Antacid | 10

G/U (Genitourinary)

Vagisil (OTC) tubes | Vaginal Anti-itch | 50
Miconazole 2% cream (vag) w/applicators | Vaginal Antifungal | 25

NSAIDS (Pain and Fever)

Aspirin 81 mg (optional) NO 375 mg | NSAIDS/Anticoagulant | 100
IBU 400mg | NSAIDS | 5000
Children’s Tylenol/IBU 80mg chewable | NSAIDS | 500
Children’s Tylenol/IBU 160mg/5ml (120ml) | NSAIDS | 25
Infant Tylenol/IBU drops 80mg/0.8ml | NSAIDS | 25
TYLENOL (Acetaminophen) 500 mg | NSAIDS | 1000

RESPIRATORY (Allergy/Asthma)

Advair diskus or any LABA (optional) | Asthma (bronchodilator/corticosteroid) | 25
Albuterol HFA | Asthma (bronchodilator) | 25
Benadryl syrup 12.5 mg/5 ml (120 ml) | Antihistamine | 25
Benadryl (Diphenhydramine) 25 mg | Antihistamine (Claritin, Chlorphenarimine) | 1000
Cough drops | Respiratory (Cold & Cough) | 720
Cough syrup (120ml) | URI (Robitussin, Delsyn, Mucinex DM) | 10
Flonase (Nasonex, Nasocort, etc) NO Afrin type | Allergy (corticosteroid nasal spray) | 25
Prednisone 10 mg | Corticosteroid | 500
Sudafed 30 mg | Allergy & URI (decongestant) | 500

TOPICAL (Skin)

A&D or any barrier cream | Moisturizing/Barrier cream (Desitin, Balmex) | 25
Bacitracin or any antibiotic ointment tubes | ABX cream (Mupirocin, Neosporin) | 50
Hydrocortisone 1% or Diprenole cream | Glucocorticosteroid cream | 50
Lice shampoo or Lice B Gone | Pediculicide (Lice and Scabies) | 32 oz
Lotrimin or any OTC antifungal cream | Antifungal cream (Tinactin) | 25
Nystatin 2 % cream | Antifungal cream (Ketoconazole) | 25
Silvadene cream (Silver sulfadiazine) | Sulfonamide/silver antibacterial for burns | 5
Scabies solution | Pediculicide (Scabies) | 32 oz

VITAMINS

Vitamins, adult multi w/Fe | Vitamins | 15000
Vitamins, children’s chew multi w/FE | Vitamins (No gummy type, they melt and stick together!) | 7500
Vitamins, infant’s suspension | Vitamins | 150
Vitamins, Prenatal | Vitamins w/ extra B & Iron (pregnancy) | 500
Ferrous Sulfate (optional) | Iron supplement | 500

* HOM serves as a liaison between teams and pharmaceutical companies and does not profit or receive a financial incentive for medication purchases. Our agreement with these companies is that the medications are for use in the clinic and not for resale; we regret that we cannot purchase medications for teams to use elsewhere.