

Reader for Vignettes

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Instructions

Vignette reader: The responses to questions are given in bold type. If possible, only give these answers and only as they are written. Use your judgment for questions for which there are no answers. The basic rule is that unless it is specifically stated here, all other signs and symptoms should be normal. Questions in italics are meant to represent the possible questions clinicians might ask.

Vignette Observer: This patient has a very specific diagnosis. The goal of the clinician is to discover this diagnosis. As part of this task he or she must also rule out other possible conditions. Thus, the correct completion of this vignette, will involve

- Reaching the correct diagnosis (preliminary diagnosis)
- Writing a correct prescription (there may be more than one correct prescription and this can vary from facility to facility).
- Ruling out other possible diagnoses.

Sample Vignette

Read this to the clinician.

We will observe you consulting a case study patient. We have created some case studies of typical patients. Someone from our team will act as the case study patient. She is acting as a patient suffering from a particular condition that needs diagnosis and treatment. You should diagnose the patient and then suggest a course of treatment. If in the course of a normal examination you would ask the patient a question, ask it of the person acting as a case study patient. If in the course of a normal consultation you would perform some physical examinations, you should describe to the case study patient the examination you would perform. She will then tell you what you would have found. Then make a diagnosis or preliminary diagnosis, write a prescription for the case study patient and tell the researcher acting as a case study patient what you would tell the patient.

A second researcher will observe your case study consultation.

Because this is new to you, we will act out a case study presentation. One of our staff will be a clinician and one a case study patient. Our intention is to show you how a case study consultation should work.

Reader: *I am a 30 year old man. I do not feel well and I have had a fever for three days. I think I have malaria.*

Observer as Clinician: **Do you have any other symptoms?**

Reader: *I feel weak, I have a headache and nausea.*

Observer as Clinician: **Is the fever persistent or intermittent?**

Reader: *It comes and goes.*

Observer as Clinician: **Do you have pain while swallowing?**

Reader: *No.*

Observer as Clinician: **Do you have abdominal pain?**

Reader: *No.*

Observer as Guide: At this point I need to examine the patient. I will tell the patient what I am doing and she will tell me what I would find.

Observer as Clinician: **I would take the patient's temperature.**

Reader: *The temperature is 38 degrees.*

Observer as Clinician: **I would take the patient's pulse.**

Reader: *The pulse is 90 beats per minute.*

Observer as Guide: I will now tell you what I think is the correct diagnosis and prescription.

Observer as Clinician: **I will diagnose this patient as having malaria and will write a prescription for S/P, three tables STAT.**

Observer as Guide: Now I will address the patient as I would a normal patient. I would say to the patient:

Observer as Clinician: **You have malaria. I am writing you a prescription for medicine that will help you. If you do not feel better after 5 days you should return to see me.**

Vignette #1

The reader is the mother of 4-year-old boy.

Introduction: This 4 year old boy is my son. He has had a fever now for one week. Now he is vomiting and he is worse, so I have come to you for help.

Potential History Taking Questions and their Response

Clinician: **How long has he had a fever?**

Reader: *One week.*

Clinician: **Is it a steady fever?**

Reader: *Some days he is fine others he is very sick.*

Clinician: **Does he eat well?**

Reader: *He eats, but not as much as usual and sometimes he will vomit.*

Clinician: **Does he vomit?**

Reader: *Yes.*

Clinician: **Does he shiver, or sweat?**

Reader: *Yes.*

Clinician: **Does he have a cough?**

Reader: *Yes.*

Clinician: **Is it severe?**

Reader: *No.*

Clinician: **Is it dry or productive?**

Reader: *Dry.*

Clinician: **Does your son have difficulty in breathing?**

Reader: *No.*

Clinician: **Has he received any treatment for this?**

Reader: *I started to give him Panadol.*

Clinician: **How much?**

Reader: *One two days ago, one yesterday and one this morning.*

Clinician: **Has he had any convulsions?**

Reader: *No.*

Potential Physical Examination Questions

Clinician: **I would examine hands.**

Reader: *You will find pale nail beds.*

Clinician: **I would examine tongue.**

Reader: *The tongue is pale.*

Clinician: **I would examine eyes.**

Reader: *What are you looking for?*

Clinician: **Sunken eyes.**

Reader: *No, they are normal.*

Clinician: **Pale colour.**

Reader: *Yes, they are pale.*

Clinician: **I would examine responsiveness of boy.**

Reader: *He is awake, but lethargic.*

Clinician: **I would pinch skin of patient.**

Reader: *There is no loss of skin elasticity.*

Clinician: **I would take temperature.**

Reader: *37.2 degrees.*

Clinician: **I would take the pulse.**

Reader: *95.*

Clinician: **I would examine patient for stiffness in his neck.**

Reader: *The neck is not stiff*

Clinician: **I would look for puffy face and/or swelling of the feet.**

Reader: *The face is not puffy and/or the feet are not swollen*

Clinician: **I would palpate the liver or spleen for organomegally.**

Reader: *It is normal size and not tender*

Clinician: **I would order a blood slide and/or a full blood check.**

Reader: *You have to wait for the results and form a preliminary diagnosis without these results*

Vignette #2

The reader is a shy woman.

Introduction: I am a 34 year old woman and I have been suffering from pain right here [*indicate right lower abdomen*] on and off for about 3 months.

Potential History Taking Questions and their Response

Clinician: **Where is the pain strongest?**

Reader: *Here, [point to right lower abdomen]*

Clinician: **Is the pain sharp?**

Reader: *Not so sharp*

Clinician: **Does it hurt anywhere else?**

Reader: *It will move around towards my back.*

Clinician: **Is the pain constant?**

Reader: *It is on and off*

Clinician: **When was you last period.**

Reader: *Two weeks ago*

Clinician: **Was it normal**

Reader: *Yes*

Clinician: **Was it as long as usual, longer or shorter**

Reader: *It was only three days and before it has been longer*

Clinician: **Is the pain ever worse?**

Reader: *It is worse before my period, and it gets a little better after*

Clinician: **Do you have any vaginal discharge?**

Reader: *No*

Clinician: **Do you experience any vaginal pain or itching?**

Reader: *No*

Clinician: **Do you have a fever, or have you been suffering from a fever?**

Reader: *I'm not sure. Sometimes I feel cold*

Clinician: **Do you experience pain on urination?**

Reader: *No*

Clinician: **What is your history of recent sexual contact?**

Reader: *I am married*

Clinician: **Do you have any other sexual partners?**

Reader: *No.*

Clinician: **When was your last sexual contact?**

Reader: *Just these last few days.*

Clinician: **Do you experience pain in intercourse?**

Reader: *No.*

Clinician: **Do you experience bleeding, post coitus?**

Reader: *No.*

Clinician: **Do you have children?**

Reader: *I have three*

Clinician: **How old is your youngest child?**

Reader: *Two.*

Clinician: **Have you ever had any complications in pregnancy?**

Reader: *No*

Clinician: **Have you every had any STD?**

Reader: *No*

Clinician: **Are you using any method of birth control?**

Reader: *No.*

Clinician: **Have you taken any treatment so far?**

Reader: *Paracetamol*

Clinician: **Is your husband taking any treatment?**

Reader: *My husband is not sick*

Potential Physical Examination Questions

Clinician: **Clinician examines for the presence of skin rash, sores or rash on lips;**

Reader: *There is no rash*

Clinician: **I would take temperature;**

Reader: *The temperature is normal, 38 degrees.*

Clinician: **I would palpate for swollen lymph nodes in the neck, armpit or groin;**

Reader: *Slightly swollen*

Clinician: **I would examine for lower abdominal tenderness;**

Reader: *Lower abdomen is tender*

Clinician: **I would examine the vagina;**

Reader: *There are no sores. There is some yellowish, foul smelling, discharge*

Vignette #3

The reader is the mother of a 1 year old boy.

Introcuton: Doctor, my son has diarrhea and vomiting since yesterday.

Potential History Taking Questions and their Response

Clinician: **How long has he been having diarrhea?**

Reader: *Since yesterday morning.*

Clinician: **How often does he vomit or have a stool?**

Reader: *He vomits at any feed, and has a stool soon after.*

Clinician: **How are the stools?**

Reader: *Like water.*

Clinician: **Is there blood in them.**

Reader: *No, makamasi*

Clinician: **Are you breastfeeding this child?**

Reader: *Yes.*

Clinician: **How is he breastfeeding?**

Reader: *Not very well.*

Clinician: **Is he tired?**

Reader: *Amechoka sana.*

Clinician: **Does he have a fever?**

Reader: *No.*

Clinician: **When he cries are there tears?**

Reader: *No.*

Physical Examination

Clinician: **I would examine the front of the fontanel to see if it is sunken;**

Reader: *It is sunken.*

Clinician: **I would look at the eyeballs to see if they are sunken;**

Reader: *They are sunken.*

Clinician: **I would pinch the skin of the child;**

Reader: *There is loss of skin elasticity.*

Clinician: **I would give a drink to the baby to see if he is thirsty;**

Reader: *The child is thirsty.*

Clinician: **I would evaluate the general condition of the child, responsiveness to stimulus, etc.**

Reader: *The child is awake, but lethargic.*

Clinician: **I would weigh the child.**

Reader: *The child weighs 9 kilos.*

Clinician: **I would examine the child for signs of malnutrition.**

Reader: *Everything is normal.*

Vignette #4

The reader is the mother of an 8 year old girl.

Introduction: She has a cough.

Potential History Taking Questions and their Response

Clinician: **How long has she had a cough?**

Reader: *5 days.*

Clinician: **Does she have a fever?**

Reader: *Yes*

Clinician: **Does she have convulsions?**

Reader: *No*

Clinician: **How is her appetite?**

Reader: *There is no loss of appetite.*

Clinician: **Is she tired?**

Reader: *No, she is not tired.*

Clinician: **Is the cough dry, or productive?**

Reader: *It is productive.*

Clinician: **What color is the sputum?**

Reader: *It is yellow.*

Clinician: **Is there ever any blood in the sputum?**

Reader: *No.*

Clinician: **Does she have difficulty in breathing?**

Reader: *Yes.*

Clinician: **Is there any chest pain?**

Reader: *Yes.*

Physical Examination

Clinician: **Clinician checks the rib cage for chest indrawing;**

Reader: *There is no chest indrawing.*

Clinician: **Clinician measures the respiratory rate;**

Reader: *The rate is 24 breaths per minute.*

Clinician: **Clinician looks for nasal flaring;**

Reader: *There is no flaring.*

Clinician: **Clinician auscultates the chest;**

Reader: *There is crepitation.*

Clinician: **Clinician takes the patient's temperature;**

Reader: *The temperature is 38.5 degrees.*

Clinician: **Clinician listens to the patient breathing;**

Reader: *There is no wheezing.*

Clinician: **Clinician examines the ears;**

Reader: *There is no sign of redness.*

Clinician: **Clinician examines the throat.**

Reader: *There is no sign of redness.*

Clinician: **Clinician examines the any lymph nodes.**

Reader: *They are not swollen.*

Clinician: **Clinician orders a sputum for AFB or a chest X-ray.**

Reader: *You have to wait for the results and form a preliminary diagnosis without these results*

Vignette #5

The reader is the mother of a 3 year old girl (Amina).

Introduction: This three year old girl is my daughter. She has had a history of a sudden onset of sneezing, running nose, associated with nasal congestion for one day. [She is coughing, she has a runny nose and she is stuffed up.]

Potential History Taking Questions and their Response

Clinician: **Does she have any other symptoms?**

Reader: *Restless, low grade fever.*

Clinician: **Does she have a cough?**

Reader: *No cough*

Clinician: **Does she have difficulty breathing?**

Reader: *No*

Physical Examination

Clinician: **Clinician takes the patient's temperature;**

Reader: *The temperature is 36.8 degrees.*

Clinician: **Everything else is normal.**

Reader: *Any Lab test: You have to wait for the results and form a preliminary diagnosis without these results*

Vignette #6

The reader is the mother of a 5 year old boy (Hassani).

Introduction: My son Hassani is 5 years old. He has a loss of appetite, and is passing loose stool for the past two weeks.

Potential History Taking Questions and their Response

Clinician: **Does he have any other problems?**

Reader: *He is complaining of abdominal pain.*

Clinician: **Does he have a cough?**

Reader: *Yes*

Clinician: **Is it productive or dry?**

Reader: *Dry*

Clinician: **Is he vomiting?**

Reader: *No*

Clinician: **Does he have a fever?**

Reader: *No*

Physical Examination

Clinician: **Clinician takes the patient's temperature;**

Reader: *The temperature is 37 degrees.*

Clinician: **Clinician examines the palm for anaemia;**

Reader: *They are not pale.*

Clinician: **Clinician checks the abdomen;**

Reader: *Not tender, no palpable mass.*

Reader: *Everything else is normal.*

Reader: *Any Lab test: You have to wait for the results and form a preliminary diagnosis without these results*

Vignette #7

22 years old woman who is visibly pregnant.

Introduction: My name is Rose. I am 22 years old and I am married. I am pregnant. I have been having a splitting headache. It feels like my head is going to burst.

Potential History Taking Questions and their Response

Clinician: **When was your last menstrual period?**

Reader: *7 months ago (7th of May 2002).*

Clinician: **Do you have nausea or vomiting? If so how much?**

Reader: *Mild nausea and vomiting in the first trimester, now a lot of nausea and I vomit at least once a day.*

Clinician: **Is there any swelling in your feet?**

Reader: *A lot of swelling.*

Clinician: **Have you experienced any weight gain?**

Reader: *Pre-pregnancy I was 52 kgs and now I am 72 kgs.*

Clinician: **Can you feel any fetal movement?**

Reader: *Yes.*

Clinician: **Do you have any bleeding or discharge?**

Reader: *No.*

Clinician: **Have you had any antenatal checkup during pregnancy?**

Reader: *No.*

Clinician: **How many children do you have?**

Reader: *One.*

Clinician: **Where were they born? Was it a normal birth?**

Reader: *In the hospital. Yes it was normal.*

Clinician: **Have you had any pregnancies other than these?**

Reader: *Yes. There was one that ended with a still birth at eight months.*

Clinician: **Did you get any immunization during your previous or current pregnancy?**

Reader: *No.*

Clinician: **Have you had an ultrasound?**

Reader: *No.*

Clinician: **Do you have hypertension/ high blood pressure either now or during your previous pregnancy?**

Reader: *Yes, during the still birth pregnancy.*

Clinician: **Do you have diabetes now or during your previous pregnancy?**

Reader: *No.*

Clinician: **Do you have anaemia, either now or during your previous pregnancy?**

Reader: *No.*

Clinician: **Do you have any heart disease either now or during your previous pregnancy?**

Reader: *No.*

Clinician: **Do you smoke or drink?**

Reader: *No.*

Clinician: **Do you get short of breath at rest or during exercise?**

Reader: *Yes. Breathless on mild exercise, inability to perform household chores.*

Clinician: **What is the severity and frequency of the headaches.**

Reader: *Severe and incapacitating. 2 to 3 times a day.*

Physical Examination

Clinician: **I would take pulse rate and respiratory rate.**

Reader: *Pulse is 78 /minute. Respiration is 20 per minute. BP is 160/114 mmHg.*

Clinician: **I would auscultate your chest and heart.**

Reader: *It is normal.*

Clinician: **I would examine the feet for Oedema.**

Reader: *Pitting oedema present in both ankles.*

Clinician: **I would examine your eyes and mouth for anaemia.**

Reader: *Normal*

Clinician: **I would palpate the abdomen (fetus).**

Reader: *Normal*

Clinician: **I would auscultate the fetal heart rate.**

Reader: *Normal*

Laboratory Examination When the clinician does lab tests, you must record the lab tests offered and then ask for a preliminary diagnosis. After the preliminary diagnosis and before treatment, you will give the results of any of the following lab tests ordered. Any other lab tests are normal.

Clinician: **Urine for Protein**

Reader: *1.6gm albumin per litre (+, ++, +++)*

Clinician: **Urine for sugar**

Reader: *Not present.*

Clinician: **blood for glucose**

Reader: *Not present*

Clinician: **Blood for Hgb**

Reader: *11.2 gm/dl*

Vignette #8

40 year old man. (Bakari)

Introduction: My name is Bakari. I am 40 years old and I have been suffering from a fever, cough, weakness and weight loss for the last month.

Potential History Taking Questions and their Response

Clinician: **Do you have night sweats?**

Reader: *Yes.*

Clinician: **Do you have any pain in the chest?**

Reader: *No.*

Clinician: **Is there any blood in the sputum?**

Reader: *Yes.*

Clinician: **Do you drink?**

Reader: *I used to, but not for the last two years.*

Clinician: **Has this happened before?**

Reader: *Yes, for the last month, but not before.*

Clinician: **Has this type of cough happened to any others in your family or dwelling?**

Reader: *Yes; in my father in the village.*

Clinician: **What is your profession.**

Reader: *Manual labor.*

Clinician: **Have you indulged in any high risk sexual behavior?**

Reader: *No. Does not visit prostitutes.*

Clinician: **Do you feel tired?**

Reader: *Yes, slightly.*

Clinician: **What is your normal diet?**

Reader: *Rice, vegetable and sometimes meat.*

Clinician: **What is the pattern of the fever?**

Reader: *Low grade fever, higher at night.*

Clinician: **Do you smoke?**

Reader: *Yes, one packet of cigarettes per day.*

Physical Examination

Clinician: **I would measure your height.**

Reader: *5' 8. (160 cms)*

Clinician: **I would take your weight.**

Reader: *62 kgs.*

Clinician: **I would check your pulse.**

Reader: *Moderately elevated. 90 / minute.*

Clinician: **I would like to check respiratory rate.**

Reader: *20 / minute.*

Clinician: **I would like to check blood pressure.**

Reader: *120/80 mmHg.*

Clinician: **I would like to check the temperature.**

Reader: *100.5 F.*

Clinician: **I would check for retraction or decreased movement.**

Reader: *Normal.*

Clinician: **I would like to examine your chest. (percussion)**

Reader: *Normal.*

Clinician: **I would like to auscultate your chest, for breath sounds.**

Reader: *Normal.*

Laboratory Examination When the clinician does lab tests, you must record the lab tests offered and then ask for a preliminary diagnosis. After the preliminary diagnosis and before treatment, you will give the results of any of the following lab tests ordered. Any other lab tests are normal.

Clinician: **Blood for TLC/DLC**

Reader: *Normal.*

Clinician: **Blood for ESR (Erythrocytic Sedimentation Rate)**

Reader: *Is > 20mm*

Clinician: **Mantoux Tubercullin Test (TST)**

Reader: *Positive reaction of greater than 10mm.*

Clinician: **Sputum for AFB (Acid Fast Bacilli)**

Reader: *Positive.*

Clinician: **Chest X-ray**

Reader: *Abnormal opacity in right apex.*

Clinician: **Blood for HIV test.**

Reader: *Negative.*

Post Prescription Negotiation When the clinician gives the treatment, if it is the correct treatment the patient will protest.

Reader: If referred: *Doctor, I cannot go to this facility, can you please give me some medicines here.*

Reader: If given medicine to buy: *Doctor, I cannot buy all of these medicines. Can you give me some easier medicine. Just give me one shot.*

Reader: If given medicine to take (at no cost): *Doctor, I do not want to take all of these different medicines. Just give me the one that I need for this cough.*

Vignette #1

History Taking:

Pattern of fever	<input type="checkbox"/>
Treatment received	<input type="checkbox"/>
History of cough	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>
Appetite	<input type="checkbox"/>
Other	<input type="checkbox"/>

Health Facility	<input type="checkbox"/>
Code	<input type="checkbox"/>
Date	<input type="checkbox"/>
Clinician Name	<input type="checkbox"/>
Enumerator	<input type="checkbox"/>
Consultation Fee	<input type="checkbox"/>

Physical Examination

Level of consciousness	<input type="checkbox"/>
Temperature	<input type="checkbox"/>
Signs of dehydration	<input type="checkbox"/>
Signs of anemia	<input type="checkbox"/>
Signs of heart failure	<input type="checkbox"/>
Neck stiffness	<input type="checkbox"/>

Diagnosis:

Malaria	<input type="checkbox"/>
Anemia	<input type="checkbox"/>
Acute Bronchitis	<input type="checkbox"/>
URTI	<input type="checkbox"/>
UTI	<input type="checkbox"/>
Other	<input type="checkbox"/>

Tests:

		Available (Y/N)	Cost
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B/S malaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment:

	dosage correct?		
S/P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.M. Quinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folic Acid/Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti Emetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MES (cough supressant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Education:

Importance of iron intake	<input type="checkbox"/>
Date to return if no improvement is seen (malaria)	<input type="checkbox"/>
Explain danger signs require patient return immediately	<input type="checkbox"/>
When to return to re-evaluate anemia	<input type="checkbox"/>
Explain how to use S/P with Folic Acid with Ferrous	<input type="checkbox"/>
Insure patient understands how and when to take medication	<input type="checkbox"/>

labuse	No test	<input type="checkbox"/>	cautionary	<input type="checkbox"/>	Excess, Just	<input type="checkbox"/>	Not Just	<input type="checkbox"/>		<input type="checkbox"/>
diagnose	correct	<input type="checkbox"/>	incomplete	<input type="checkbox"/>	extra	<input type="checkbox"/>	wrong	<input type="checkbox"/>		<input type="checkbox"/>
treat	correct	<input type="checkbox"/>	enough	<input type="checkbox"/>	useful	<input type="checkbox"/>	incomplete	<input type="checkbox"/>	dangerous	<input type="checkbox"/>
druguse	rational	<input type="checkbox"/>	polypharmacy	<input type="checkbox"/>	irrational	<input type="checkbox"/>	expensive	<input type="checkbox"/>		<input type="checkbox"/>

Vignette #2

History Taking:

last normal menstrual period
 sexual history
 treatment given so far
 vaginal discharge
 nature of pain
 history of fever

Health Facility
 Code
 Date
 Clinician Name
 Enumerator

Consultation Fee

Physical Examination

skin rash or sores
 palpates for swollen lymph nodes
 palpate abdomen
 vaginal examination

Diagnosis:

PID
 Vaginal discharge syndrome
 gonorrhoea
 vaginal infection
 appendicitis
 Other

Tests:

	Available (Y/N)	Cost
None <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FBP <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment:

	dosage correct?	Available (Y/N)	Cost
Cotrimoxazole <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doxycycline <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metronidazole <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM / ASA <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amoxycycline <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ciproflaxine <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erythromycine <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buscopan <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Education:

Educate patient about how she got this condition
 Educate patient about potential dangers
 Importance of treatment for partner
 When to return if no improvement is seen
 Insure patient understands how and when to take medication
 Importance of use of condoms
 Provide condoms
 other

labuse	No test	<input type="checkbox"/>	cautionary	<input type="checkbox"/>	Excess, Just	<input type="checkbox"/>	Not Just	<input type="checkbox"/>		<input type="checkbox"/>
diagnose	correct	<input type="checkbox"/>	incomplete	<input type="checkbox"/>	extra	<input type="checkbox"/>	wrong	<input type="checkbox"/>		<input type="checkbox"/>
treat	correct	<input type="checkbox"/>	enough	<input type="checkbox"/>	useful	<input type="checkbox"/>	incomplete	<input type="checkbox"/>	dangerous	<input type="checkbox"/>
druguse	rational	<input type="checkbox"/>	polypharmacy	<input type="checkbox"/>	irrational	<input type="checkbox"/>	expensive	<input type="checkbox"/>		<input type="checkbox"/>

Vignette #3

History Taking:

- frequency of stools?
- consistency of stools?
- presence of blood and/or mucus in stools?
- presence of vomiting?
- Is it projectile or non-projectile vomiting?
- presence of fever?
- Is the mother breastfeeding?

Health Facility
Code
Date
Clinician Name
Enumerator

Consultation Fee

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Physical Examination

- assesses general status (alert or lethargic)
- check eyes, front of fontanelle, or check thirst
- pinches abdominal skin
- takes weight
- other

Diagnosis:

- Acute Diarrhea disease
- Dehydration
- Malaria
- Gastro enteritis
- other

Tests:

- No test
- Stool sample
- FBP
- BS malaria
- Urine
- Other

Available (Y/N)

Cost

Treatment:

- 675-750 mls ORS
- IV drip
- Observation
- Referral
- Antiparasitics
- Antibiotics
- Antidiarrheol
- Anti-emetic
- IV salt
- PCM
- SP
- Other

dosage correct?

Health Education:

- Importance of rehydration
- Importance of observation
- What to do when she returns home
- Other

labuse	No test		cautionary		Excess, Just		Not Just			
diagnose	correct		incomplete		extra		wrong			
treat	correct		enough		useful		incomplete		dangerous	
druguse	rational		polypharmacy		irrational		expensive			

Vignette #4

History Taking:

- The duration of cough
- Sputum production or dry cough
- Presence of blood in sputum
- Presence of chest pain
- Presence of fever
- Presence of difficulty in breathing

Health Facility

Code

Date

Clinician Name

Enumerator

Consultation Fee

Physical Examination

- Count respiratory rate
- Observe breathing for chest indrawing
- Auscultate the chest
- Take temperature

Diagnosis:

- Pneumonia
- Severe Pneumonia
- Acute Bronchitis
- PTB
- Malaria
- Worms
- Other

Tests:

	Available (Y/N)	Cost
None	<input type="checkbox"/>	<input type="checkbox"/>
Sputum for AFB	<input type="checkbox"/>	<input type="checkbox"/>
Chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>
BS malaria	<input type="checkbox"/>	<input type="checkbox"/>
WBC	<input type="checkbox"/>	<input type="checkbox"/>
Stool	<input type="checkbox"/>	<input type="checkbox"/>
Urine	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Treatment:

	dosage correct?		
Cotrimoxazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipyretic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal X-pen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amoxycyline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochiodialator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pen V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloremphincol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amp clox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Education:

- Danger signs to watch for
- When to return if no improvement is seen
- Insure patient understands how and when to take medication
- Other

labuse	No test	<input type="checkbox"/>	cautionary	<input type="checkbox"/>	Excess, Just	<input type="checkbox"/>	Not Just	<input type="checkbox"/>		<input type="checkbox"/>
diagnose	correct	<input type="checkbox"/>	incomplete	<input type="checkbox"/>	extra	<input type="checkbox"/>	wrong	<input type="checkbox"/>		<input type="checkbox"/>
treat	correct	<input type="checkbox"/>	enough	<input type="checkbox"/>	useful	<input type="checkbox"/>	incomplete	<input type="checkbox"/>	dangerous	<input type="checkbox"/>
druguse	rational	<input type="checkbox"/>	polypharmacy	<input type="checkbox"/>	irrational	<input type="checkbox"/>	expensive	<input type="checkbox"/>		<input type="checkbox"/>

Vignette #5

History Taking:

History of sneezing
 Running Nose
 Fever
 Nasal Congestion
 Cough
 Difficulty Breathing

Health Facility
 Code
 Date
 Clinician Name
 Enumerator
 Consultation Fee

Physical Examination

Temperature
 Assess General Condition
 Other

Diagnosis:

Flu
 Allergy
 URTI
 Nasal Polyps
 Other

Tests:

	Available (Y/N)	Cost
None <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BS malaria <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Treatment:

	dosage correct?			
PCM <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
ASA <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ephedrine <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Piriton <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Amoxycycline <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Health Education:

Keeping the home clean, reduce dust, etc
 Avoid exposure and cross infection
 Stay in well ventilated house
 Give food and fluids, soup and tea
 Keep child warm and covered
 other

labuse	No test	<input type="checkbox"/>	cautionary	<input type="checkbox"/>	Excess, Just	<input type="checkbox"/>	Not Just	<input type="checkbox"/>		<input type="checkbox"/>
diagnose	correct	<input type="checkbox"/>	incomplete	<input type="checkbox"/>	extra	<input type="checkbox"/>	wrong	<input type="checkbox"/>		<input type="checkbox"/>
treat	correct	<input type="checkbox"/>	enough	<input type="checkbox"/>	useful	<input type="checkbox"/>	incomplete	<input type="checkbox"/>	dangerous	<input type="checkbox"/>
druguse	rational	<input type="checkbox"/>	polypharmacy	<input type="checkbox"/>	irrational	<input type="checkbox"/>	expensive	<input type="checkbox"/>		<input type="checkbox"/>

Vignette #6

History Taking:

- History of loss of appetite
- History of loose stools
- Abdominal discomfort

Health Facility
Code
Date
Clinician Name
Enumerator

Consultation Fee

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Physical Examination

- Assess general condition
- Take temperature
- Palpate abdomen
- Examine palms
- other

Diagnosis:

- Worm Infestation
- Acute diarrhoea disease
- dysentery
- amoebas
- other

Tests:

- No test
- Stool
- Hgb
- BS malaria
- Urine
- Other

Available (Y/N)

Cost

Treatment:

- Mebendazole
- Zentel
- Albendazole
- Ketrax
- PCM
- ORS
- Erythromycine
- Flagyl
- Other

dosage correct?

Health Education:

- Proper use of latrines
- Personal hygiene
- Importance of clean food, fruits
- Proper disposal of faeces
- Treatment of infected person
- Deworming after every three months
- Other

labuse	No test		cautionary		Excess, Just		Not Just			
diagnose	correct		incomplete		extra		wrong			
treat	correct		enough		useful		incomplete		dangerous	
druguse	rational		polypharmacy		irrational		expensive			

Vignette #7

History Taking:

- Pregnancy: Last normal menstrual period?
- Parity
- History of nausea and vomiting
- History of headache
- General malaise?
- Heart palpitations?
- Swelling of the legs?

Health Facility
Code
Date
Clinician Name
Enumerator

Consultation Fee

Physical Examination

- assesses general status
- Check blood pressure
- Check temperature
- Check pulse
- Check respiratory rate
- Extremities oedema
- Abdominal palpation fundal height
- Fetal heart rate
- other

Diagnosis:

- EPH gestosis
- Anaemia
- Eclampsia
- Malaria in pregnancy
- other

Tests:

- No test
- Urine for protein
- Hgb
- Blood for glucose
- BS malaria
- Other

Available (Y/N)

Cost

Treatment:

- Complete bedrest
- Low salt diet
- Phenobarbitone
- Valium
- Largactil
- Anti hypertension
- referral
- Other

dosage correct?

Health Education:

- Bed rest
- Elevation of lower limbs
- Importance of attending RCH clinic (reproductive and child health)
- Low salt diet
- Other

labuse	No test		cautionary		Excess, Just		Not Just			
diagnose	correct		incomplete		extra		wrong			
treat	correct		enough		useful		incomplete		dangerous	
druguse	rational		polypharmacy		irrational		expensive			

Vignette #8

History Taking:

Productive or non productive cough
 blood in sputum
 pattern of cough
 pattern of fever
 night sweats
 weight loss

Health Facility
 Code
 Date
 Clinician Name
 Enumerator

Consultation Fee

--

Physical Examination

assess general condition
 take temperature
 weight
 pulse rate
 respiratory rate
 chest examination
 other

Diagnosis:

PTB
 Pneumonia
 Chronic Bronchitis
 Diabetes Mellitus
 AIDS
 other

Tests:

No test
 Sputum for AFB
 Chest X-ray
 ESR
 WBC T & D
 HB
 BS malaria
 AIDS test
 other

Available (Y/N)

Cost

Treatment:

Rimactizide & Rimfampicine (15 mg/kg) &
 Ethambutol (25 mg/kg) & Pyrazinamide
 (25mg/kg) for two months and then
 Ethambutol & Isoniazide for six months
 X pen
 Amoxicillin
 PPF
 MES
 Referral
 Other

dosage correct?

Health Education:

Emphasize the importance of taking this medicine or going to referral
 Importance of high protein diet
 Importance of drug compliance
 Importance of boiling milk
 Importance of well ventilated house
 Importance of rest
 Avoid strenuous work
 Adhere to return date to clinic
 Return to the clinic when there are abnormal signs (rashes)
 Other

labuse	No test		cautionary		Excess, Just		Not Just		
diagnose	correct		incomplete		extra		wrong		
treat	correct		enough		useful		incomplete		dangerous
druguse	rational		polypharmacy		irrational		expensive		