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Medicine:				Medicine:			
For:				For:			
Dosage:				Dosage:			

TO USE WHEN SENDING FOR MEDICAL HELP

Name of the sick person:		Age:	
Male Female Wh	nere is he (she)?		
What is the main sickness or pro	blem right now?		
When did it begin?			
How did it begin?			
Has the person had the same pr	roblem before?	When?	
Is there fever? How high	gh?° When an	d for how long?	
Pain?Where?	What	kind?	
What is wrong or different from	n normal in any of the	following?	
Skin:	Ears:		
Eyes:	Mouth and thro	oat:	
Genitals:			
Urine: Much or little?	Color?	Trouble urinating?	
Describe:	Times in 24 hours:	Times at night: _	
Stools: Color?	Blood or mucus?	Diarrhea?	
Number of times a day:	Cramps? De	ehydration?Mil	d oı
severe?Worms	s?What kind?	?	
Breathing: Breaths per minute:	Deep, shall	ow, or normal?	
Difficulty breathing (describe):_		_ Cough (describe):	
Wheezing	g? Mucus?	With blood?	
Does the person have any of the			
page 42?Which? (g	ive details)		
Other signs:			
Is the person taking medicine?	What?		
Has the person ever used medic	cine that has caused a ra	ash, hives (or bumps)	
with itching, or other allergic rea	ctions?Wha	at?	
The state of the sick person is: N	Not very serious:	Serious:	
Very serious:	_		

On the back of this form write any other information you think may be important.

TO USE WHEN SENDING FOR MEDICAL HELP

Name of the sick person:		Age:
MaleFemale	Where is he (she)?	
What is the main sickness or p	oroblem right now?	
When did it begin?		
How did it begin?		
Has the person had the same		
Is there fever?How		
Pain?Where?	_	_
What is wrong or different fr	om normal in any of the fo	llowing?
Skin:	Ears:	
Eyes:	Mouth and throa	t:
Genitals:		
Urine: Much or little?	Color?	Trouble urinating?
Describe:	Times in 24 hours:	Times at night:
Stools: Color?	Blood or mucus?	Diarrhea?
Number of times a day:	Cramps? Del	nydration? Mild c
severe? Wor	ms? What kind?	
Breathing: Breaths per minute	e: Deep, shallo	w, or normal?
Difficulty breathing (describe)	;	_Cough (describe):
Whee	zing?Mucus?	With blood?
Does the person have any o		
page 42? Which?	(give details)	
Other signs:		
Is the person taking medicine	? What?	
Has the person ever used me	dicine that has caused a ras	sh, hives (or bumps)
with itching, or other allergic r	eactions?What	t?
The state of the sick person is	: Not very serious:	Serious:
Very serious:		

On the back of this form write any other information you think may be important.

TO USE WHEN SENDING FOR MEDICAL HELP

Name of the	he sick person: _		Age:
Male	_Female\	Where is he (she)?	
What is the	e main sickness c	or problem right now?	
When did	it begin?		
How did it	begin?		
Has the pe	erson had the san	ne problem before?	When?
Is there fe	ver? How	high? ° When	and for how long?
Pain?	Where?	W	hat kind?
What is w	rong or different	from normal in any of	the following?
Skin:		Ears:	
Eyes:		Mouth and th	nroat:
Genitals:			
Urine: Mu	ich or little?	Color?	Trouble urinating?
Describe:		Times in 24 hor	urs:Times at night:
Stools: Co	olor?	Blood or mucus?	Diarrhea?
Number of	f times a day:	Cramps?	_Dehydration?Mild or
severe?_	Worr	ns?What ki	nd?
Breathing	: Breaths per min	ute:Deep, sh	allow, or normal?
Difficulty b	reathing (describ	e):	Cough (describe):
	Wheez	ing? Mucus	?With blood?
Does the	person have any	of the SIGNS OF DAN	IGEROUS ILLNESS listed on
page 42?	Which? (give details)	
_			
	_		
			ed a rash, hives (or bumps)
			What?
		is: Not very serious:	Serious:
Very serio	us:		

On the back of this form write any other information you think may be important.

TO USE WHEN SENDING FOR MEDICAL HELP

Name of the	sick person:				_Age:
Male Fe	emale W	here is he (she)?			
What is the m	nain sickness or	problem right now?			
When did it b	egin?				
How did it be	gin?				
Has the person	on had the same	e problem before?_	V	When?	
Is there fever	?How h	nigh? ° Whe	n and for	how long?_	
Pain?	Where?		What kind	d?	
What is wro	ng or different	from normal in any	of the fol	lowing?	
Skin:		Ears:			
Eyes:	·	Mouth and	d throat:		
Genitals:					
Urine: Much	or little?	Color?		Trouble urin	nating?
Describe:		Times in 24	hours:	Times at	t night:
Stools: Colo	r?	Blood or mucus?		Diarr	hea?
Number of tir	nes a day:	Cramps?	Dehyd	Iration?	Mild or
severe?	Worm	ns?What	kind?		
Breathing: B	reaths per minu	ite: Deep,	, shallow, o	or normal?_	
Difficulty brea	athing (describe	e):	C	ough (descri	be):
	Wheezi	ng?Muc	us?	With	blood?
Does the per	rson have any	of the SIGNS OF DA	ANGEROL	JS ILLNESS	listed on
page 42?	Which? (give details)			
Other simes					
•	taking madiain				
·	G	e? What?			
		edicine that has cau			
_	_	reactions?			
		s: Not very serious:		Serioi	JS:
very serious:					

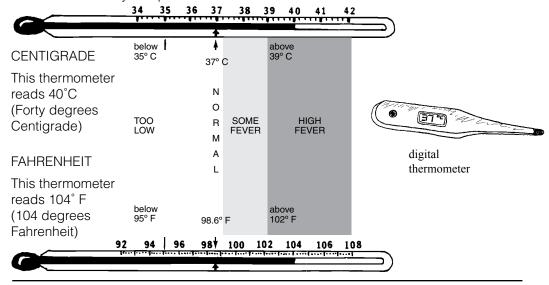


INFORMATION ON VITAL SIGNS

TEMPERATURE

There are two kinds of thermometer scales: Centigrade (C) and Fahrenheit (F). Either can be used to measure a person's temperature in degrees (40° means 40 degrees). See p. 31.

Here is how they compare:



PULSE OR HEARTBEAT

For a person at rest ADULTS......60 to 80 beats per minute is normal. CHILDREN.....80 to 100 beats per minute is normal. BABIES......100 to 140 beats per minute is normal. NEWBORNS....120 to 160 beats per minute is normal.

For each degree Centigrade (C) of fever, the heartbeat usually increases about 20 beats per minute.

RESPIRATION

For a person at rest ADULTS AND OLDER CHILDREN. .12 to 20 breaths per minute is normal. CHILDREN. up to 30 breaths per minute is normal. BABIES. up to 40 breaths per minute is normal. NEWBORNS 30 to 60 breaths per minute is normal.

More than 40 shallow breaths a minute usually means pneumonia (see p. 171) for a child or an adult. For babies, 50–60 breaths per minute probably means pneumonia.

BLOOD PRESSURE (This is included for health workers who have the equipment to measure blood pressure.)

For a person at rest, 120/80 is normal, but this varies a lot.

If the first reading (when the sound begins), is over 160, or if the second reading (when the sound disappears), is over 100, this is a danger sign of high blood pressure (see p. 125).

