





















DOSAGE BLANKS—for giving medicines to those who cannot read (see p. 64)





			
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


			
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


			
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


			
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DOSAGE BLANKS—for giving medicines to those who cannot read (see p. 64)





			
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Dosage:			





			
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Medicine:			
For:			
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


			
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For:			
Dosage:			

PATIENT REPORT

TO USE WHEN SENDING FOR MEDICAL HELP

Name of the sick person: _____ Age: _____

Male _____ Female _____ Where is he (she)? _____

What is the main sickness or problem right now? _____

When did it begin? _____

How did it begin? _____

Has the person had the same problem before? _____ When? _____

Is there fever? _____ How high? _____ ° When and for how long? _____

Pain? _____ Where? _____ What kind? _____

What is wrong or different from normal in any of the following?

Skin: _____ **Ears:** _____

Eyes: _____ **Mouth and throat:** _____

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? _____ Dehydration? _____ Mild or

severe? _____ Worms? _____ What kind? _____

Breathing: Breaths per minute: _____ Deep, shallow, or normal? _____

Difficulty breathing (describe): _____ Cough (describe): _____

_____ Wheezing? _____ Mucus? _____ With blood? _____

Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on page 42? _____ Which? (give details) _____

Other signs: _____

Is the person taking medicine? _____ What? _____

Has the person ever used medicine that has caused a rash, hives (or bumps)

with itching, or other allergic reactions? _____ What? _____

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.

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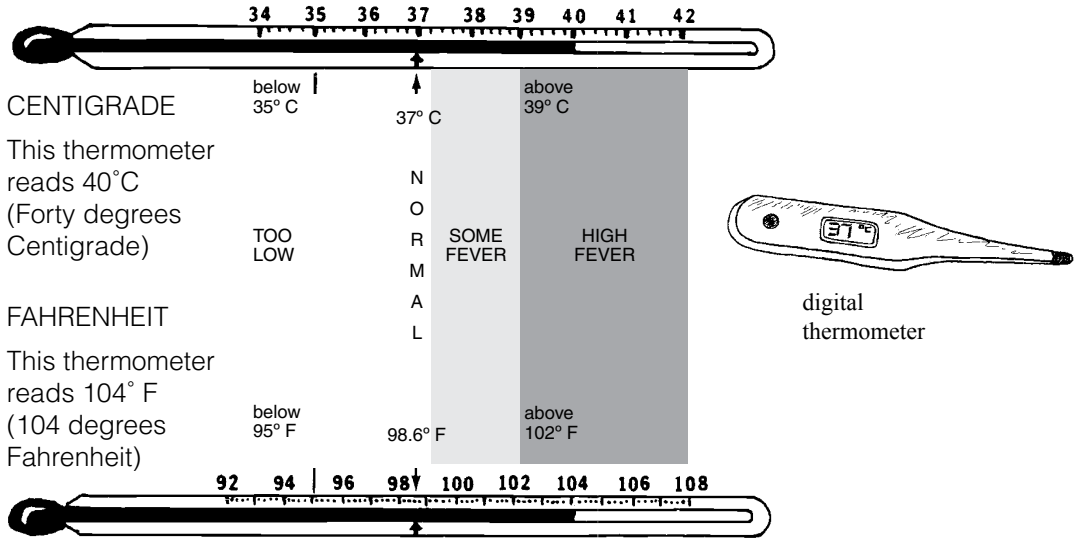
Very serious: _____

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).