

Ministry of Health



Republic of Uganda

UGANDA CLINICAL GUIDELINES

2012

National Guidelines

for

Management of Common Conditions

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TABLE OF CONTENTS

ABBREVIATIONS	VI
UNITS OF MEASUREMENT	XI
FOREWORD	XII
PREFACE	XVI
INTRODUCTION TO UGANDA CLINICAL GUIDELINES 2012	XIX
ACKNOWLEDGEMENTS	XXIV
PRESENTATION OF INFORMATION	XXXIII
HOW TO DIAGNOSE & TREAT IN PRIMARY CARE	XXXIX
THE SEVEN STEPS IN A PRIMARY CARE CONSULTATION ..	XL
COMMUNICATION SKILLS IN THE CONSULTATION ROOM	XLIX
“THE GOLDEN MINUTE”	LII
HOW TO MAKE TIME FOR QUALITY CARE	LIII
EVIDENCE BASED GUIDELINES	LIV
EXAMPLE OF USE OF IMCI CHARTS	LV
QUALITY CARE	LV
CHRONIC CARE	LVI
THE CHRONIC CARE SYSTEM	LIX
ROLES IN CHRONIC CARE	LIX
PRESCRIBING GUIDELINES.....	LXI
1. INFECTIONS	1
2. PARASITIC DISEASES.....	30
3. RESPIRATORY DISEASES	62

4. GASTROINTESTINAL DISEASES	103
5. INJURIES AND TRAUMA	122
6. ENDOCRINE SYSTEM	147
7. GUIDELINES FOR APPROPRIATE USE OF BLOOD.....	157
8. NUTRITION	189
9. CARDIOVASCULAR DISEASES.....	205
10. SKIN DISEASES	223
11. NEUROLOGICAL/PSYCHIATRIC CONDITIONS.....	240
12. EYE CONDITIONS	262
13. EAR, NOSE, & THROAT CONDITIONS.....	272
14. GENITO-URINARY DISEASES	295
15. HIV AND AIDS AND SEXUALLY TRANSMITTED INFECTIONS (STI).....	309
16. OBSTETRIC AND GYNAECOLOGICAL CONDITIONS ...	352
17. MUSCULOSKELETAL AND JOINT DISEASES.....	416
18. MISCELLANEOUS CONDITIONS	431
19. POISONING.....	476
20. ZOO NOTIC DISEASES	493
21. ORAL AND DENTAL CONDITIONS	500
22. HEPATIC AND BILIARY DISEASES	524
23. CHILDHOOD ILLNESS	536
24. FAMILY PLANNING (FP)	586
25. OCCUPATIONAL ILLNESSES	605
APPENDIX 1. ANTI-TB MEDICINES INTOLERANCE GUIDELINES.....	615

- ▶ Repeat these every 4-6 hours till there is improvement
- ▶ **Beta-blockers** like carvedilol at specialised centres

In urgent situations

- ▶ **Digoxin injection** loading dose 250 micrograms
IV 3-4 times in the first 24 hours
Maintenance dose: 250 micrograms daily
Child: 10 micrograms/kg per dose as above

In non-urgent situations

- ▶ **Digoxin** loading dose 0.5-1mg orally daily in 2-3 divided doses for 2-3 days
Maintenance dose: 250 micrograms orally daily
Elderly patients: 125 micrograms daily
Child loading dose: 15 micrograms/kg orally 3-4 times daily for 2-4 days
Child maintenance dose: 15 micrograms/kg daily for 5 days

Note

- ◆ Ensure patient has not been taking digoxin in the past 14 days before digitalizing because of risk of toxicity due to accumulation in the tissues

Prevention

- Early diagnosis and treatment of the cause
- Effective control of hypertension

9.4 HYPERTENSION

Persistently high resting blood pressure (>140/90mm Hg at least two measurements five minutes apart with patient seated).

Classification of blood pressure (BP)

Category	SBP mmHg		DBP mmHg
Normal	< 120	and	< 80
Prehypertension	120-139	or	80-89
Hypertension, stage 1	140-159	or	90-99
Hypertension, stage 2	≥ 160	or	≥ 100

SBP=systolic blood pressure; DBP=diastolic blood pressure

Causes

- In the majority of cases, the cause is not known (essential hypertension)

Secondary hypertension is associated with:

- Kidney diseases
- Endocrine diseases
- Eclampsia
- Medicines (steroids and decongestants containing caffeine and pseudoephedrine)
- Others

Clinical features

- The majority of cases are symptomless and are only discovered on routine examination

May present as a complication affecting:

- Brain (stroke)
- Eyes (impairment of vision)
- Heart (heart failure)
- Kidney (renal failure)

General symptoms include:

- Headache
- Palpitations, dizziness
- Shortness of breath

Differential diagnosis

- Pre-eclampsic toxæmia (PET)
- Eclampsia
- Other causes of stroke

Investigations

- Urine analysis
- Blood sugar
- Plasma urea and electrolytes
- Chest X-ray
- ECG

Management

Treat to maintain optimal blood pressure

Mild hypertension (Stage 1)

- ▶ Do not add extra salt to cooked food, increase physical activity/exercise, reduce body weight
- ▶ Stop smoking
- ▶ Decrease alcohol intake

If all the above fail (within 3 months) initiate medicine therapy

- ▶ Give **bendroflumethiazide** 2.5mg-5mg each morning, avoid in pregnancy and breastfeeding

Moderate and Severe hypertension (Stage 2)

- ▶ **Bendroflumethiazide** 2.5-5mg each morning
- ▶ Plus **ACE inhibitor** e.g.
- ▶ **Captopril** 25-50mg every 8 hours
- ▶ Or **lisinopril** initial 5mg per day
- ▶ Or **enalapril** initially 5mg once daily
- ▶ Or **calcium channel blocker** e.g. **nifedipine** 20-40mg every 12 hours or every 8 hours
- ▶ Or **angiotensin II receptor antagonist** e.g. **losartan** 50mg once or twice daily

- ▶ Or **beta blockers** e.g.
- ▶ **Atenolol** 25-100mg daily
- ▶ Or **propranolol** 20-80 every 12 hours or every 8 hours
See table on the next page for suitability of medicine for different conditions

9.4.1. Hypertensive emergencies

- ▶ Treatment depends on whether there is acute target organ damage, e.g. encephalopathy, unstable angina, myocardial infarction, pulmonary oedema, or stroke.
- ▶ If acute end target organ damage present, admit and give parenteral medicines. Give IV furosemide 40-80mg stat.
- ▶ Plus IV hydralazine 20mg slowly over 20 minutes. Check blood pressure regularly at least 3 hourly.
- ▶ If without acute target organ damage, treat with combination oral antihypertensive therapy as above for severe hypertension

Special considerations (compelling indications)

Patients with hypertension and other comorbidities require special attention, and medicine therapy may differ from that above.

The table below indicates the suitable medicines for such patients.

Risk factor	Diuretic	Beta blocker	ACE inhibitor	ARB	CCB	Aldosterone antagonist
Heart failure	✓	✓*	✓	✓		✓
Post Myocardial infarction		✓	✓			✓
Coronary artery disease	✓	✓	✓		✓	
Diabetes	✓	✓*	✓	✓	✓	
Chronic kidney disease			✓	✓		
Stroke	✓		✓			

* carvedilol only

Caution

- △ **Propranolol, atenolol:** Do not use in heart failure or asthma
- △ **Diuretics:** Do not use in pregnancy or breastfeeding except in case of pulmonary oedema or pre-eclampsia

Note

- ◆ **Bendroflumethiazide:** Potassium supplements are seldom required; only use in susceptible patients
- ◆ **Methyldopa:** Use in hypertension with renal failure and in pregnancy and breastfeeding

Prevention

- Regular physical exercise
- Reduce salt intake

9.5 ISCHAEMIC HEART DISEASE (CORONARY HEART DISEASE)

A condition in which there is insufficient blood flow through the coronary arteries of the heart, thus leading to ischaemia and/or infarction.