

APPENDICES

Appendix-I

Form 1: Data from prescription

Province.....Hatay.....District.....Bavi.....
 Patient Name.....Age.....Sex: Male [] Female[]
 Address:.....
 Day.....Month.....Year 2000
 Diagnose:.....
 Prescriber.....

Part 1: Antibiotic Information

N ^o	Name and dosage forms of antibiotics	Administration			Dose daily	N ^o of treatment day	N ^o of contents	Note
		Injection	Oral	Other				
1
2
3
4
5
6
7
8
9
Total of Antibiotics: []								

Day.....Month.....Year 2000
 Collector

Part 2: Data clarification

Code: prescription.....Province.....Hatay.....District.....Bavi.....

1. Antibiotics: Yes [] No []

If yes: 1.1. One kind []

1.2. Two or more []

1.3. Antibiotics recommended by STG: Yes [] No []

1.4. Injection antibiotics Yes [] No []

1.5. Oral antibiotics Yes [] No []

1.6. Other Yes [] No []

1.7. Antibiotics used with full dose Yes [] No []

(5 days or more)

Appendix-III**Form 2:KAP of prescriber in out patient district hospital**

Name of Prescriber.....Position.....

Province...Hatay.....District.....Bavi.....

Interviewer.....Date....

Questions	Answers	Yes	No
Assessment			
1. If a 2 year old child has cough or difficult breathing, what danger signs do you check for?	Not able to drink Convulsions Abnormally sleepy or difficult to wake Stridor in calm child Severe malnutrition	.........................	.........................
2.If a 1 year old child has cough, what key sign do you use to classify pneumonia?	.Fast breathing .Others (specify) .....	..... ..... ...	..... ..... ...
3.If a 1 year old child has cough, what key sign do you use to classify severe pneumonia?	.Chest indrawing .Others (specify) .....	..... ..... ...	..... ..... ...
4.In a 1 year old child, where and when do you look for chest indrawing?	.In the lower chest wall .When the child breathes IN .Others (specify) .....	..... ..... ..... .....	..... ..... ..... .....
Classification			
5. What kinds of classification do you use for a child with ARI?	.No pneumonia (cough and cold) .Pneumonia .Severe pneumonia or very severe disease .Others (specify) .....	..... ..... ..... ..... ....	..... ..... ..... ..... ....
6.If a 7 month old child, How many breathing rate per minute is fast breathing?	.50/min or more .Others (specify) .....	..... ..... ...	..... ..... ...
7.How would you classify this 14 month old child? He has been coughing for 3 days with fever. He has a breathing rate of 56 per minute and chest indrawing. He has no other symptoms or signs	.Severe pneumonia .Others (specify)	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....
Treatment			
8.What kind of antibiotics do you use for a 14 month old child with pneumonia?	.Amoxiciclin or .Cotrimoxazole .Others (specify) .....	..... ..... ..... .....	..... ..... ..... .....

9. How would you treat for a 8 month old child with cough or cold	.Cough Remedy and home care .Others (specify) .....	.....	.....
10. A 2 year old child with pneumonia, treated with an antibiotic at home, is brought back after two days for reassessment. She is neither improving nor getting worse. What would you do?	.Change antibiotic .Refer to hospital if change antibiotic is not possible .Others (specify) .....	.....	.....
Counseling 11. For what reasons would you advise the mother of a 3 year old child with a simple cough to come back to the health facility without delay?	.Breathing becomes difficult .Breathing becomes fast .Child not able to drink .Child becomes sicker	.....	.....
12. What advise on home care would you give to the mother of a 6 week old child with cough or cold, no pneumonia?	.Keep young infant warm .Breast feed frequently .Clear nose .Return if breathing becomes difficult .Return if breathing becomes fast .Return if feeding becomes a problem .Return if child becomes sicker	.....	.....
Total	29		

Please, give your idea on STG for ARI

1/ How are all part of STG appropriate with the management of ARI child in your hospital:

1.1 Comprehensively [] 1.2 Partly [] 1.3 Not appropriate []

2/ How is the assessment of STG appropriate with the management of ARI child in your hospital.

2.1 Comprehensively [] 2.2 Partly [] 2.3 Not appropriate []

3/How is the classification of STG appropriate with the management of ARI child in your hospital.

3.1 Comprehensively [] 3.2 Partly [] 3.3 Not appropriate []

4.How is use of antibiotic of STG appropriate with the management of ARI child in your hospital.

4.1 Comprehensively [] 4.2 Partly [] 4.3 Not appropriate []

5/ How is use of other drugs (cough remedy, paracetamol, bronchodilator) of STG appropriate with the management of ARI child in your hospital.

5.1 Comprehensively [] 5.2 Partly [] 5.3 Not appropriate []

6/ How is counseling of STG appropriate with the management of ARI child in your hospital.

6.1 Comprehensively [] 6.2 Partly [] 6.3 Not appropriate []

7/ How do you apply the STG in your hospital

7.1 Comprehensively [] 7.2 Partly [] 7.3 Not appropriate []

8/ For you, what part of STG is difficult to apply in your hospital

8.1 Assessment [] 8.2 Classification []

8.3 Treatment [] 8.4 Counseling []

10/ For you, what part of STG is not applied in your hospital

10.1 Assessment [] 10.2 Classification []

10.3 Treatment [] 10.4 Counseling []

11/ For you, what kind of STG must be changed to appropriate with the management of ARI child in your hospital

11.1 Assessment Yes [] No []

If yes (specify)

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.....
.....

11.2 Classification: Yes [] No []

If yes (specify)

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11.3 Treatment: Yes [] No []

If yes (specify)

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.....
.....

11.4 Counseling: **Yes [] No []**

If yes (specify)

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.....
.....
.....

Appendix-IV**Form 3 : Variables of ARI Treatment**

- 1.1 Percentage of ARI encounters containing antibiotic
- 1.2 Percentage of ARI encounters containing 1 antibiotic
- 1.3 Percentage of ARI encounters containing 2 antibiotic
- 1.4 Percentage of ARI encounters containing antibiotic recommended by STG
- 1.5 Percentage of ARI encounters containing injection antibiotic
- 1.6 Percentage of ARI encounters containing oral antibiotic
- 1.7 Percentage of ARI encounters containing antibiotic used by other administration
- 1.8 Percentage of ARI encounters containing full dose of antibiotic
(5 days or more)

Appendix-V**Form 4 : Guideline for focus group discussion****Introduction**

(5 minutes : Narrative welcoming participants, describing reasons for discussion, and setting up the general ground rules for the session)

Ground rules

- 60 - 90 minutes (Tape recorded - observer and note taker)
- Speak clearly and only one participant at time.
- Important that every one participate
- No right or wrong answers
- Maintain confidence in own opinions
- Assure anonymity and confidentiality

Discussion

1/ How are all part of STG appropriate with the management of ARI child in your hospital:

1.1 Comprehensively, Why?

1.2 Partly, Why?

1.3 Not appropriate, Why?

2/ How is the assessment of STG appropriate with the management of ARI child in your hospital.

2.1 Comprehensively, Why?

2.2 Partly, Why?

2.3 Not appropriate, Why?

3/How is the classification of STG appropriate with the management of ARI child in your hospital.

3.1 Comprehensively, Why? 3.2 Partly, Why? 3.3 Not appropriate, Why?

4.How is use of antibiotic of STG appropriate with the management of ARI child in your hospital.

4.1 Comprehensively, Why? 4.2 Partly, Why? 4.3 Not appropriate, Why?

6/ How is counseling of STG appropriate with the management of ARI child in your hospital.

6.1 Comprehensively, Why? 6.2 Partly, Why? 6.3 Not appropriate, Why?

7/ How do you apply the STG in your hospital

7.1 Comprehensively, Why? 7.2 Partly, Why? 7.3 Not appropriate, Why?

8/ For you, what part of STG is difficult to apply in your hospital

8.1 Assessment 8.2 Classification

8.3 Treatment 8.4 Counseling

Why?

10/ For you, what part of STG is not applied in your hospital

10.1 Assessment 10.2 Classification

10.3 Treatment 10.4 Counseling

Why?

11/ For you, what kind of STG must be changed to appropriate with the management of ARI child in your hospital

11.1 Assessment

11.2 Classification:

11.3 Treatment:

11.4 Counseling:

Wrap-up

10 minute : Narrative thanking participants for their help, reviewing some the of the key issue discussed, asking if there were any important point that were not mentioned , and closing group.

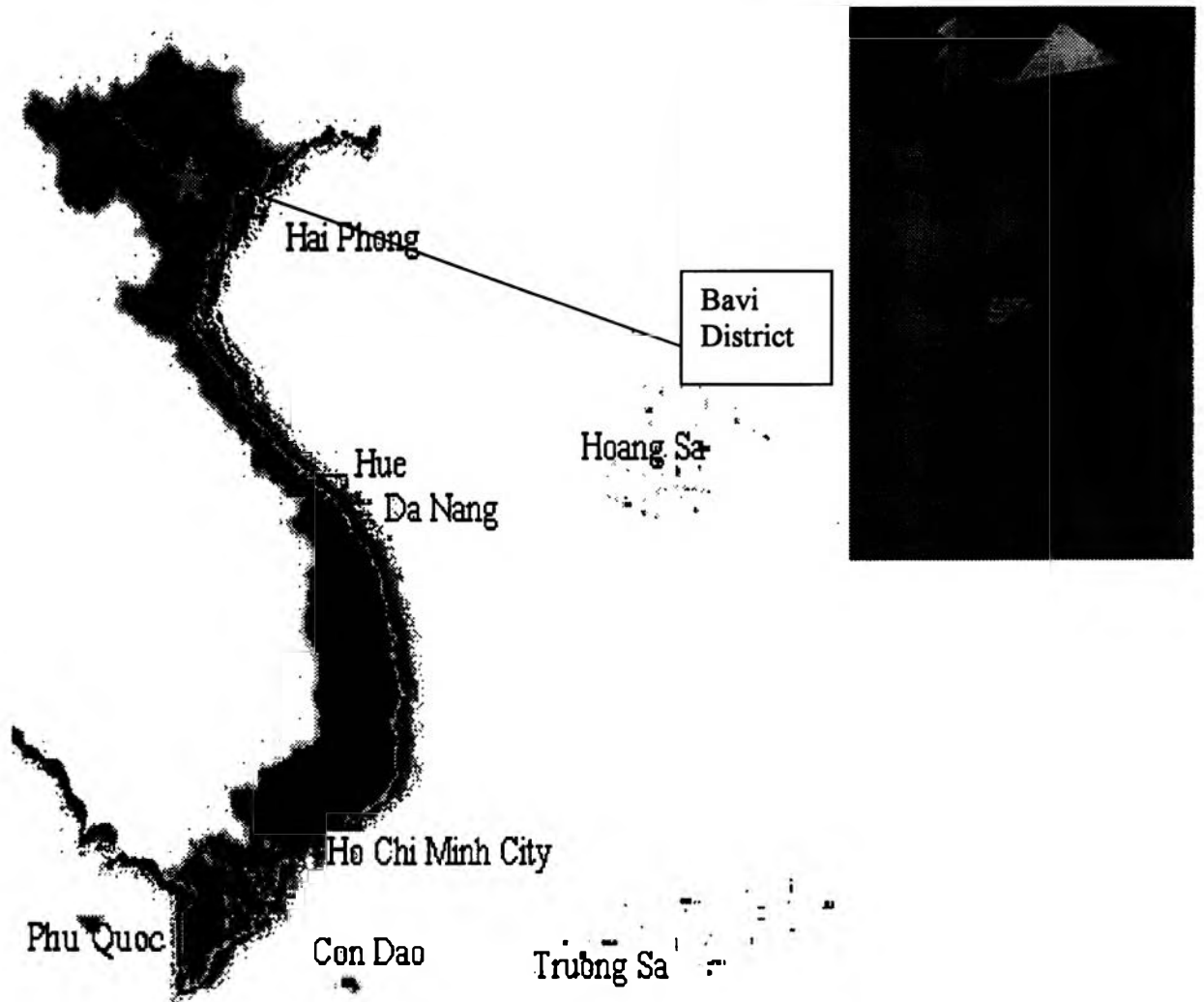
Appendix-VI

**List of prescribers who are working in out-patient ward
and inter-commune polyclinics of BDH**

<i>No</i>	<i>Full name</i>	<i>sex</i>	<i>age</i>	<i>Occupation</i>
1	Phung Thi Thu	F	44	MD
2	Phung Dang Khoa	M	37	MD
3	Nguyen Khuong Huyen	F	36	MD
4	Nguyen Manh Hung	M	29	MD
5	Phung Thi Thuan	F	44	MD
6	Le Van Muon	M	49	MD
7	Nguyen Thi Vinh	F	37	MD
8	Nguyen Van Linh	M	36	MD
9	Nguyen Quang De	M	46	MD
10	Nguyen Thi Dan	F	48	MD
11	Nguyen Danh Quang	M	38	MD
12	Dinh Dang Tung	M	44	MD
13	Ngo Tien Dung	M	47	MD
14	Nguyen Thi Loan	F	41	MD
15	Dao Thi Te	F	47	MD
16	Dinh Van Tan	M	45	MD

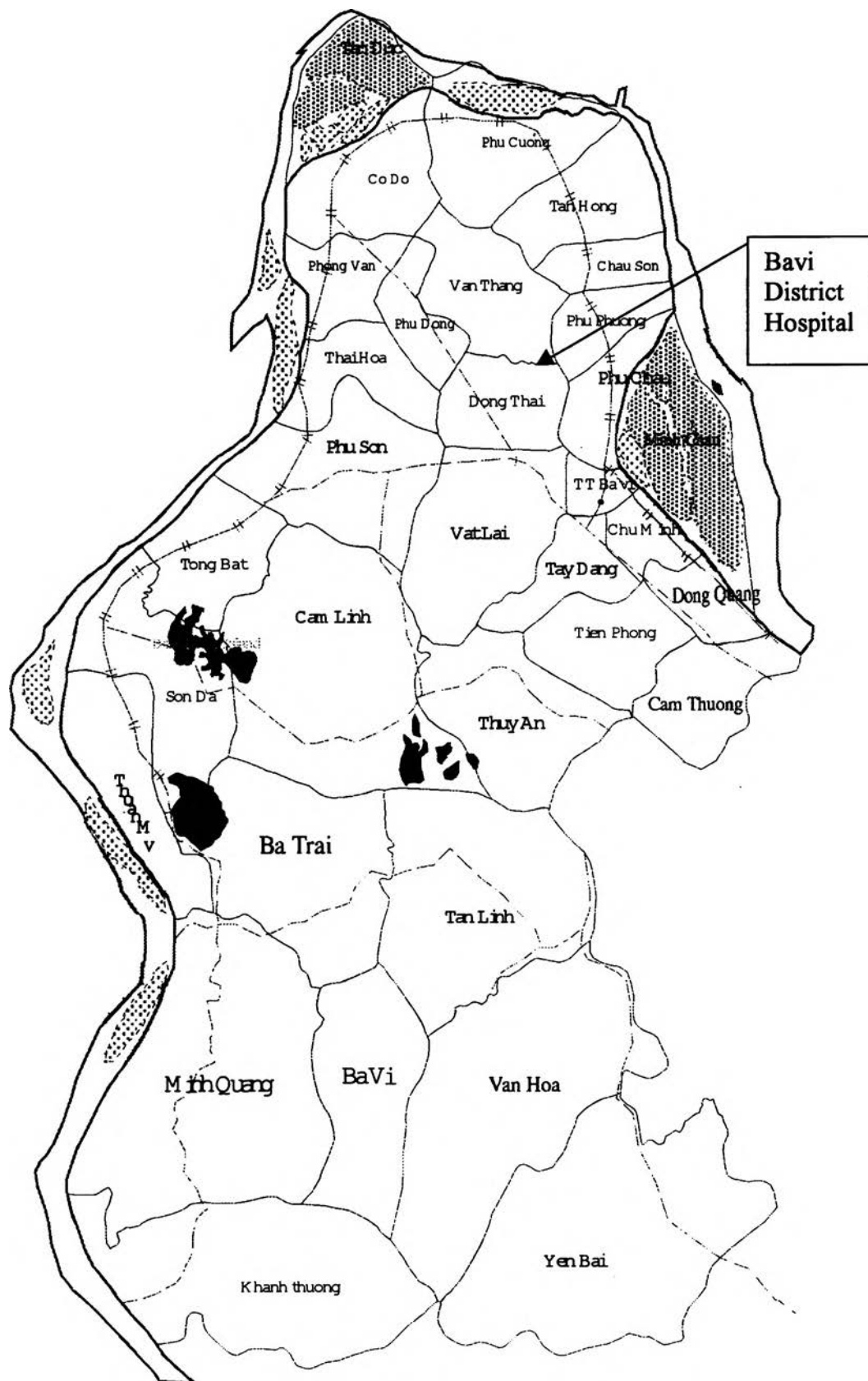
Appendix-VII

Map of Vietnam



Appendix-VIII

Map of Bavi district



Appendix-IX***Standard Treatment Guidelines (Adopted by National ARI Program)***

SYMPTOMS	DIAGNOSIS	TREATMENT
TREATMENT OF CASES FROM 2 MONTHS TO 5 YEARS OLD OF COUGH OR DYSPNOEA WITH OR WITHOUT FEVER		
<ul style="list-style-type: none"> • Unable to drink • Convulsion • Abnormal status of sleepy, difficult to wake up • Shrill breathing in laying position • Malnutrition syndrome 	<ul style="list-style-type: none"> • Severe pneumonia • Severe laryngitis • Severe bronchopneumonia • Other very severe diseases 	<ul style="list-style-type: none"> • Hospitalization for intensive care at the emergency care unit
<ul style="list-style-type: none"> • whispering pectoriloqui (making a hole in the pectoris when inspiring) 	<ul style="list-style-type: none"> • Severe pneumonia 	<ul style="list-style-type: none"> • Hospitalization • In case not being able to be hospitalized: benzyl penicillin 200000 U/kg/day in 2-4 injections for 5 days • In case allergic to penicillin: hospitalization
<ul style="list-style-type: none"> • Tachypnoea in children from 2 months to 1 year old more than 50 times/ min. and in children from 1 year to 5 years old more than 40 times/ min. 	<ul style="list-style-type: none"> • Pneumonia 	<ul style="list-style-type: none"> • In case not using antibiotics or using antibiotics under required dose: amoxycillin 50-75mg/Kg/day per oz, 3 times, for 5 days, or erythromycin 50mg/kg/day per oz, in 3-4 times, for 5 days if allergic to amoxycillin • In case using required antibiotic dose for more than 2 days: benzyl penicillin 200000 U/kg/day in 2- 4 injections • Return for medical consultation after 2 days; if there is no improvement the case should be hospitalized or change penicillin
<ul style="list-style-type: none"> • No tachypnoea • No ear diseases • No symptoms of streptococcus pharyngitis 	<ul style="list-style-type: none"> • Coldness • Upper respiratory infections • Rhino-pharyngitis 	<ul style="list-style-type: none"> • No antibiotics • Anti-cough • Paracetamol for fever • Salbutamol for wheezing
IN CHILDREN UNDER 2 MONTHS OLD		
<ul style="list-style-type: none"> • Not willing to breastfed • Abnormal status of sleepy difficult to wake up • Shrill breathing in laying position • Wheezing • Fever or decrease of body temperature • Moaning 	<ul style="list-style-type: none"> • Severe pneumonia • Severe laryngitis • Severe bronchopneumonia • Other very severe diseases 	<ul style="list-style-type: none"> • Hospitalization for intensive care

SYMPTOMS	DIAGNOSIS	TREATMENT
<ul style="list-style-type: none"> whispering pectoriloqui (making a hole in the pectoris when inspiring) 	<ul style="list-style-type: none"> Severe pneumonia 	<ul style="list-style-type: none"> Hospitalization In case not being able to hospitalize; benzyl penicillin 200000U/kg/day in 2-4 injections a day in combination with Gentamycin 5-7.5mg/kg /day for at least 5 days
<ul style="list-style-type: none"> No symptoms of pneumonia No ear diseases 	<ul style="list-style-type: none"> Coldness Upper respiratory infections Rhino-pharyngitis 	<ul style="list-style-type: none"> No antibiotics No anti-cough No Salbutamol Only follow-up
TREATMENT OF OTITIS		
<ul style="list-style-type: none"> Swelling and painful at the post-ear site 	<ul style="list-style-type: none"> Mastoiditis 	<ul style="list-style-type: none"> Hospitalization ENT consultation Treatment of fever or use of paracetamol to alleviate ear pain
<ul style="list-style-type: none"> Ear discharges less than 2 weeks Ear pain Tympanum inflammation (reddish and lost of mobility) 	<ul style="list-style-type: none"> Acute otitis media 	<ul style="list-style-type: none"> Amoxicillin 50-70mg/kg /day per oz in 3 times a day for 5 days, or Erythromycin 50mg/kg/day per oz in 3-4 times a day for 5 days in case allergic to amoxicillin
<ul style="list-style-type: none"> Ear discharges more than 2 weeks 	<ul style="list-style-type: none"> Chronic otitis media 	<ul style="list-style-type: none"> No antibiotics Drying discharges by use of blotting paper Paracetamol for fever and pain
PHARYNGITIS IN CHILDREN		
<ul style="list-style-type: none"> Unable to drink 	<ul style="list-style-type: none"> Post-pharyngeal abscess 	<ul style="list-style-type: none"> Hospitalization ENT consultation
<ul style="list-style-type: none"> Lymph nodes at the neck swelling 	<ul style="list-style-type: none"> Streptococcus tonsillitis or pharyngitis 	<ul style="list-style-type: none"> Penicillin V 100000U/kg /day per oz in 2 times a day for 10 days, or Benzamyl penicillin 300000U for children more than 10kg weight, or 600000U for children more than 20kg weight
<ul style="list-style-type: none"> Ear discharges more than 2 weeks 	<ul style="list-style-type: none"> Chronic otitis media 	<ul style="list-style-type: none"> No antibiotics Drying discharges by use of blotting paper Paracetamol for fever and pain

Appendix-X**WHO Indicators for rational use of drugs****Prescribing indicators**

1. Average No. of drugs prescribed per encounter
2. % of encounters with an antibiotics prescribed
3. % of encounters with an injection prescribed
4. % drugs prescribed by generic name
5. % of drugs from from the essential drugs list or formulary

Patient care indicators

1. Average consultation time
2. Average dispensing time
3. % of drugs actually dispensed
4. % of drugs adequately labeled
5. Patient knowledge of correct dosage

Facility indicators

1. Availability of the copy of essential list or formularies
2. Availability of key drugs

Student's Curriculum Vitae

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Education:

Year of Graduate	Degree Granted	Major/Field	Institution	Country	Language of study
1984	Medical Doctor	Pediatric	Hanoi Medical school	Vietnam	Vietnamese
1995	First Degree Pediatrician	Pediatric	Hanoi Medical school	Vietnam	Vietnamese

Employment

Current Professional position: Medical Doctor

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