



BASIC PACKAGE OF SERVICES IN PRIMARY HEALTH CARE

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ABBREVIATIONS

BPS	Basic Package of Services
CMD	Council of Ministers' Decree
CNS	Central Nervous System
COPD	Chronic Obstructive Pulmonary Disease
FEV	Forced Expiratory Volume
FM	Family Medicine
FM-UT	Faculty of Medicine, University of Tirana
FP	Family Planning
HBP	High Blood Pressure (Hypertension)
HBsAg	Hepatitis B surface Antigen
HC	Health Center
HII	Health Insurance Institute
HPE	Health Promotion and Education
HP-A	Health Post – Ambulance
HRT	Hormone Replacement Therapy
IEC	Information, Education, Communication
IHD	Ischemic Heart Disease
IPH	Institute of Public Health
LAM	Lactational Amenorrhea Method
MOH	Ministry of Health
NGO	Non Governmental Organization
NCQSA	National Center of Quality, Safety and Accreditation
PHC	Primary Health Care
PHD	Public Health Directorate
PSh	PRO Shëndetit
RH	Reproductive Health
STI	Sexually Transmitted Infections (Diseases)
TB	Tuberculosis
UTI	Urinary Tract Infections
WHO	World Health Organization

INTRODUCTION

Primary Health Care (PHC) is used as a key reference for the population health status and the development of healthcare systems. The World Health Organization (WHO) defines health as the “State of complete physical, psychological, and social well-being and not merely the absence of disease or infirmity”. This definition has been implemented through PHC services delivered from the Health Centers (HCs) in respective communities. The services delivered in these HCs have the following characteristics:

- The services are located in areas with easy access for the population within the catchment area, and are designed to be their first contact with the national healthcare system;
- The services offered are designed to address the majority of common healthcare needs of the population (diagnostic, curative, management and disease prevention, health promotion);
- Individual patients and families are followed over time by the same health care team;
- The PHC services are integrated into and coordinated with higher levels of services that can provide specialized care as needed.

In the majority of the country, HCs include a number of Health Posts - Ambulances (HP-A). The HC staff (including HP-A) consists of managers, doctors, nurses, midwives and supporting staff. Health care services of the HC are offered through a network of health care providers working at the community level. Each commune has, at least, one HC, while each village has, at least, one HP-A served by one or more nurses. Each HC serves an average population of 8,000 – 10,000 individuals (which varies significantly between urban and rural areas), and there is a physician / patient ratio of about 1 to 2,500, and nurse / patient ratio of about 1 to 400.

In Tirana, PHC services are organized in neighborhood polyclinics according to administrative divisions. In major cities, some PHC services (e.g. mother and child consultation room), may operate outside of the central HC facility. These PHC services remain part of the HC since they are located within the same administrative unit, serve the same population, and have the same budget and management. Services offered by HCs comply with procedures and standards established by Ministry of Health (MoH) in order to achieve accepted levels of quality, effectivity and efficiency. HC staff collaborates regularly and officially with representatives of local authorities and community.

Family Medicine (FM) is the principal professional discipline that serves as the foundation for development of PHC in Albania. Thus, family physicians must have the competency to:

1. Manage primary health care;
2. Focus healthcare on individuals;
3. Solve special problems;
4. Provide holistic health care;
5. Provide Integrated health care;
6. Orient services towards the community.

In order to practice FM, family physicians apply their competences in three areas:

- Clinical services;
- Communication with patients;
- Management of HC.

METHODOLOGY

The development of this important document is the result of a long process, which has involved representatives of numerous healthcare institutions in the country. The first Basic Package of Services (BPS) in PHC was approved as a component (*Appendix 1: List of services of PHC to be offered by HCs*) of the CMD, no. 857, date 20/12/2006 (*On health financing services in PHC from the mandatory health insurance scheme*). This CMD has been the basis for organizing the daily HC practice and contracting of HCs by the Health Insurance Institute (HII), during the period 2007-2008.

In 2008, the MoH and HII decided to transform the initial list into a more comprehensive and detailed BPS of PHC Services. As a result, the Minister of Health issued an order (no. 586, date 29/10/2008 - Appendix 2), establishing a working group to develop the BPS of PHC Services. In addition to this working group, the Public Health Directory (PHD) in MoH (no. Prot 4517, date 14/11/2008) decided to involve a group of PHC experts (Appendix 3) to develop the various sections of this package.

The overall process was led by the MoH and PRO Shëndetit (PSh) project (USAID funded project), with the technical assistance of AAFP (American Academy of Family Physicians) and the WHO office in Tirana.

This document is developed based on existing regulatory acts in the country (Appendix 4), existing local experience, and international experience and recommendations. This document considers the actual capacities, skills, and tasks the HCs and their staff. Nevertheless, the document will be reviewed periodically by the MoH, in order to reflect new developments in the healthcare system and changes in respective strategies, policies and budgeting. The MoH approves the structure and the process of periodic review of this package.

The objectives of this document are:

- To define the basic services of PHC, to be provided in every HC of Albania;
- To be used by the MoH and HII to determine and plan human resources needs, the general budget for PHC, HC equipment and instrument needs, the referral system (from the family physician to the specialist), and necessary skills and training of PHC staff;
- To offer a basis for negotiating contracts between HII and HCs;
- To introduce basic PHC services that are provided by HCs throughout Albania.

CHARACTERISTICS OF THE HC

The HC is the basic operational unit providing PHC services.

MISSION OF THE HC

The mission of the HC is to provide high quality, integrated, continuous and accessible healthcare services to the respective community. The staff of a HC addresses the health needs of patients based on a FM approach, mainly through health promotion, disease prevention, and curative and palliative care.

VISION OF THE HC

The vision of a HC is “**healthy people in a healthy community**”. HCs achieve this by implementing the FM model in their respective catchment area.

VALUES IN A HC

- **Dignity:** Treating with respect and consideration each single patient, staff member and community member, while understanding the differences between them;
- **Commitment:** Each staff member is committed to the mission of the HC, to the community in general, and to each patient in particular;
- **Perfection:** HC achieves a high level of quality and excellence in fulfilling its mission by promoting personal and professional integrity, continuous quality improvement, and the effective use of contemporary knowledge and technologies;
- **Integrity:** HC staff embraces the highest ethical and professional standards and ensures the highest levels of confidence, through honesty and commitment in everyday practice;
- **Compassion:** The staff shows continuous understanding, empathy and care towards patients;
- **Partnership:** Staff members of the HC accept to work in harmony with each other, with patients, governmental and non-profit organizations, donors, and community.

BASIC PRINCIPLES OF PHC

The basic principles of PHC provided by the HC are:

- PHC is a right and not a privilege;
- PHC is based on the implementation of the best social, medical and biomedical research and experiences;
- PHC is based in local communities, and addresses the most common health problems in the community, providing preventive, curative, rehabilitative, and health promotion services;
- PHC encourages maximum participation of the community in planning, organizing, implementing, and controlling of services provided by the HC.
- PHC is best delivered through the combined efforts of a coordinated health team, consisting of physicians, nurses, midwives, dentists, public health staff and community health workers;
- PHC requires integration within the chain of referral services, hospitals, and access to specialists as needed for higher levels of care.

PATIENT'S RIGHTS AND RESPONSABILITIES

I. PATIENT'S RIGHTS

The patient's rights include:

- Access to healthcare services;
- Credibility and privacy in the HC;
- Information;
- Referral to a more specialized level of care, when needed;
- Selection of the family physician once a year;
- Continuous care;
- Participation in decision making concerning his/her health;
- Receive care from qualified doctors and nurses;
- Refusal of medical treatment;
- Information regarding his/her health insurance coverage;
- File a complaint regarding the healthcare service provided.

II. PATIENT'S RESPONSABILITIES

The patient's responsibilities include:

- To live a healthy life;
- To maintain and protect his living environment;
- To respect the rights of other patients and medical staff;
- To utilize the healthcare system in an optimal way and not misuse it;
- To know what healthcare services are provided to him on a local level;
- To inform in a correct manner the medical staff, when asked about his/her diagnosis, treatment, counseling and rehabilitation;
- To be advised on and to accept procedures of medical treatment and his/her physical rehabilitation;
- To be concerned about healthcare costs and possible payments;
- To maintain his/her health booklet.

NEEDS OF HC STAFF

Needs for:

- **Information, training, development.** HC staff requires more knowledge, skills, opportunities for continuous professional development in order to improve the quality of services provided;
- **Supplies, equipment, infrastructure.** HC staff requires the necessary equipment, instruments, and infrastructure in order to ensure continuous and high quality healthcare services;
- **Supportive supervision.** The staff works better when supervisors and managers monitor and encourage improvement of quality, and appreciate their staff.

BASIC PHC SERVICES

1. EMERGENCY CARE

1.1 Description of the service. Health Centers should offer first aid for medical emergencies and referral of patients (including transportation), and manage the situation in cases of natural disasters.

1.2 Purpose of the service. To offer, effectively and at the right time, the first aid for all medical emergencies that threatens the patient's life or deteriorate his/her physical / psychological state, and, also, to treat and manage pain and disability of each individual case.

1.3 Treatment of common emergencies

1.3.1 First aid provided by medical staff able to evaluate and treat emergency problems – direct or phone contact with the patient:

- Offering non-stop healthcare service in HC (24 hours of service);
- Offering time-limited healthcare service in HC (8 hours of service);
- Offering care outside of the HC.

1.3.2 Trauma emergency care:

- Acute stabilization of traumas (first aid and immobilization), including referral and transportation;
- Acute stabilization of fractures (first aid and immobilization), including referral and transportation;
- Cardio-pulmonary resuscitation in case of traumas in infants, children, adults.

1.3.3 Emergencies in other kinds of accidents (including referral and transportation):

- Treatment of burns and small wounds (including stitching of simple lacerations);
- First aid for insect and animal bites; first aid for heatstroke and hypothermia; first aid for asphyxia, suffocation and drowning, and foreign bodies; first aid in cases of poisoning (food, chemical, toxic, medication and drug poisoning).

1.3.4 Non-traumatic medical emergencies (including referral and transportation):

- Treatment of high fever and febrile or non-febrile convulsions; treatment of angina pain; management of hypertensive emergencies; first aid in pulmonary edema; stabilization of heart rhythm disorders (sinoatrial tachycardia, bradycardia < 58, atrial fibrillation, paroxysmal tachycardia, ventricular tachycardia); first aid in pre-eclampsia, bleeding of the first and third trimester of pregnancy, ectopic pregnancy; first aid in psychiatric emergencies; management of acute diarrhea, renal or biliary colica and external bleeding).
- Cardio-pulmonary resuscitation in life threatening emergencies of non-traumatic nature, in infants, children and adults.

1.4 Preventive care and patient education

1.4.1 Information and education on prevention of common accidents at home (toys, foreign bodies, fire hazards, electricity, asphyxia and suffocation, medications, detergents);

1.4.2 Information and education on prevention of common accidents in outdoor environments;

- 1.4.3 Information and education on first aid in cases of accidents or other acute situations;
- 1.4.4 Introduction of the first aid kit in families – its contents and instructions of use;
- 1.4.5 Information and education on prevention of car accidents (being informed on safety regulation for drivers and pedestrians).

1.5 Skills of the HC staff

The family physician should be able to:

- 1.5.1 Apply the code of medical deontology in all medical emergency situations;
- 1.5.2 Complete a patient's medical history and physical examination to accurately determine the diagnosis of emergency situations;
- 1.5.3 Provide first aid, stabilize and treat common emergency cases (article 1.3);
- 1.5.4 Manage emergency cases outside the HC (patients' home or street);
- 1.5.5 Manage and treat pain, minor burns and wounds, simple lacerations and non-life threatening emergency infections;
- 1.5.6 Refer emergencies that threaten the life or extremities of the patient, and also cases that need more specialized treatment;
- 1.5.7 Perform cardio-pulmonary resuscitating maneuvers in case of traumatic or non-traumatic life threatening situations in infants, children and adults;
- 1.5.8 Organize transportation for patients with polytrauma considering their specific condition;
- 1.5.9 Apply the basic principles of medical management to large scale injury incidents and disasters;
- 1.5.10 Use HC tools and equipments, necessary to provide first aid.

The family nurse should be able to:

- 1.5.11 Apply the code of ethics in all medical emergency situations;
- 1.5.12 Evaluate the clinical condition and needs of the patient seeking urgent help;
- 1.5.13 Manage (alone or in cooperation with the doctor) emergency cases outside the HC (at the patient's home or on the street);
- 1.5.14 Perform cardio-pulmonary resuscitating maneuvers in case of traumatic or non-traumatic life threatening situations in infants, children and adults;
- 1.5.15 Administer medications and i.v. injections to stabilize emergency situations (first aid), threatening patient's life or extremities;
- 1.5.16 Administer medications and i.v. injections to manage aggravation of asthma, dehydration, convulsions, fractures, wounds;
- 1.5.17 Manage simple wounds;
- 1.5.18 Organize transportation of patients with polytrauma considering their specific condition;
- 1.5.19 Apply the basic principles of medical management in cases of large scale injury incidents and disasters;
- 1.5.20 Perform health promotion activities on accident prevention;
- 1.5.21 Counsel patient and family members on injury and accident prevention;
- 1.5.22 Use HC tools and equipments, to provide necessary first aid;
- 1.5.23 Complete documents and records in the HC.

1.6 Recommended referrals

- 1.6.1 Life threatening diseases and injuries;
- 1.6.2 Diseases and injuries threatening patient's extremities;
- 1.6.3 Amputation of fingers or extremities;
- 1.6.4 Second degree burns on 60% of body surface, and third degree burns on 30% of body surface and/or vital organs;
- 1.6.5 Lacerations, that require stitching in layers; wounds on the face or articulations; wounds that involve muscles or deeper tissue;
- 1.6.6 Fractures with or without hemorrhage;
- 1.6.7 Perforating traumas and crushing traumas with abnormal vital signs;
- 1.6.8 Intoxications from chemical agents, toxic agents and drugs, and also from bites associated with shock;
- 1.6.9 Heatstroke and hypothermia;
- 1.6.10 Asphyxia from drowning and gas poisoning;
- 1.6.11 Foreign bodies;
- 1.6.12 Acute abdomen;
- 1.6.13 Convulsions that do not resolve after the administration of two treatment doses;
- 1.6.14 Suspect for bacteremia, septic condition and infections with hypotension;
- 1.6.15 Shock (of different causes);
- 1.6.16 Aggravation of asthma, not resolved after three treatments with beta-agonists or deteriorating at any given time;
- 1.6.17 Pain of unstable angina, heart rhythm disorders, pulmonary edema, HBP attack.

1.7 Community health services

- 1.7.1 Transportation with auto-ambulance (type B) or in case of emergency, planning transportation to a HC with continuous healthcare service (24 hrs);
- 1.7.2 Emergency transportation plans to a HC that offers time-limited healthcare service;
- 1.7.3 Health education in the community concerning management of high fever, acute diarrhea, burns, personal hygiene, food and environment, etc;
- 1.7.4 Health education in the community concerning care or aggravation of medical situations of chronic or terminal patients;
- 1.7.5 Health education in the community concerning first aid in emergencies and transportation to the closest health institution;
- 1.7.6 Information and education on prevention of the common accidents at home (toys, fire hazards, electricity, suffocation, drowning, drugs, detergents);
- 1.7.7 Information and education on safety regulations for drivers and pedestrians.

1.8 Standards available

- 1.8.1 Consistent with "Standards of Quality for the Accreditation of Institutions in PHC";
- 1.8.2 Consistent with "Guidelines of the best Clinical Practice in PHC".

1.9 Equipments required in a HC

- 1.9.1 List of basic equipments of a HC according to CMD no.857, date 20/12/2006 (appendix 5);
- 1.9.2 Auto-ambulance (type B) for HCs with continuous 24 hour service.

1.10 Drugs and consumables in a HC

1.10.1 List of drugs and consumables of a HC, according CMD no. 857, date 20/12/2006 (appendix 6).

1.11 Medical documentation in a HC

1.11.1 List approved by MoH (appendix 7);

1.11.2 Detailed and documented plan for managing medical emergencies.

2. CHILD CARE

2.1 Description of the service. Health care for children (0 - 14 years) in the HC is offered through health promotion, prevention services (supporting physical and psychological development, immunization, counseling, feeding) and curative services according to the respective operating guidelines.

2.2 Purpose of service. Reducing morbidity and mortality related with the main causes of the diseases in children (especially 0-5 years) and promote the healthy growth of children within the family and community.

2.3 Management and treatment of common childhood conditions

2.3.1 Follow up and solve nutrition problems in infants:

- Visit and counsel family members to encourage breast feeding (within 24 hours after dismissal from the maternity, by doctor/nurse; within 3 days after dismissal from the maternity, by doctor);
- Visit the HC to evaluate nutrition through weight measurement during the 3rd week, counseling of the mother on exclusive breastfeeding and Lactational Amenorrhea Method (LAM).

2.3.2 Diagnosis, treatment, follow-up of upper respiratory tract acute infections (otitis, rhinitis, rhinopharyngitis, tonsillitis, laryngitis) and lower respiratory infections (bronchitis, bronchiolitis, bronchopneumonia):

- Diagnosis of upper and lower respiratory tract infections;
- Treatment in the HC of acute laryngitis and acute bronchiolitis with aerosol-therapy and further treatment according to operating guidelines;
- Parent counseling (home treatment, feeding of a sick child, ensuring a safe environment, and follow up visits).

2.3.3 Diagnosis, treatment and follow-up of asthma:

- Visit and treatment with aerosol-therapy of the first episode of wheezing, without respiratory difficulties, provision of the prescription;
- Treatment with aerosols of recurrent episodes of wheezing without respiratory difficulties (salbutamol, corticosteroids) and referral to the specialist;
- Visit and treatment with aerosol-therapy of crisis in children with asthmatic ;
- Parent counseling as in article 2.3.2.

2.3.4 Diagnosis, treatment and follow-up of anemia:

- Diagnosis of anemia as well the evaluation of the type and gravity of anemia based on laboratory results;
- Treatment of anemia based on the gravity, and parent counseling as in 2.3.2.

2.3.5 Diagnosis, treatment and follow-up of diarrhea and vomiting situations:

- Diagnostic visit and determination of the dehydration gravity; oral rehydration (tresol) or i.v. in the HC for low/medium dehydration respectively;
 - Parent counseling as in 2.3.2.
- 2.3.6 Management of high fever and febrile convulsions according to guidelines:
- In children with high fever and infection symptoms or sings in any organs;
 - In children with convulsions (dominated or not, after the first aid).
- 2.3.7 Management of skin lesions and eruptions:
- Diagnosis and treatment of local bacterial infections according to operating guidelines, and parent counseling as in 2.3.2.
- 2.3.8 Diagnosis, treatment and follow-up of children with epileptic disorders:
- Diagnosis and referral to the specialist for diagnosis confirmation and treatment;
 - Planned follow-up visit; description of medications according to operating guidelines; parent counseling on general condition management, home medication and epileptic crisis management.
- 2.3.9 Evaluation of children during every visit for evidence of physical and psychological violence; possible treatments, complete documentation and referral if needed;

2.4 Preventive care and patient education

- 2.4.1 Monitoring physical and psychological growth of the child:
- Information, education, counseling on the health control and growth of children;
 - Information, education, counseling on follow-up and control of children with malnutrition (underweight and obese);
 - Information, education, counseling to prevent iodine deficiency.
- 2.4.2 Screening of hearing and vision problems:
- Referral of children up to 3 years to the specialist in order to evaluate hearing and perform an audiogram test;
 - Evaluation of the vision acuity at 6 years of age and referral to a specialist for diagnosis specification and the respective corrections.
- 2.4.3 Expanded program of immunization
- Perform activities according to the National Program of Immunization.
- 2.4.4 Information, education, counseling on household management of common childhood diseases;
- 2.4.5 Parent counseling on prevention of household accidents, car safety (child's' car seat, use of the seat belt), prevention of accidental poisoning and first aid according to each specific situation;
- 2.4.6 Teenager counseling during HC visits regarding smoking, alcohol and drugs abuse, etc.

2.5 Skills of HC staff

The family physician should be able to:

- 2.5.1 Create confident relationships with parents and children;
- 2.5.2 Complete the medical history and physical examination to determine the diagnosis of the common pediatric problems;
- 2.5.3 Recognize symptoms or physical findings suggesting sepsis, dehydration, respiratory distress in children;

- 2.5.4 Differentiate upper from lower respiratory infections (simple cold vs. pneumonia);
- 2.5.5 Differentiate benign from potentially serious or contagious skin eruptions;
- 2.5.6 Differentiate minor problems from serious acute situations;
- 2.5.7 Develop and apply a suitable management scheme for the acute and chronic pediatric problems;
- 2.5.8 Know and apply the National Immunization Program;
- 2.5.9 Recognize and treat side effects of vaccination;
- 2.5.10 Develop and apply adequate palliative care for pediatric patients;
- 2.5.11 Develop and apply suitable plans that focus on prevention/screening;
- 2.5.12 Advise mothers (that present with children) regarding breast feeding, healthy pregnancies, postpartum and post-abortion family planning;
- 2.5.13 Use otoscope and tuning fork (diapason) to diagnose otitis and hearing abnormalities, and evaluate vision problems.

The family nurse should be able to:

- 2.5.14 Support the process of physical and psychological growth of the child;
- 2.5.15 Advise parents to ensure children's well being;
- 2.5.16 Evaluate a child's psycho-social growth;
- 2.5.17 Counsel children and their parents on palliative care;
- 2.5.18 Know and apply the National Immunization Program;
- 2.5.19 Recognize and treat side effects of vaccination;
- 2.5.20 Administer appropriate medications for control of acute seizures, asthma, dehydration (oral and i.v. rehydration) and other pediatric emergencies;
- 2.5.21 Evaluate patient's conditions and differentiate emergency from non-emergency cases;
- 2.5.22 Work closely with the doctor in the management of emergency pediatric cases;
- 2.5.23 Advise mothers (that present with children) regarding breast feeding, healthy pregnancies, postpartum and post-abortion family planning;
- 2.5.24 Fill accurately the HC documentation.

2.6 Recommended referrals

- 2.6.1 Diarrhea or vomiting with severe dehydration
- 2.6.2 Decrease in level of responsiveness
- 2.6.3 Suspected sepsis or neck stiffness
- 2.6.4 Persistent fever >5 days
- 2.6.5 Poor feeding pattern or weight loss
- 2.6.6 Respiratory distress as shown by rapid respiratory rate or chest retractions
- 2.6.7 Asthma unresolved with 2-3 salbutamol inhalations
- 2.6.8 First seizure in a child, with or without fever
- 2.6.9 Recurrent or unresolved otitis media
- 2.6.10 Unsolved or undiagnosed skin disorders
- 2.6.11 Delayed physical and psychological growth

2.7 Community health Services

2.7.1 Organize informative and educational meetings in nurseries, day care centers, schools, working centers and institutions on:

- Childhood growth and well-being;
- Childhood nutrition; control of malnutrition (under- or overweight) in children;
- Home management of common childhood diseases;
- Iodine deficiency prevention;
- Prevention of child abuse;
- Prevention of tobacco smoking;
- Prevention of drug abuse;
- Promotion of car safety.

2.8 Standards available

2.8.1 Consistent with “Standards of Quality for the Accreditation of Institutions in PHC”;

2.8.2 Consistent with “Guidelines of the best Clinical Practice in the PHC”.

2.9 Equipments required in a HC

2.9.1 List of basic equipments of a HC according to CMD nr.857, date 20/12/2006 (appendix 5);

2.9.2 Fixed height measurer for grown up children, height meter for infants, children size sphygmomanometer and cuff.

2.10 Drugs and consumables in a HC

2.10.1 List of drugs and consumable of the HC, according CMD nr. 857, date 20/12/2006 (appendix 6).

2.11 Medical documentation in a HC

2.11.1 According to the list approved by MoH (appendix 7).

3. ADULT CARE

3.1 Description of the service. Adult care (15 - 65 years) includes management of common acute and chronic problems, the majority of which are related to environmental factors and lifestyle. The HC ensures early case diagnosis and management, as well as interventions at an early stage for the purpose of prevention and healthy behavior promotion.

3.2 Purpose of the service. To reduce the number of complications of acute situations and ensure integrated service in the HC for chronic disorders, in compliance with operating clinical guidelines and protocols.

3.3 Management of common acute health care problems

3.3.1 Acute problems (diagnosis, treatment, prevention, referral of these situations is performed according to operating clinical guidelines and/or protocols):

- Upper respiratory infections (including tonsillitis, bronchitis, sinusitis) and lower respiratory tract;
- Lower back pain;
- Headache;

- Acute joint pain;
 - Urinary tract infections;
 - Skin problems;
 - Other problems.
- 3.3.2 Chronic problems (diagnosis, treatment, prevention, referral of these situations is performed according to operating best practice clinical guidelines and protocols):
- Chronic cough and tuberculosis;
 - Hypertension;
 - Diabetes;
 - Ischemic heart disease;
 - Heart failure;
 - Asthma;
 - COPD;
 - Epilepsy;
 - Anemia;
 - HIV/AIDS/STI;
 - Other problems.

3.4 Preventive care and patient education

- 3.4.1 Information and education on feeding habits (obesity, anorexia, etc.);
- 3.4.2 Information and education on smoke/alcohol/drug abuse;
- 3.4.3 Information and education on the importance of physical activity;
- 3.4.4 Information and education on correct use of medications (chronic cough, tuberculosis, hypertension, diabetes, asthma, epilepsy etc.);
- 3.4.5 Information and education on patient's self-monitoring (HBP, diabetes, etc);
- 3.4.6 Information and education on TB and HIV / AIDS / STI.

3.5 Skills of HC staff

The family physician should be able to:

- 3.5.1 Create confident relationships with patients and their families;
- 3.5.2 Complete medical history and physical examination to accurately determine the diagnosis of the common acute and chronic problems in adults;
- 3.5.3 Recognize symptoms or physical findings suggesting acute and chronic complications (sepsis, severe dehydration, respiratory distress, acute heart ischemia, hemo-dynamic instability, acute abdomen, etc.);
- 3.5.4 Develop and apply suitable management plans for acute and chronic problems in adult patients;
- 3.5.5 Evaluate, follow-up, treat patients with TB according to treatment guidelines;
- 3.5.6 Develop and apply palliative care techniques;
- 3.5.7 Develop and apply plans for prevention and screening in his catchment area;
- 3.5.8 Differentiate minor problems from serious acute situations;

3.5.9 Use the stethoscope, sphygmomanometer, glucometer, peak-flow meter, vision table, otoscope, ophthalmoscope, neurological hammer, tuning fork (diapason), and microsurgery equipment.

The family nurse should be able to:

3.5.10 Evaluate and manage conditions of chronic patients (asthma, diabetes, COPD, HBP, convulsive conditions, etc) in absence of the doctor;

3.5.11 Administer proper treatments and medications to control acute convulsions, asthma, diabetes, COPD and other adult emergencies;

3.5.12 Recognize, measure and evaluate vital parameters of the patient;

3.5.13 Advise patients and their families on preventive measures and choice of a healthier life style;

3.5.14 Counsel patients and their families concerning palliative health care;

3.5.15 Counsel patients and their families concerning family violence;

3.5.16 Use the stethoscope, sphygmomanometer, glucometer, peak-flow meter, and microsurgery equipment.

3.5.17 Complete HC records and documentation.

3.6 Recommended referrals

3.6.1 Referral of patients with acute morbidity:

- Upper respiratory tract infections complicated with: aggravation of otitis media refractory to treatment, hearing loss, neck stiffness, vomiting or somnolence, high fever, severe headache, suspicion of sphenoid sinusitis, eye problems, bones and intracranial structures damage;
- Lower back pain refractory to proper treatment, complicated with neurological disorders, or if the cause is unclear;
- Acute arthralgia refractory to proper treatment or if the cause is unclear;
- UTI with positive urine culture after medication (in pregnant women), hematuria; recurrent UTI and/or STI; suspicion of prostatitis;
- Skin problems refractory to proper treatment or if the cause is unclear;
- Other problems.

3.6.2 Referral of patients with chronic morbidity:

- Severe persistent HBP > 180/120; HBP that does not return to normal values after standard treatment with at least 2 drugs of different classes; progressive increase of blood pressure in pregnant women; all hypertension emergencies;
- Focal neurological symptoms;
- Acute chest pain unresponsive within 5 minutes to nitroglycerin administration;
- Suspicion of renal failure (hypertension, decreased urine output, edema, uremia odor, hematuria, albuminuria);
- Diabetes in pregnant women or newly diagnosed cases (suspected);
- Diabetes with persistent glycemia (above the individual target) in patients under treatment (drugs and diet); diabetes with dehydration and hypotension; suspected keto-acidosis (increased respiratory frequency, confusion, polyuria, nausea and vomiting, abdominal pain); diabetic complication (peripheral neuropathy, reduced vision, foot ulceration, acute infection, chest pain, confusion, sexual impotence); diabetes with recurrent signs of hypoglycemia,

infections refractory to medical treatment (especially in the lower extremities), resistant hyperglycemia;

- Heart failure refractory to standard treatment with diuretics and ACE (Acetyl Choline Esterase) inhibitors;
- Newly diagnosed (suspected) asthma cases; failure to control frequency of asthma attacks with regular administration of bronchodilators and/or inhaled corticosteroids; acute asthma aggravating the condition of a pregnant woman; acute asthma or exacerbation of COPD unresponsive to bronchodilator and corticosteroid therapy;
- COPD with right ventricle failure; rapid FEV (Forced Expiratory Volume) reduction; when there's need for O₂ therapy, nebulization, corticosteroid therapy;
- COPD in patients < 40 years old and with recurrent pulmonary infections;
- Suspected iron deficiency, hemolytic, megaloblastic, secondary anemia;
- All lymphadenopathies, conditions with increased spleen size, expressed echimosis or petechia (suspected);
- Suspected cancer;
- Symptoms of TB; any serious complication of TB; negative reaction to therapy;
- Chronic cough and risks of possible contamination.

3.7 Community health services

3.7.1 Screening for hypertension, obesity and diabetes;

3.7.2 Organizing informative and educative meetings in schools, households, working centers and institutions on:

- Weight control, especially in youngsters;
- Proper eating/diet and cholesterol control;
- Smoking, alcohol and drug abuse etc;
- Exercise and physical activity;
- Environmental protection;
- TB and HIV / AIDS / STI.

3.8 Standards available

3.8.1 Consistent with "Standards of Quality for the Accreditation of Institutions in PHC";

3.8.2 Consistent with "Guidelines of the best Clinical Practice in the PHC".

3.9 Equipments required in a HC

3.9.1 List of basic equipments of a HC according to CMD nr.857, date 20/12/2006 (appendix 5).

3.10 Drugs and consumables in a HC

3.10.1 List of drugs and consumables of a HC, according CMD nr. 857, date 20/12/2006 (appendix 6).

3.11 Medical documentation in a HC

3.11.1 According to the list approved by MoH (appendix 7).

4. WOMEN'S HEALTH CARE AND REPRODUCTIVE HEALTH

4.1 Description of the service. Integrated health care for women in the HC covers prevention, promotion, medical treatment, and rehabilitation. Reproductive health (RH) is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life. RH care services include: prenatal care, postnatal care (mother and child), family planning (FP), breast and cervical carcinoma prevention, reproductive and sexual health, sexually transmitted infections (STI) prevention and management, care for abused victims.

4.2 Purpose of the service. HC staff offers quality services to women (in reproductive age, during pregnancy, after birth, in menopause) as well to patients with sexual health problems. RH services aim to reduce maternal morbidity and mortality, reduce numbers of abortions and early pregnancies, reduce premature and under-weight births, and provide STI control.

4.3 Management and treatment of common health problems

- 4.3.1 Prenatal healthcare during a normal pregnancy (4 visits in a normal pregnancy, or more in a problematic pregnancy):
- Laboratory examinations in HCs for every pregnant woman (complete cell blood count, urinalysis, glycemia);
 - Referral of every pregnant woman for laboratory examination not provided by the HC itself (ultrasound examination, blood/Rhesus type, HBsAg, toxoplasmosis, vaginal smears, biochemical examination).
- 4.3.2 Management of common pregnancy problems (pyrosis, emesis, cramps, overweight);
- 4.3.3 Management and referral of major pregnancy problems (HBP, diabetes, bleeding);
- 4.3.4 Management of anemia during and after pregnancy (folic acid and iron supplements);
- 4.3.5 Postnatal care of normal births (pediatric visits within 3 days after birth, 8 days after birth and 40 days after birth);
- 4.3.6 Family planning:
- Counseling on methods of family planning and their use (during all service provision contacts);
 - Evaluation of women's health condition before starting using a contraceptive method;
 - Provision of all modern available contraceptive methods (including post delivery and post abortion contraception).
- 4.3.7 Detection and management of STIs and HIV / AIDS:
- Early detection of STIs based on complaints and symptoms;
 - Rapid referral for diagnosis and treatment;
 - Continuous follow-up of confirmed cases.
- 4.3.8 Health care for women in menopause:
- Follow-up of hormonal laboratory examinations, symptomatic treatment, hormonal treatment;
- 4.3.9 Health care for women with gynecological problems:
- Evaluation and management of dysmenorrhea;

- Evaluation of suspected cases of pelvic inflammatory disease.

4.3.10 Health care for patients with sexual health problems:

- Evaluation of most common sexual health problems in women;
- Evaluation of most common sexual health problems in men.

4.3.11 Health care for victims of abuse:

- Recognition and management of abused women;
- Case reporting according to laws and regulations.

4.4 Preventive healthcare and patient education

4.4.1 Information and education on reproductive and sexual health (especially with teenagers);

4.4.2 Information and education on STIs / HIV / AIDS (including teenagers);

4.4.3 Information and education on management of family violence;

4.4.4 Information and education on menopause problems;

4.4.5 Information and education of women on breast self-examination procedures;

4.4.6 Information and education of women on the importance of screening methods;

4.4.7 Information and counseling on postnatal care:

- Promotion of breast feeding;
- Spacing healthy pregnancies;
- Use of exclusive breast feeding as an effective contraceptive method (LAM).

4.5 Skills of HC staff

The family physician should be able to:

4.5.1 Create confident relationships with women and their families;

4.5.2 Complete medical history and physical examination to accurately determine the diagnosis of the common acute and chronic RH problems in women in men;

4.5.3 Complete medical history and physical examination when providing antenatal and postnatal care during a normal pregnancy;

4.5.4 Recognize symptoms and physical signs suggesting pelvic inflammatory disease, ectopic pregnancy, placenta detachment, or multiple pregnancies;

4.5.5 Develop and apply a suitable plan for acute and chronic problems in women;

4.5.6 Develop and apply suitable prevention and screening plans for women during all their life;

4.5.7 Differentiate minor health problems from serious acute situations;

4.5.8 Evaluate and manage home violence;

4.5.9 Evaluate common conditions of sexual health;

4.5.10 Provide FP counseling (in general and on method of choice).

The family nurse should be able to:

4.5.11 Know and apply communication techniques and respect women's rights;

4.5.12 Assess woman's conditions during a normal pregnancy;

4.5.13 Identify and evaluate problematic pregnancies;

- 4.5.14 Administer interventions and treatment medications to control acute problems in pregnant women;
- 4.5.15 Advise women and their families on preventive measures and healthy behaviors;
- 4.5.16 Advise women and their families on antenatal and postnatal care;
- 4.5.17 Counsel women on family violence;
- 4.5.18 Advise teenagers, individuals and couples on RH and sexual health;
- 4.5.19 Complete HC records and documents;
- 4.5.20 Offer counseling on FP methods (general information, and chosen method).

4.6 Recommended referrals

- 4.6.1 Acute abdomen;
- 4.6.2 Pelvic inflammatory disease aggravated or not refractory to antibiotics.
- 4.6.3 Suspected pelvic abscess, ectopic pregnancy, pre-eclampsia, eclampsia, placenta detachment or incomplete missed abortion;
- 4.6.4 Suspected multiple pregnancy;
- 4.6.5 Blood pressure \geq 140/90 during pregnancy;
- 4.6.6 Any complication during pregnancy;
- 4.6.7 Referral for cervical cancer screening (Pap smear every 3 years);
- 4.6.8 Referral for breast cancer screening (breast exam every year; mammography exam every year for women above the age of 45);
- 4.6.9 Any physical change of the breast;
- 4.6.10 Abnormal Pap smear;
- 4.6.11 Prolonged and abundant dysmenorrheas;
- 4.6.12 Suspected or identified sexual health problems;
- 4.6.13 Use of family planning methods not offered by the HC;
- 4.6.14 Victims of abuse.

4.7 Community health services

- 4.7.1 Activities outside the HC for ensuring antenatal and postnatal care;
- 4.7.2 Organize educative meeting in schools, households and working centers on:
 - Cervical cancer and breast cancer;
 - Pregnancy, contraception, and FP;
 - Prevention of HIV/AIDS and STI;
 - Abuse and violence prevention.

4.8 Standards available

- 4.8.1 Consistent with “Standards of Quality for the Accreditation of Institutions in PHC”;
- 4.8.2 Consistent with “Guidelines of the best Clinical Practice in the PHC”.

4.9 Equipments required in a HC

- 4.9.1 List of basic equipments of a HC according to CMD no.857, date 20/12/2006 (appendix 5).

4.10 Drugs and consumables in a HC

4.10.1 List of drugs and consumables of a HC, according to CMD no. 857, date 20/12/2006 (appendix 6).

4.11 Medical documentation in a HC

4.11.1 According to the list approved by MoH (appendix 7).

5. ELDERLY HEALTH CARE

5.1 Description of the service. PHC for the elderly (over 65 years) ensures healthcare service according to their specific needs. Elderly “friendly” HCs adapt staff behavior and abilities as well as its internal system, according to the needs of the elderly. HCs staff encourages the patients’ understanding concerning their problem and services offered, and promote healthier lifestyle.

5.2 Purpose of the service. Reduce the complications of acute conditions and increase the number of chronic patients who are offered a full healthcare service in the HCs according to operating clinical guidelines and protocols.

5.3 Identification and management of common problems of the elderly

5.3.1 Diseases/problems of the cardio-vascular system:

- Hypertensive disease, IHD (angina, myocardial infarction), chronic heart disease (chronic heart failure, atrial fibrillation);
- Cerebrovascular diseases (cerebral ischemic accidents).

5.3.2 Mental disease/mental health problems (senile psychosis, delirium, depression);

5.3.3 Diseases/problems of the SNC and senses: degenerative diseases (M. Parkinson, M. Alzheimer), eye diseases (glaucoma, cataract, blindness or vision problems), ear diseases (deafness or hearing loss, tinnitus, vertigo);

5.3.4 Diseases/problems of the respiratory system: acute diseases (flues, pneumonia), chronic diseases (asthma, COPD), bronchial cancer;

5.3.5 Diseases/problems of the digestive system: diseases of the oral mucosa and soft tissues, esophagus cancer, peptic ulcer, stomach cancer, inguinal or femoral hernias, cholelithiasis, colorectal cancer;

5.3.6 Diseases/problems of the uro-genital system: renal failure, urinary infections, prostate adenoma, urinary calculosis, prolapse genitalia, urinary incontinence, breast cancer, prostate cancer;

5.3.7 Diseases/problems of the musculoskeletal system: osteoporosis, osteoarthritis (genarthrosis, coxarthrosis, spondiloartrosis);

5.3.8 Diseases/problems of the hemopoietic system: anemia (iron, Vit.B12 and folates deficiency in chronic disease, chronic anemia; myelodysplasia (multiple myeloma);

5.3.9 Diseases/problems of the endocrine system: diabetes, hypothyreosis;

5.3.10 Skin diseases/problems: venose or arterial foot ulcers, position ulcers, herpes zoster, base cell and spine cell carcinoma;

5.3.11 Palliative and terminal care problems: palliative care for chronic diseases, palliative care for tumoral diseases and terminal care.

5.4 Preventive care and patient education

5.4.1 Monitoring the mobility and physical activity;

- 5.4.2 Counseling on falls prevention and predisposing environmental factors;
- 5.4.3 Periodic monitoring of hearing and vision loss:
 - Vision acuity and ophthalmoscopic examination;
 - Hearing tests (the whisper test, otoscopic and tuning-fork tests).
- 5.4.4 Periodic monitoring of mental functional capacity and counseling on activities stimulating mental agility (prevention of senile dementia);
- 5.4.5 Periodic monitoring of weight or nutrition and counseling on healthy diets;
- 5.4.6 Counseling on primary and secondary preventive measures for IHD and cerebral ischemic accidents (daily aspirin dose, smoking cessation, control of lipids blood level, glycemia and hypertension);
- 5.4.7 Counseling and screening for colorectal cancer, prostate cancer, breast cancer;
- 5.4.8 Counseling on regular physical exercise and Vitamin D and calcium daily intake to prevent osteoporosis consequences (fractures);
- 5.4.9 Counseling on prevention of infective diseases through vaccination (i.e. yearly flu vaccination);
- 5.4.10 Periodic monitoring and education on the proper/correct use of medications and avoiding their overuse;
- 5.4.11 Periodic monitoring and education of elderly patients and their families on violence or abuse with the elderly;
- 5.4.12 Information of elderly patients about community supporting social services and encouraging them to participate in different social elderly groups in the community.

5.5 Skills of HC staff

The family physician should be able to:

- 5.5.1 Create and sustain relationships of confidence and respect with the elderly and their families;
- 5.5.2 Complete medical history and physical examination to accurately determine the diagnosis of the most common acute and chronic problems in the elderly;
- 5.5.3 Interpret diagnostic procedures for medical problems of the elderly;
- 5.5.4 Perform otoscopic, ophthalmoscopic and tuning-fork exams and also perform tests to evaluate sight and hearing;
- 5.5.5 Plan and apply a suitable plan for follow-up of the most common acute and chronic problems of the elderly;
- 5.5.6 Recognize symptoms and physical signs, suggesting acute serious conditions, requesting rapid referral to a specialized medical center;
- 5.5.7 Evaluate the physical and mental functioning conditions of the elderly through methods and tools for measurement of mental and physical disabilities;
- 5.5.8 Communicate to elderly patient and/or family caretakers, examination results, treatments, and follow-up plans;
- 5.5.9 Apply suitable practices for prevention and health promotion in the elderly patients population;
- 5.5.10 Offer palliative and terminal care suitable for the elderly;
- 5.5.11 Offer counseling and psychological support for psychological and social issues, associated with the ageing process and with death;
- 5.5.12 Address and manage polypharmacy problems of the elderly;

- 5.5.13 Instruct and inform elderly patients about specialized and supporting social services present in the community or specialized centers;
- 5.5.14 Work as a team with nurses and other medical and social workers involved in elderly care in the community.

The family nurse should be able to:

- 5.5.15 Offer psychological support for the elderly and their families;
- 5.5.16 Differentiate physiological ageing changes from real health problems in elderly patients;
- 5.5.17 Educate the elderly and their families on preventive measures and health promotion;
- 5.5.18 Screen mental and physical functional disabilities in elderly patients and counsel them and their families to deal with these disabilities;
- 5.5.19 Administer treatment and medications to elderly patients in HCs and home visits;
- 5.5.20 Offer medical assistance at the home of elderly patients (with/without the doctor);
- 5.5.21 Counsel elderly patients and their families on palliative care;
- 5.5.22 Evaluate risk of family violence for elderly patients and make referrals to proper medical and social personnel;
- 5.5.23 Complete HC records and documentation.

5.6 Recommended referrals

- 5.6.1 Symptoms of bacteremia and sepsis;
- 5.6.2 Hemo-dynamic instability;
- 5.6.3 Persistent hypertension $\geq 180/120$; hypertension that is not normalized after standard medical treatment;
- 5.6.4 Neurological focal symptoms;
- 5.6.5 Acute chest pain, not responding after 5 minutes from nitroglycerin intake;
- 5.6.6 Symptoms of renal failure (hypertension, urine decrease, edema, uremic odor, hematuria, albuminuria);
- 5.6.7 Diabetes with persistent glycemia (above the individual target), after treatment (drugs and diet); diabetic complications such as peripheral neuropathy, sight deterioration, foot ulcers, acute infections, chest pain and confusion; diabetes with acute glycemia > 400 , suspect of ketoacidosis (increased respiratory frequency, confusion, polyuria, nausea and vomiting, abdominal pain);
- 5.6.8 Heart failure, refractory to standard treatment with diuretics and ACE (Acetyl Choline Esterase) inhibitors;
- 5.6.9 Aggravation of COPD, refractory to standard treatment with bronchodilators or corticosteroids;
- 5.6.10 Depression, refractory to antidepressives;
- 5.6.11 Anemia due to high iron deficiency;
- 5.6.12 Symptoms of cancer.

5.7 Community health services

- 5.7.1 Nursery care at patient's home (community nurses);
- 5.7.2 Palliative healthcare services at patient's home (nurses/doctors/medical team);
- 5.7.3 Rehabilitative post-cerebral vascular accident services at patient's home;

- 5.7.4 Psychological counseling service for the elderly and their families (home or HC visits with trained medical/social personnel);
- 5.7.5 Periodic meetings with groups of elderly for the purpose of health education on health issues of elderly patients, and follow-up of chronic diseases (health education in groups from medical staff in HCs or community centers).

5.8 Standards available

- 5.8.1 Consistent with “Standards of Quality for the Accreditation of Institutions in PHC”;
- 5.8.2 Consistent with “Guidelines of the best Clinical Practice in the PHC”.

5.9 Equipment required in a HC

- 5.9.1 List of basic equipment of a HC according to CMD no.857, date 20/12/2006 (appendix 5).

5.10 Drugs and consumables in a HC

- 5.10.1 List of drugs and consumables supplies/materials of a HC, according to CMD no. 857, date 20/12/2006 (appendix 6).

5.11 Medical documentation in a HC

- 5.11.1 According to the list approved by MoH (appendix 7).

6. MENTAL HEALTH CARE

6.1 Description of the service. Mental health is an integral part of the PHC. This service assists individuals with mental health problems and helps improve their and their families' social conditions. The support provided in PHC is a component of the holistic concept of mental care, and also an essential part of the health care in general.

6.2 Purpose of the service. PHC for mental health deals with all mental disorders that can be diagnosed, and issues of mental health that influence the physical and mental well-being. Mental services at the PHC level include:

- First-line interventions, offered as part of general health care;
- Mental health care, offered by primary healthcare workers with the proper abilities and support to offer mental health service.

6.3 Recognition and follow-up of common mental problems

- 6.3.1 Depression;
- 6.3.2 Chronic anxiety;
- 6.3.3 Acute panic attacks;
- 6.3.4 Identification of a psychosis (schizophrenia);
- 6.3.5 Alcohol and drug abuse disorders;
- 6.3.6 Sleeping problems;
- 6.3.7 Chronic fatigue;
- 6.3.8 Unexplained somatic complaints.

6.4 Preventive care and patient education

- 6.4.1 Screening and early detection of mental disorders;
- 6.4.2 Offering information and education about mental diseases;

6.4.3 Offering information and education on treating mental diseases;

6.4.4 Offering information and education on dealing with the disease.

6.5 Skills of HC staff

The family physician should be able to:

6.5.1 Create and sustain relationships of confidence and respect with mental health patients and their families;

6.5.2 Evaluate risk factors for mental health in the HC's catchment area (financial personal situations, social problems, unemployment, desolation, emigration, etc.);

6.5.3 Offer (through communication) basic emotional support, encourage expression of positive emotions, encourage patients to show their feelings and beliefs;

6.5.4 Offer counseling and information in a comprehensive way, respecting patients' cultural level;

6.5.5 Recognize and accept patients' feelings, interpretations, and religion;

6.5.6 Complete medical history and physical examination to accurately determine the diagnosis of the most common acute and chronic mental health problems;

6.5.7 Use existing instruments that allow evaluation and diagnosis of mental health problems at the PHC level;

6.5.8 Recognize symptoms and signs suggesting acute psychosis, maniacal and bipolar disorders, etc.;

6.5.9 Differentiate mental health situations treatable in the HC from serious mental health problems;

6.5.10 Develop and apply a suitable plan for follow-up of acute and chronic mental health problems;

6.5.11 Develop and apply a suitable screening program for depression.

The family nurse should be able to:

6.5.12 Offer basic counseling to patients and their families on mental health problems;

6.5.13 Inform and counsel patients and their families to increase awareness on mental health;

6.5.14 Recognize and accept patients' feelings, interpretations, and religion;

6.5.15 Create an environment suitable to patients in order to avoid isolation and/or stigmatization;

6.5.16 Offer home care for chronic patients in stable conditions (continuous evaluation of their mental condition, relapse evaluation, and counseling);

6.5.17 Complete HC records and documentation.

6.6 Recommended referrals

6.6.1 Adult patient is referred when:

- Expresses suicidal intentions; has recently tried to commit suicide; if there is risk of hurting one's self and others;
- Is unable to leave his/her house or perform everyday life duties;
- Is too old, confused, or unable to answer questions about the disease;
- Severe disorders or symptoms appear (e.g. expressed loss or gain of weight, aggravated physical damage from alcohol consumption, expressed symptoms of social isolation, etc.)

- Diagnosis is unclear and needs confirmation;
- Physical and mental conditions are very compromised;
- Specific medication treatment is needed (such as clozapine or lithium);
- Treatment requires hospitalization or intensive care (for example, in cases of animosity, aggressiveness or homicidal attempts);
- Co-morbidity and other mental and physical disorders are present;
- Requested by the patient;
- Dealing with: acute psychosis; mania; bipolar disorders; obsessive-compulsive disorders; depression, anxiety and panic attacks refractory to previous treatment; depression, not improving after 6 months of therapy.

6.6.2 Children and teenager are referred when:

- Signs of suicidal intentions are present;
- No evaluation can be implemented in PHC conditions, e.g. psychotic symptoms, ADHD (Attention Deficient Hyperactivity Disorder), etc;
- Necessary treatment cannot be offered in PHC context (depressive disorders in children, aggravated obsessive-compulsive disorder);
- Level of disability make the patient unable to attend school or meet friends;
- Requested by their family members;
- Previous attempts at the PHC level have failed.

6.7 Community health services

6.7.1 Programs to raise community awareness on problems of the mental health;

6.7.2 HC cooperates with other organizations in the community (local government, religious institutions, NGO, etc.) to ensure support for patients with mental health problems (especially young people);

6.7.3 PHC staff works with patients families, and groups in the community and institutions to develop a clear plan for patient rehabilitation;

6.7.4 HC staff advocates the rights of patients with mental diseases.

6.8 Standards available

6.8.1 Consistent with “Standards of Quality for the Accreditation of Institutions in PHCC”;

6.8.2 Consistent with “Guidelines of the best Clinical Practice in the PHC”.

6.9 Equipment required in a HC

6.9.1 List of basic equipment of a HC according to CMD nr.857, date 20/12/2006 (appendix 5).

6.10 Drugs and consumables in a HC

6.10.1 List of drugs and consumables of a HC, according to CMD nr. 857, date 20/12/2006 (appendix 6).

6.11 Medical documentation in a HC

6.11.1 According to the list approved by MoH (appendix 7).

7. HEALTH PROMOTION AND EDUCATION (HPE)

7.1 Description of the service. Health promotion is the process of helping people change their lifestyle to move toward a state of optimal health.

7.2 Purpose of the service. Effective communication of health information to individuals, groups, and the general public; make the public aware of HPE services and help individuals and communities develop the capabilities and skills necessary to improve or maintain their health status.

7.3 Health education – promotion activity in PHC

7.3.1 Cooperate with the health promotion office in the district to follow and apply the calendar of health promotion.

7.3.2 Initiate and facilitate inter-sectorial cooperation:

- Create a supporting environment for the development of public policies with a focus on health (e.g., the enforcement of the non-smoking law in public places);
- Provide communication activities (cooperation with the media) to increase knowledge and responsibilities of the community regarding benefits and consequences of lifestyle, and promotion of healthy social attitudes.

7.3.3 Community empowerment:

- Involvement of individuals/community in health education activities;
- Reduction of social inequities and injustice;
- Development and implementation of strategies promoting healthy behaviors and disease prevention (effecting knowledge, attitude, behavior);
- Development/implementation of strategies that encourage personal abilities that increase the population's control over its health;
- Evaluation of patient's living conditions in order to address their needs.

7.3.4 IEC at the HC and individual/community levels regarding the basic package of healthcare services.

7.4 Skills of HC staff

7.4.1 Technical competencies (strategic planning, program management and resource stewardship);

7.4.2 Ethical competencies (moral reasoning, values management, and prudent decision-making);

7.4.3 Leadership competencies (assessment, negotiation, and change management).

The family physician should be able to:

7.4.4 Develop and implement health education and promotion programs as per the health services in this basic package;

7.4.5 Apply operating legislation in health promotion and education;

7.4.6 Use techniques of health promotion and education;

7.4.7 Use communication techniques with the population;

7.4.8 Create relationships of confidence with population groups, by encouraging mutual communication and cooperation of individuals/community and HC staff;

7.4.9 Evaluate the needs for health education through studies and screening, and build evidence-based health promotion activities;

- 7.4.10 Initiate and develop inter-sectorial cooperation (community leaders, local government, schools, religious communities, private enterprises, NGO, etc.);
- 7.4.11 Be actively involved in building/enforcing local capacities;
- 7.4.12 Cooperate with the community (community involvement and empowerment) in planning, implementing, evaluating activities of health education/promotion;
- 7.4.13 Develop and apply programs of health education with all population groups such as children, teenagers, mothers, women, men, and other high-risk groups in the community (i.e. roma, sex workers, drug users, etc.);
- 7.4.14 Complete periodic reports of activities and results, at various levels;
- 7.4.15 Engage the target populations in the process of implementation and modification of policies, procedures, regulations.

The family nurse should be able to:

- 7.4.16 Develop and implement health education and promotion programs as per the health services in this basic package;
- 7.4.17 Use techniques of health promotion and education;
- 7.4.18 Use communication techniques with target community groups based on their specific health needs;
- 7.4.19 Create relationships of confidence with population groups, by encouraging mutual communication and cooperation of individuals/community and HC staff;
- 7.4.20 Evaluate factors that determine health and risk factors in order to inform the promotion of healthy behaviors at the individual, family and community levels;
- 7.4.21 Provide health education in the HC and community through:
 - Creating a welcoming and warm environment in the HC;
 - Organizing IEC activities (based on the Basic Package of Services) in the HC;
 - Ensuring registration and reporting of activities organized in the field of HPE;
- 7.4.22 Offer health counseling/support at the individual, family and community levels;
- 7.4.23 Cooperate with the community (through community involvement and empowerment) by planning, implementing, and evaluating HPE activities;
- 7.4.24 Initiate and develop inter-sectorial cooperation (community leaders, local government, schools, religious communities, private enterprises, NGO, etc.);
- 7.4.25 Complete HC records and documentation.

7.5 Standards available

- 7.5.1 Consistent with “Standards of Quality for the Accreditation of Institutions in PHC”;
- 7.5.2 Consistent with “Guidelines of the best Clinical Practice in the PHC”.

7.6 Equipment and materials required in a HC

- 7.6.1 In building capacity among medical staff and community workers:
 - Training curriculum “Basics in health promotion and education and community mobilization”;
 - Training curriculum based on the standard set of information in health promotion and education regarding the Basic Package of PHC Services;
 - Manuals for health educators with key messages (noted above).
- 7.6.2 For patient education in the health center:

- Dedicated environment in the health center for individual and group counseling;
- Health promotion calendars developed by the MoH and IPH;
- A standard set of IEC materials;
- Posters;
- IEC leaflets for patients and family members;
- Reference materials (e.g, medical magazines from the MoH and IPH).

7.6.3 For the organization of health education activities at the community level:

- Health educators' manuals;
- Group counseling cards;
- IEC leaflets.

7.7 Medical documentation in a HC

7.7.1 According to the list approved by MoH (appendix 7).

APPENDIXES

Appendix 1: List of PHC services offered by the HC.

Appendix 2: Working Group Established by the Minister of Health.

Appendix 3: Groups of Experts.

Appendix 4: Legal framework (laws and by-laws) of PHC services.

Appendix 5: List of Equipment in the HC.

Appendix 6: List of Drugs and Consumables in a HC.

Appendix 7: Medical Records and Documentation in the HC.

APPENDIX 1: LIST OF SERVICES OFFERED BY THE HC¹

I. ADULT CARE

Basic diagnosis and treatment of illnesses and diseases. This category covers common illnesses and diseases of adults accessing services at the PHC level.

- Hypertension;
- Chest pain;
- Angina/ischemic heart disease;
- Heart failure;
- Diabetes;
- UTI;
- Anemia;
- Asthma/COPD
- Acute low back pain;
- Depression;
- Anxiety;
- Fatigue;
- Adult respiratory infections;
- Dermatology problems;
- Prostate problems;
- Headache;
- Arthritis or joint pain.

II. PEDIATRIC CARE

Basic diagnosis and treatment of illnesses and diseases. This category covers common illnesses and diseases of children accessing services at the PHC level

- Childhood growth and development monitoring;
- Immunizations.

III. WOMEN HEALTH CARE AND REPRODUCTIVE HEALTH

This category covers the most common services needed for women accessing services at the PHC level.

- Family planning;
- Sexually transmitted infections;
- Breast exam;
- Pap smear;
- Menopause;
- Normal pregnancy;
- Clinical diagnosis and treatment of common problems during pregnancy;
- Postnatal care;
- Preventive services.

¹

IV. EMERGENCY CARE

This category covers the most common reasons for people accessing services for emergencies at PHC level.

- Initial management and stabilization of emergency problems
 - Asthma attacks;
 - Chest pain;
 - Fractures;
 - Lacerations and wound care.

V. MINI-LABORATORY SERVICES

The minimal services available at the PHC level include:

- Urine dipstick;
- Blood glucose testing;
- Pregnancy testing;
- pH paper for testing vaginal secretions for infections.

APPENDIX 2: WORKING GROUP ESTABLISHED BY THE MINISTER OF HEALTH

The following working group is established on Order No. 586, date 29/10/2008 of the Minister of Health, to “Establish the working group for the review of the Package of Basic Services in PHC”

NAME SURNAME	INSTITUTION	POSITION IN THE WORKING GROUP
Dr. Zamira Sinoimeri	MoH	Supervisor
Dr. Gazmend Bejtja	MoH	Chairman
Dr. Erol Como	MoH	Member
Dr. Nedime Ceka	MoH	Member
Dr. Albana Demirxhiu	MoH	Member
Dr. Enkeleda Elbasani	MoH	Member
Dr. Xhavit Grezda	HII	Member
Dr. Albana Adhami	HII	Member
Dr. Naun Sinanaj	HII	Member
Dr. Silva Bino	IPH	Member
Dr. Isuf Kalo	NCQSAHI	Member
Dr. Vladimir Gusmari	NCQSAHI	Member
Dr. Llukan Rrumbullaku	Faculty of Medicine, Tirana University	Member
Dr. Polikron Pulluqi	Faculty of Medicine, Tirana University	Member
Dr. Edlira Lashi	TRHA - Tiranë	Member
Dr. Agim Koçiraj	PSh	Member

APPENDIX 3: GROUPS OF EXPERTS

The following experts are authorized by PHD in the MoH (Letter No. 4517 Prot, date 14/11/2008) to work with the technical assistance group.

NAME SURNAME	INSTITUTION	GROUP PER CHAPTER
Dr. Petro Mersini	MoH	Member of chapter 1 group
Dr. Eralda Manjani	Avian influenza	Member of chapter 1 group
Dr. Arta Mëzezi	HC no. 5 Tiranë	Member of chapter 2 group
Dr. Diana Rusi	HC no. 2 Tiranë	Member of chapter 2 group
Dr. Ehadu Mersini	Nurses Faculty, UT	Member of chapter 2 group
Dr. Edlira Lashi	HC no. 1 Tiranë	Member of chapter 3 group
Dr. Osvalda Totojani	HC no. 9 Tiranë	Member of chapter 3 group
Dr. Erol Como	MoH	Member of chapter 3 group
Dr. Lindita Myzyri	HC no. 3 Tiranë	Member of chapter 4 group
Dr. Arjana Haxhiu	HC no. 9 Tiranë	Member of chapter 4 group
Dr. Nedime Ceka	MoH	Member of chapter 4 group
Dr. Eralda Turkeshi	ABC Clinic	Member of chapter 5 group
Dr. Lili Shyqyriu	HC no. 6 Tiranë	Member of chapter 5 group
Dr. Ledia Lazri	WHO Tiranë	Member of chapter 6 group
Dr. Klodiana Shehu	Cërrik HC	Member of chapter 6 group
Dr. Dorina Tocaj	PSh	Member of chapter 7 group
Dr. Jeta Lakrori	IPH	Member of chapter 7 group
Dr. Enkelejda Elbasani	MoH	Member of chapter 7 group
Pranvera Shehu	MoH	Member of chapter 7 group
Technical assistance group		
Dr. Agim Kociraj	PSh	
Zhenihen Zanaj	PSh	
Dr. Calvin Wilson	AAFP	
Dr. Ines Bardella	AAFP	

APPENDIX 4: LEGAL FRAMEWORK (LAWS AND BY-LAWS) OF PHC SERVICES

- Law "On the governmental sanitarian inspectorate", No. 7643, 02. 12. 1992;
- Law "On supplements and changes to the law No. 7643, For Public Health and the governmental sanitarian inspectorate", No. 9635, 6/11/2006;
- Law "On minors protection from alcohol use", No. 9518, 18/04/2006;
- Law "On health protection by tobacco products", No. 9636, 6/11/2006;
- Law "On the evaluation and administration of environment noise", No. 9774, 12/07/2007;
- Law "On prevention and fight against contagious diseases", No. 7761, 19/10/1993 ;
- Law "On a supplement to the Law No. 7761, date 19/10/1993; "On prevention and fight against contagious diseases", No. 8484, 10/05/1999;
- Law "On health insurances in the Republic of Albania, No. 7870, 13/10/1994.
- Law "On the dental health service", No. 8167, 21/11/1996;
- Law "On the mental health", No. 8092, 21/03/1996;
- Law "On drugs and pharmaceutical service", No. 9323, 25/11/2004;
- Law " On the food", No. 9863, 28/01/2008;
- Law " On the ratification of convent No. 155 of the International Work Organization on work safety, health and work environment", 1981", No. 9147, 30/10/2003;
- Law " On the ratification of the WHO frame convent on tobacco control", No. 9474, 2006;
- Law "On health protection tobacco products"; No 9636, 6.11.2006:
- **Law "On prevention of the spreading of HIV/AIDS infection in the Republic of Albania", 2008.**
- Law "On reproductive health care", No 8676, 4/04/2002;
- Law "On hospital care in the Republic of Albania", No 9106, 17/07/2003
- Law "On gender equity in the society", No.9198, 1.7.2004
- Law "On civilian emergencies", No. 8756, 26/03/2001;
- Law "On the encouragement and protection of breast feeding", No. 8528, 23/09/1999;
- Law "On the prevention of disorders caused by iodine deficiency", No. 9942, 26.6.2008;
- **Law for Social Insurance;**
- **Law for Health Insurance;**
- Law "On the order of nurses / midwives in the Republic of Albania", No. 9718, 19.04.2007
- CMD "On the financing of PHC services from the obligatory scheme of health care insurances", No. 857, 20/12/2006;
- CMD "On safety measures and protection of health in work", No. 692, 13/12/2001;
- CMD "On the national food and nutrition action plan", No. 489, 10/07/2003;
- CMD "On the financing of health care for preventive and curative measures for contagious diseases", No. 125, 1995;
- CMD "On the licensing process for private activities in health care", No. 238, 2003;
- CMD "On the Health booklet", No. 66, 2003;
- CMD "On the establishment and functions of the structure of the national planning system and civil emergencies assistance", No. 655, 18/12/2002;
- CMD "On the composition, operation and responsibilities of the technical advisory committee of specialists for Civil emergencies", No. 663, 18/12/2002;

- CMD "On the organization, operation, duties and responsibilities of the Civil emergencies service", No. 531, 01/08/2003;
- CMD "On the long-term national strategy for the development of Albanian health care system", No. 382, 19.06.2004;
- CMD "On the decentralization policies in PHC and public health protection", No 636, 2004;
- CMD "On the administration and coverage of services by health personnel Included in the health insurance scheme; No 84, 2003;
- CMD "On the administration and coverage of expenses of the reimbursed prescription", No.87, 2006;
- CMD "On further measures to increase the level of preventive health service", No.189, 1989
- MoH decree "On the establishment "Child Friendly Services"; No 1262/1 date 09/04/2002
- MoH decree "On the support of child friendly health care services ", No. 157, 09/04/2002
- MoH decree "For the Medical Control and Health Book Issuing";
- MoH decree "On the regulation for projecting, building, utilizing, maintaining and supervising drinking water installations;
- MoH decree "On the regulations of the state hygiene and sanitary inspectorate", No. 80, 19/03/1998;
- MoH decree "On the organization of health services in schools daycares units", 15/12/1983;
- MoH decree "On the healthcare services in schools",
- MoH decree "On the essential document of nursing care", No. 1716, 11/05/2004;
- MoH decree "On the organization and operation of the district DPH", 23/07/2007;
- MoH decree "On the RH services in the Republic of Albania",
- MoH decree "On the supportive supervision system in PHC",
- Long-term strategy for the development of the Albanian health system", 2004;
- National health promotion strategy (health people in a healthy country (2002-2010);
- National strategy on HIV / AIDS prevention and control in Albania (2004-2010);
- National strategy for the substances abuse risk reduction in Albania (2004-2010);
- MoH positioning document on policy and strategies for the health sector reform, 1999;
- National strategy for the children; CMD No. 368, 31/05/2005;
- National strategy for the youth, CMD No. 782, 16/11/2006;
- National strategy for poverty reduction;
- Mid-term strategy on gender equity and women empowerment (2007-2010);

APPENDIX 5: LIST OF HC EQUIPMENTS

I. MINIMAL PHYSICAL INFRASTRUCTURE STANDARDS

Buildings and environment should be in good condition and built with materials that ensure an adequate level of hygiene. Minimal physical infrastructure standards include:

- Warm and cold water;
- Electricity;
- Heating system;
- Telephone/cell phone;
- Computer;
- Printer;
- Women consultation room;
- Waiting room for patients;
- Diagnostic and consultation room;
- Sign that shows the HC location;
- Sign that shows the HC timetable.

II. STANDARD LIST OF MEDICAL EQUIPMENT

- Microsurgery set;
- Nebulizer;
- Ambu mask;
- Strong source of light in good condition (portable);
- Nasal speculum;
- Otoscope;
- Ophtalmoscope;
- Glucometer;
- Peak flow meter;
- Pen light;
- Neurological hammer;
- Weight scale for adults;
- Weight scale for children;
- Sphygmomanometer for children;
- Sphygmomanometer for adults;
- Stethoscope for children
- Stethoscope for adults;
- Obstetrical stethoscope;
- Fracture rods;
- Sterilization equipment and anti-septical protocol;
- Refrigerator;
- Meter for height measuring (adults, children);
- Thermometer;
- Tongue depressor;

- Tuning fork;
- Table for vision testing;
- Ear syringe;
- Scissors;
- Timer;
- EKG machine;
- Photometer;
- Centrifuge;
- Pelvimeter;
- Gynecological bed (in HC where this service is offered);
- Gynecological instruments;
- Vaginal speculum, small size;
- Vaginal speculum, medium size;
- Vaginal speculum, large size;
- Inhalator for salbutamol with the mask and the appropriate dosage instrument
- Delivery set²
 - Haemostatic pincette;
 - Obstetrical forceps;
 - Scissors;
 - Umbilical cordon clip;
 - Needles and needle bearer;
 - Anatomic pincette;
 - Sterile surgical gloves;
 - Sterile cat gut;
 - Surgical coat;
 - Sterile gauze;
 - Plastic syringes (5 ml, 20 ml);
 - Plastic aspiration tubes for newborns;
 - Lydocaine (vials);
 - Betadine solution (vials);
 - Oxytocin (vials);

FOOT NOTE: ???

APPENDIX 6: LIST OF HC DRUGS AND CONSUMABLES

DRUGS AND CONSUMABLES	QUANITTY	DRUGS AND CONSUMABLES	QUANTITY
Water for injections - 2 ml	Vials	Plastic perfusion system	Pieces 10
Atropine sulphat 0.1% - (1 mg / 1ml)	Vials 30	Spiritus aethylicus 70% (alcohol)	1000 ml
Dextrose solution 5% - 500 ml	Vials 10	Plastic syringes + 2 needles (3 ml)	Pieces 30
Dextrose 40% - 10 ml	Vials 10	Plastic syringes + 2 needles 5 ml	Pieces 30
Manitol solution 20% - 250 ml	Vials 5	Plastic syringes + 2 needles 10 ml	Pieces 30
Diazepam - 10 mg /2 ml	Vials 20	Iodine solution 2%	Gr. 500
Adrenaline 0.1% - 1 ml	Vials 20	Sterile cat gut 10*2.5 m	Packs 10
Furosemide – 20 mg/2 ml	Vials 20	Nebulizer or volume pump	Pieces 2
Lydocaine 1% - 2 ml	Vials 20	Surgical gloves	Pieces 50
Natrium chloride 0.9% - 10 ml	Vials 30	Gentian violet solution	100 ml
Natrium chloride 0.9% - 500 ml	Vials 5	Vitamin D3	Vials 30
Nitroglycerine - 0.5 mg	Tablets 50	Amoxicillin / erythromycin	Tablets 30
Vitamine K	Vials 30	Chlorfeniramin (oral antihistaminic)	Tablets 50
Dexamethasone - 5 mg	Vials 20	Chloramphenicol (local unguentum)	Tubes 5
Antitetanus serum - 1500 UI	Vials 20	Glycerin	Suppositoires 50
Antivipera serum - 10 ml	Vials 10	Acetaminofen	Tablets 20
Antivenin serum (Latrodectus mactans)	Vials 5	Ibuprofen	Tablets 30
Tresol (O.R.S) 27.9 gr	Packs 30	Atenolol/metoprolol	Tablets 50
Ammoniac sol	Vials 3	Adalat	Tablets 30
Haloperidol - 5 mg / ml	Vials 10	Sol.Gucose 500 ml	Vials 5
Methochopramid - 10 mg / 2 ml	Vials 20	Paracetamol, - 100 mg	Suppositories 10
Prochlorperasine - 12.5 mg / ml	Vials 20	Buscopan - 10mg/2ml	Vials 20
Paracetamol - 125 dhe 300 mg	Tablets 100	Lanatosid C - 4%/2ml	Vials 10
Morphine sulphat - 15 or 30 mg/mL	Vials 10	Cordarone - 200mg	Tablets 20
Tramadol – 100 mg/2ml	Vials 20	Sulphadiazine (local cream)	Pieces 5
Diclofenac - 50 mg	Vials 20	Folic acid - 5mg	Tablets 100
Salbutamol - 100 mkg/dose (with volume pump) or 1-2 MG/ ML (nebulizer)	Capsules 10	Silver nitrate (pen)	Pieces 1
Hydrocortisone - 100mg/2ml	Vials 20	Oxygen	Tanks 2
Papaverin	Vials 20	Bandages 5 x 5 cm	Pieces 20
Oxitocin 5 ui + ergometrin - 500 mg	Vials 10	Gauze 1 m	Pieces 20
Verapamil - 5mg/2ml	Vials 10	Hydrogen peroxide 3 % 500 ml	Vials 3
Dihydroergotamin - 1mg/ml	Vials 20	Hydrophilic cotton 100 gr	Pieces 30
Contraceptives – Oral (COC, POP) – Injectables – DIU – Condoms	According to the needs		

APPENDIX 7: MEDICAL DOCUMENTATION IN THE HC

- Register of emergencies;
- Forms of emergency management;
- Detailed and visible plan for management of medical emergency situations;
- Basic register of visits for adults;
- Basic register of visits for children;
- Basic register of births;
- Basic register of vaccination;
- Personal medical record for children;
- Register of congenital anomalies;
- Register of demographics;
- Patient encounter form;
- Register of chronic diseases;
- Register of home visits;
- Register of home visits during holidays and week-ends;
- Health booklet;
- Rembursement/non-rembursement prescription form;
- Form for temporary and postnatal disability;
- Death cards;
- Children's personal vaccination cards (0-14 years);
- Confirmation forms for children's vaccination;
- Unified protocols for prenatal and postnatal care;
- Unified protocols for FP;
- Personal medical record for pregnant women;
- Standard book-note for the pregnant woman;
- FP client card;
- Register of obstetrical visits;
- Register of gynecological visits;
- IEC materials for woman/child care (posters, leaflets);
- Register for home follow-up of elderly patients especially palliative/terminal care;
- Follow-up forms for home visits of elderly patients, especially palliative/terminal care;
- Forms for periodic screening examinations.