



Pharmacist Handbook

For Short Term Mission Projects

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March 2001

I. Introduction

In preparation for a medical mission trip there are a lot of things to be done long before going to the field. To understand what all needs to be done in advance, it is nice to have an idea of what actually will happen at the mission site once the team begins its ministry. This manual will provide a brief overview.



II. Global Planning of Medical Missionary Clinics

Preparations for the clinic have to be done on both sides of the globe. The first and most important step is that there be an invitation to your team from the host ministry in the country to which you plan to go. They need to handle the paperwork and arrangements necessary and required by the government of that country. A summary of these activities is provided in Appendix A.

III. Preview of General Flow of a Clinic

A. Registration (Position 1)

Registrars, often local volunteers, will log initial information on a patient medical record (usually a half page card). They record demographic information.



B. Triage (Position 2)

Patients are next seen at triage. Here appropriate vital signs are recorded on the medical record, for example, height, weight, pulse, blood pressure, respiration rate, temperature. Vision and audio testing may also be included in this area when available. The nurse at this station will do a brief assessment and refer the patient to the appropriate medical or dental consultant. On some projects where simple lab tests are available, the nurse may refer the patient to the lab for a blood or urine test. Interpreter(s) will be assigned to this station.



C. Medical Consultation (Position 3)

The physician or dentist takes a more detailed history with the aid of an interpreter, examines the patient, lists the diagnosis and writes the prescription on the medical record form. In some cases the vitamins and antiparasitics can be dispensed from the consultation area to help prevent a backlog in the pharmacy. When



appropriate, pray with and/or counsel the patient, or refer them to local counselors. Follow-up must also be arranged for patients who need ongoing medical care.

D. Pharmacy (Position 4)

Dispensing of prescribed medications is done from the medical record (card) that the patient brings from the physician/dentist. Pre-packing and labeling medications in advance can greatly facilitate patient flow and is a necessity in busy clinics. Generic labels should be pre-printed with a space for the patient name and the drug name, then the Sig should be bi-lingual and use universal symbols. See Appendix B. These labels should be available from the GHO office and can be downloaded from the CPFI website (www.cphi.org). Interpreters will be assigned to this area because it is essential for the patient to understand how to take or use the treatment. This is a busy station and is the last to close for the day. Medication must be secured for the night. This may require boxing and moving medicines to a lockable smaller room. Those persons not assigned to



prayer or counseling at the close of the clinic day should report to the Pharmacy area to aid in the "catch-up" and securing the area for the night.

E. Dressings Area (Position 4)

The major dressing and re-dressing of severe wounds and/or skin involvements will be done in this area. Minor dressing and treatment can be done in the exam areas. Interpreters will be assigned as needed.

F. Dental (Position 5)

This area is obviously reserved for dental problems. Patients who request to see the dentist are directed to that area by the registration clerk. In most clinic outreaches, patients will have to select whether they want to be seen by the physician or the dentist.



G. Counseling/Ministry (Position 6)

Patients may request counseling and prayer after any station or when waiting at a station. The pharmacy staff should check the medical record and where appropriate counsel and pray with the patient or encourage a patient to stop in the counseling area. Note pertinent data on the form. Sign your name please.

Check schedule and be available for ministry as agreed and assigned. Let those you are working with you know that you are going to minister and give an approximate time you will be gone. Return to your regular position as soon as possible.

H. Crowd Management



Local volunteers will be assigned to maintain order and monitor patient flow. They will escort patients to their next designated area.

IV. Key Daily Pharmacist Responsibilities

A. Prior to Arriving on the Site

1. If the clinic is a busy clinic, 5 physicians can see 200 or more patients per day. That can mean 600-800 prescriptions to be filled during the day. The only way this can be accomplished is if a vast majority of the prescriptions to be dispensed are prepackaged. Prior to arrival at the field a formulary was decided on by the team leader and those are the medicines that were brought along. If labels are pre-printed and dispensing containers (zip-lock bags) are brought along, the team can have a nightly pill-party where many of the medications can be pre-packed and labeled so that it only requires filling in the patient name and possibly some clarifying directions. Whenever possible, utilize local volunteers to help pre-package the medications.



2. Oversee the packing, loading and transportation of the medicines to the site. Depending on the location of your site, you may need to each day pack-up and bring all of your supplies. This is especially true if the clinic is being operated under a large tent. Sometimes services are provided at an ongoing clinic where there is a secure dispensing room. In either case, you should take on the responsibility of overseeing that the necessary medicines and supplies are brought with each day.



B. Preparation - On site

1. Decide on the clinic arrangement.
With the advice of the medical team leader decide on the pharmacy location for best workflow. The site must be secure and adequate space for 4 or more people to work. Remember, one of the work stations that can have a back log of people is the pharmacy station, therefore carefully consider traffic and work flow issues.
2. Set up your dispensing station.
Ideally this would be in a dispensing room in an ongoing clinic. However, it may be under an open tent with the rest of the stations. If the latter is the case, try to obtain a



- table to work from. If all else fails, creatively use your medication and supply boxes (often plastic foot lockers) to make a table that you can work from. Make the fast movers easily accessible and organize the remainder (alphabetically, and possibly by dosage form).
3. Orient your helpers.
If there are not sufficient pharmacists for a team (usually at least two for every 5 physicians) then you will likely need some helpers to assist with the dispensing. Take time to orient them.
 4. Get to know your translators.
A very important part of your work will be to make sure the patient understands how and why to take or use the medication. You will probably need to rely heavily on your translator for this process, so get to know them.



C. During Dispensing

1. The pharmacy is usually the last station. When the medical record comes to you, carefully note from the card which medications are required. Fill those prescriptions, carefully noting on the card exactly what you dispensed and recording your signature or initials. This card will be kept by the local health worker so they can follow-up if necessary.

2. Also note that a spiritual history was also recorded on the card. If the person needs any follow-up prayer or counseling, and they have not received it while waiting in line, then take the person to the appropriate ministry area where they can receive the follow-up. You should have your personal testimony prepared and memorized so that as the opportunities arises you will be ready to share what God has done in your life and challenge the individual to consider what God could do with their life. Many of the bi-lingual volunteers that are translating are there because they work closely with the local mission group so use them when appropriate to help meet the spiritual needs of the patient. If you do anything with the patient spiritually, be sure and record that on the card so that any appropriate follow-ups can be made.
3. Because you are likely the last station to see the patient, you keep the card and let the patient know that it will be given to the local health worker when we leave.
4. I find that many physicians are practicing far outside their normal practice area and the medications they have available to them are very different than what they are used to using. As a result, I spend a lot of time in consultation with the physician who wants to know what we have that can treat a specific ailment. As a result, there are a couple pocket references that I have found very valuable. *The Handbook of Medicine in Developing Countries* which is given out to GHO team members is excellent for the simple therapeutics that is required in most situations. Read and familiarize yourself with this book prior to going to the field. The other two shirt pocket books I use are *Tabor's Pocket Pharmacopeia* and *Sanford's Guide to Infectious Diseases*.

D. After The Clinic is Done

1. Often the pharmacy is the last station to finish. If the team conducts a chapel service for the patients at the end of the clinic time, and if you seem to be unable to get the pharmacy packed up in time to join the service, make arrangements to have someone else close down your operation on at least one occasion so you can participate.
2. An assistant should be assigned to keep a log of the diagnosis of all patients seen that day and what medicines were dispensed. If this is done prospectively and then completed at the end of the day, it can help plan the formulary for future teams.
3. During the evening debrief, compare notes on clinic operation and make plans for the next day so that it can be more efficient and successful.
4. It is helpful to record some basic statistics like number of patients seen during the day and number of prescriptions filled. That will help future teams to plan and prepare for their visit.
5. Recheck equipment and supplies, repair and replenish. Do a quick inventory of medications that are needed or not being used. Continue to prepack medications for the next day. Inform the physicians of those medications that are running low.
6. Prayer and intercession for the next day, and a time of sharing about what God was able to accomplish through the team.
7. Staff must get adequate sleep and proper food and water.

E. When the Trip is Complete.

1. Make sure the "registration cards" that were flagged for either spiritual or medical follow-up get channeled to the right people. Obtain commitments from local medical organizations and/or ministries for this follow-up.
2. Residual medical supplies and medications must be left in responsible, qualified hands for disbursement or storage for later use.



F. Useful Pharmacy Items to Bring Along.

1. Waterless Soap
2. Paper Towels
3. Drinking water to reconstitute antibiotics
4. Graduate (100 ml)
5. Counting Trays with Spatulas
6. Pre-Printed Labels
7. A sticky note pad.
8. Marking Pen
9. Sealing/Masking Tape
10. Bottle of Isopropyl Alcohol
11. Hand Soap (motel size)
12. Plastic Disposable Spoons & Dosing Cups
13. Paper Cups (for giving now doses)

V. Your Attitude

- Keep a smile.
- Do not argue in front of patients.
- Be a servant and do your work unto the Lord.
- Maintain a teachable spirit.
- RELAX--enjoy the trip.
- Allow God to do His thing, not your thing.
- It may be necessary to reassign stations daily for some. That does not mean you are a problem. Many factors are involved in our decisions. Please be willing.
- Suggestions ARE welcome, demands are not.
- All personnel completing assignments are to report to the clinic director or his designee for reassignment.
- God can handle anything with our patience, faith and prayers.

VI. Personal Items to Take and Keep With You

1. A fanny pack that contains the following essential items:
 - Wipes to clean counting tray and hands occasionally.
 - A water bottle so that you can keep adequately hydrated.
 - A small packet of tissues, because you never know what the restroom facilities are like.
 - A small Bible (New Testament & Psalms).
 - An evangelism tool, e.g. the Four Spiritual Laws
2. Personal medications that you regularly take. (A double supply, keeping half in two separate locations)
3. Malarial medications, if you are in a malaria area, and Pepto Bismal, and a fluoroquinolone in case travelers diarrhea develops.
4. Insect spray, sun screen, moisturizer lotion and toiletries.

Appendix A

In general, the host ministry:

1. Pursues permission to hold clinics from Ministry of Health.
2. Secures necessary permits for holding clinic, teaching, preaching.
3. Works with Ministry of Health to get drugs into country duty free.
4. Takes care of licensing necessary for medical personnel. You are working under that country's Department of Health. Permission from the Department is necessary.
5. Maintaining the separateness of mission from government is important, however, working with and cooperating with the local government is essential.
6. The host needs to arrange for interpreters for the doctor, the dentist, and the pharmacy.
7. Crowd control--nationals should be organized in advance by the host ministry.
8. Food and lodging.
9. Transportation--again host group should arrange for adequate transportation to site. Needs will vary according to clinic site.

On the United States Side:

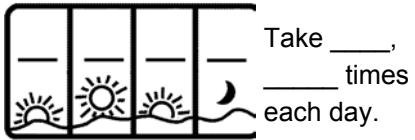
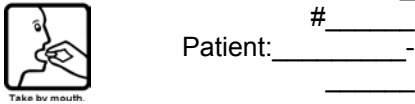
1. Selection of personnel
 - Pray about and for each person. The Lord hasn't called everyone to foreign missions.
 - Credentials -- both secular and spiritual purpose and attitude are important.
 - If possible, match types of worship or make sure the participants are tolerant of differences.
2. Selection of medication—GHO team leader is responsible but may delegate.
 - Clinic Formulary schedule.
 - Select two drugs at least from each drug classification.
 - Insure ample supply--project patient load--40 persons/day/doctor. More means less ministry. Jesus is the long-term answer. Average number of prescriptions is 2-3 per person in addition to vitamins and antiparasitics.
3. Customs forms--US side and country of entry. Try to get medicines in as excess baggage. Controlled (DEA) medicines cause problems. That's why they are not on formulary.

4. Personal papers necessary:
 - Visas, (possibly) from consulate
 - Passport
 - Professional License
 - Birth certificate, official copy
 - Immunization certificate
5. Air transportation--should be done by one agency for entire trip so everything is coordinated. GHO is responsible for this.
6. Make clinical assignments here so participants can prepare mentally. (These can change on-site, of course.)
7. Make sure each person has his/her personal health requirements met.
8. Some knowledge of local customs and culture needs to be given.
9. Prayer:
 - Personal
 - Group
 - And support from church and friends
10. Timetable for entire venture indicating when preparations should be started and finished for everyone involved. We are all busy and defined deadlines help.
11. A flowsheet should be prepared by the person in charge.

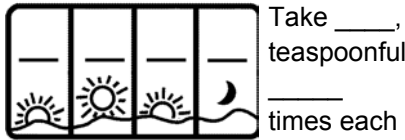
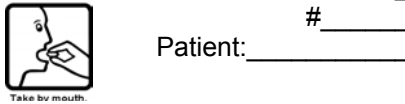
Appendix B

Examples of generic dispensing labels:

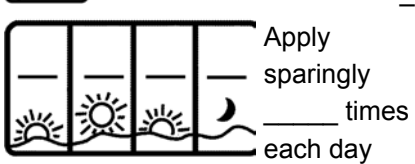
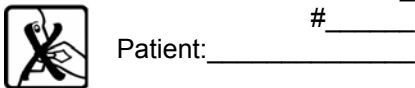
Medicine: _____



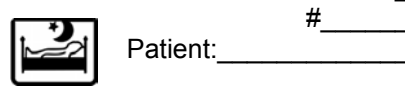
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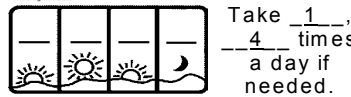
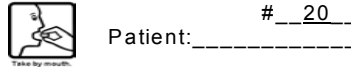
Medicine: _____



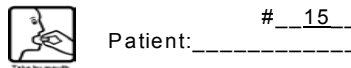
Medicine: _____



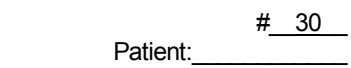
Medicine: Acetaminophen



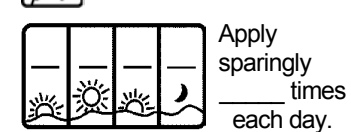
Medicine: Amoxicillin 250mg



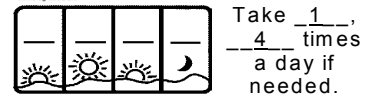
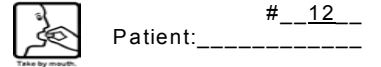
Medicine: Multivitamin



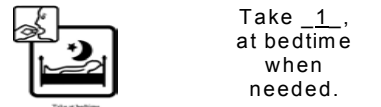
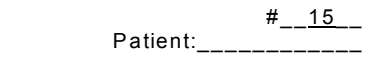
Medicine: _____



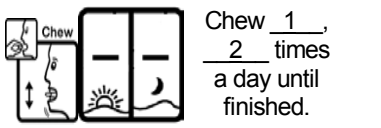
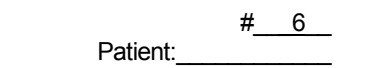
Medicine: Cough Lozenges



Medicine: Diphenhydramine 50mg



Medicine: Mebendazole 100mg



Medicine: Ampicillin 500 mg

