THE GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF HEALTH AND SPORTS

DEPARTMENT OF MEDICAL SERVICES

GUIDELINES FOR COMMUNITY FEVER CLINIC

Version – DoMS/COVID-19/Community Fever Clinic/Version 01–2020

Date – 22–4–2020
Guideline for Community Fever Clinic

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1. Objectives

General Objective

To have well-organized and efficient fever clinic which is safe for both patients and health professionals.

Specific Objectives
- To identify COVID-19 cases in early stage of disease.
- To reduce the burden of emergency department at public hospitals.
- To collaborate with general practitioners in prevention and control of COVID-19.
- To prevent COVID-19 infections in GP clinics.
- To reduce nosocomial infection among suspected patients.

2. Rationale for Community Fever Clinic

- Every fever patient should be suspected and investigated to avoid potential spread.
- Risk of infection to health professionals shall be reduced by proper organization of community fever clinic.

3. Scope and Field of Application

All team members shall be aware of infection control measures. The team will be supervised by the respective township medical officer and shall comprise consultant physician or specialist assistant physician, or general practitioner or medical officer, two nurses, two nurse assistants/workers/volunteers. All medical practitioners must be registered with Myanmar medical council and must have practicing license.

4. Role and Responsibility

Nurse aid/ Worker

Shall be responsible for:

- Cleaning the clinic including instruments, door handles, chairs, beds, floors daily before and after the clinic and instructing patients to wear face masks and to do hand washing, supporting transportation of patients and disposal of medical clinic waste.
• Management of patients for line up.
• Preventing crowd of patients.
• Support for practice of social distancing among patients.

Nurse

    Shall be responsible for:

• Registration and measuring temperature.
• Assisting consultant or specialist assistant physician and general practitioner or medical officer for examination and diagnosis of patients.
• Supervision of nurse aid/ worker.

Consultant Physician or Specialist assistant Physician or General Practitioner

    Shall be responsible for:

• Examination of patients and screening or diagnosis of suspect case for COVID-19.
• Provision of appropriate treatment for other patients.

5. Procedure

Any patients with history of fever shall be eligible to attend the community fever clinic.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Actions involved</th>
<th>Responsible person and rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Registration</td>
<td>Screening nurse</td>
</tr>
<tr>
<td></td>
<td>- Name, age, gender, address, phone number and contact information shall be recorded</td>
<td>Rationale for registration is to maintain records for further contact tracing.</td>
</tr>
<tr>
<td>2.</td>
<td>Primary screening</td>
<td>Screening nurse</td>
</tr>
<tr>
<td></td>
<td>- Any patient with history of fever shall be eligible for primary screening</td>
<td>The rationale for primary screening is to quickly rule out patients who require for hospital admission</td>
</tr>
<tr>
<td></td>
<td>- Measure temperature using infrared</td>
<td></td>
</tr>
</tbody>
</table>

Medical Care Division
<table>
<thead>
<tr>
<th>Steps</th>
<th>Actions involved</th>
<th>Responsible person and rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>non-touch thermometer, SpO2 using pulse oximeter and respiratory rate - Those with fever and SpO2 &lt;93% and or respiratory rate &gt;30/min or unable to talk shall be directly referred to Emergency Department of designated hospital after contact with focal person. - If undetermined, team decision shall be made.</td>
<td>admission.</td>
</tr>
</tbody>
</table>
| 3.    | **Appropriate treatment**  
- Those with definite etiology of fever and least possibility of COVID-19 shall be given necessary treatment while maintaining precaution measures and otherwise contact to focal person and then refer to designated hospital. | Consulting physician  
Rationale is those with disease other than COVID-19 shall be treated. |
| 4.    | **Reporting**  
- Daily number of patients shall be reported to responsible persons or the respective township medical officer (TMO). | Community fever clinic team |

**6. Surveillance Case Definition for COVID-19**

Suspect case definition for COVID-19 will be the same as in Clinical Management Guideline for COVID-19 Acute Respiratory Disease version of the Department of Medical Services (Update should be assessed on MoHS official website [https://www.mohs.gov.mm/Main/content/publication/2019-ncov](https://www.mohs.gov.mm/Main/content/publication/2019-ncov)).
Suspect case

1) A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath),

AND

a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR

2) A patient with any acute respiratory illness

AND

having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms

OR

3) A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness breath; requiring hospitalization)

AND

in the absence of an alternative diagnosis that fully explains the clinical presentation.

7. Patient Record Form

History taking and physical examination will be recorded for each patient in standard form (attached) as Clinical Management Guidelines for COVID-19 Acute Respiratory Disease version of the Department of Medical Services (Update should be assessed on MoHS official website https://www.mohs.gov.mm/Main/content/publication/2019-ncov).
8. Required Resources

Accommodation

- Patient reception area- spacious for about at least 10 patients to separate about 6 feet or more with adequate air flow in both direction
- Registering and screening area with desk and chair for screening nurse
- Examination area- desk, chair, patient bed with good lighting, good ventilation
- Changing area
- Containment area for suspect patients before referral
- Compound shelter if the patients have to wait before entering fever clinic area
- Rest rooms facilities for patients.

Protection

- Use of Personal Protective Equipment (PPE) will be according to instruction by Department of Medical Services dated on 12-3-2020 (attached)
- Proper hand washing or sanitizer before and after every patient encounter.

Others

- All patients must have surgical masks
- Separate hand washing facilities for patients and health care workers
- Contact phone number for fever clinic so that appointments can be scheduled to avoid crowding of patients
- Pulse oximeter
- Emergency medicine box
- Adequate PPE supply (PPE – cap, medical mask, face shield, gloves, disposable gown)
- Proper clinic waste management practice.
Patient Record Form for Suspected COVID-19 Acute Respiratory Disease

Patient’s Particulars

Name-----------------------------------Age---------------Sex – M □ F □, R/N--------------

Date & time of admission-----------------------------------------------

Room -------------------------, Occupation--------------------------

Address--------------------------------------------------------------------------------

Travel & contact history

Travel from-------------------------------, Name of Airline---------------,

Arrival date & time-------------------------------------

Contact to live stocks □, How many days ago--------,

Type of exposure – Occupational □, Visit □

Contact with sick person □, How many days ago--------,

Type of exposure – Health care worker □, Household contact □, Visit □

Is sick person a suspect case □ or probable case □ or confirmed case □

Patient’s Complaint

Fever □, Duration of fever 6 Day

Cough □, Sore throat □, Nasal discharge □, Myalgia □, Fatigue □

Respiratory difficulty □, Oedema □

Vomiting □, Abdominal pain □, Diarrhoea □, Urine output □

Others--------------------------------------------------------------------------------

Past Medical, Drug & Personal History

Hypertension □, Diabetes Mellitus □, COPD □, IHD □, Heart failure □,

Renal disease, □ Stroke □, Liver problem □
Others-------------------------------------------------------------------------------------------------------------------------------

Hospitalization---------------------------------------------------------------------------------------------------------------------------

Regular Taking Drugs------------------------------------------------------------------------------------------------------------------------

Smoking ☐, Drinking ☐

**Physical Examination**

Temperature-------- ‘F, BP-------------, PR-----------------, SpO₂-----------------, RR---------

Respiratory Distress ☐, Cyanosis- Peripheral ☐ / Central ☐,

General condition----------------, GCS-------------- , Rash-----------------, Cervical L/N--------------

Petichae ☐, Purpura ☐, Bleeding manifestations ☐

Heart----------------------

Lungs---------------------

Abdomen------------------

Bleeding manifestation-------------------, Urine output -------------------

**SOFA Score**----------------------
SOFA Score (Sequential (Sepsis related) Organ Failure Assessment Score)

<table>
<thead>
<tr>
<th>System or organ and measure</th>
<th>SOFA score</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Respiratory:</td>
<td></td>
<td></td>
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<tr>
<td>$P_aO_2/FiO_2$, mmHg</td>
<td>≥400</td>
<td>300-399</td>
<td>200-299</td>
<td>100-199 with respiratory support</td>
<td>&lt;100 with respiratory support</td>
</tr>
<tr>
<td>Coagulation:</td>
<td></td>
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<tr>
<td>Platelets, $\times 10^3/\mu L$</td>
<td>≥150</td>
<td>100-149</td>
<td>50-99</td>
<td>20-49</td>
<td>&lt;20</td>
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<tr>
<td>Liver:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilirubin, µmol/L (mg/dL)</td>
<td>&lt;20 (1.2)</td>
<td>20-32 (1.2-1.9)</td>
<td>33-101 (2.0-5.9)</td>
<td>102-204 (6.0-11.9)</td>
<td>&gt;204 (12.0)</td>
</tr>
<tr>
<td>Circulatory:</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Mean arterial pressure, mmHg</td>
<td>≥70</td>
<td>&lt;70</td>
<td>Low dose dopamine or any dose dobutamine</td>
<td>Low-medium dose noradrenaline or adrenaline; medium dose dopamine</td>
<td>High dose noradrenaline, adrenaline, or dopamine</td>
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<td>Central nervous system:</td>
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<tr>
<td>Glasgow Coma Scale score</td>
<td>15</td>
<td>13-14</td>
<td>10-12</td>
<td>6-9</td>
<td>&lt;6</td>
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<td>Renal:</td>
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<tr>
<td>Creatinine, µmol/L (mg/dL)</td>
<td>&lt;110 (1.2)</td>
<td>110-170 (1.2-1.9)</td>
<td>171-299 (2.0-3.4)</td>
<td>300-440 (3.5-4.9)</td>
<td>&gt;440 (5.0)</td>
</tr>
<tr>
<td>Urine output, mL/day</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>&lt;500</td>
</tr>
</tbody>
</table>

*Our recommendation applies to patients with an infection and a SOFA score of ≥2.
$P_aO_2$ = partial pressure of oxygen (arterial), $F_iO_2$ = fraction of inspired oxygen.

Sepsis is defined by an increase in the Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score of ≥2 points. Assume the baseline score is zero if data are not available.

**Diagnosis:**
- **Suspect case**
- **Confirmed case**

- **No Pneumonia**
- **Mild Pneumonia**
- **Severe Pneumonia**
- **ARDS**
- **Sepsis**
- **Septic shock**
- **Other**
## Patient’s Progress

<table>
<thead>
<tr>
<th>Date</th>
<th>Day of Hospitalization</th>
<th>Remark (daily outcome: alive/dead/ ICU refer/ discharge)</th>
</tr>
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<tbody>
<tr>
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</table>
### COVID-19 Acute Respiratory Disease Personal Protective Equipment

<table>
<thead>
<tr>
<th>Activity</th>
<th>Medical Mask</th>
<th>N95 mask</th>
<th>Gown</th>
<th>Gloves</th>
<th>Eyes protection (Goggles or face shield)</th>
<th>Boots/closed shoes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>(+)</td>
<td>(-)</td>
<td>(+)</td>
<td>(+)</td>
<td>(-)</td>
<td>(-)</td>
</tr>
<tr>
<td>Fever room/Temporary isolation room</td>
<td>(+)</td>
<td>(-)</td>
<td>(+)</td>
<td>(+)</td>
<td>(-)</td>
<td>(-)</td>
</tr>
<tr>
<td>Person under investigation/suspected</td>
<td>(+)</td>
<td>(-)</td>
<td>(+)</td>
<td>(+)</td>
<td>(+)</td>
<td>(-)</td>
</tr>
<tr>
<td>Sample collection</td>
<td>(-)</td>
<td>(+)</td>
<td>(+)</td>
<td>(+)</td>
<td>(+)</td>
<td>(-)</td>
</tr>
<tr>
<td>Aerosol-generating procedures (e.g. tracheal incubation, non-invasive ventilation, tracheostomy, cardio pulmonary resuscitation, manual ventilation, bronchoscopy)</td>
<td>(-)</td>
<td>(+)</td>
<td>(+)</td>
<td>(+)</td>
<td>Apron of heavy duty</td>
<td>(-)</td>
</tr>
</tbody>
</table>

Reference: Rational Use of Personal Protective Equipment for Coronavirus Disease 2019 (WHO)
Guidelines for Community Fever Clinic (Version 01/2020)

- Alcohol hand sanitizer/
- Screening/
- Medical Mask