وزارة التعليم العالي والبحث العلمي
الجامعة التقنية الجنوبية
المعهد التقني العمارة
قسم تقنيات التمريض

الحقيبة التدريسية لمادة

الرعاية الصحية الاولية
الصف الثاني

تدريسي المادة
د مقتدى اسامة كريم

الفصل الدراسي الاول

جدول مفردات مادة الرعاية الصحية الاولية

الاسبوع	المفردات
1	Introduction
2	Health Education
3	BLS
4	Home Visit
5	Maternal Care
6	Child Care1
7	Child Care2
8	Vaccination1
9	Vaccination2
10	Vaccine Cold Chain
11	Cold Chain Components
12	Common Emergency Cases

الهدف من دراسة مادة الرعاية الصحية الاولية :

تهدف دراسة مادة **الرعاية الصحية الاولية** للصف الثاني الى:

1) تعزيز الصحة والوقاية من الأمراض.
2) التركيز على التثقيف الصحي والتطعيمات والكشف المبكر
3) توفير رعاية صحية شاملة ومستمرة.

الفئة المستهدفة:

طلبة الصف الثاني / قسم تقنيات التمريض

التقنيات التربوية المستخدمة:

1. سبورة واقلام
2. السبورة التفاعلية
3. عارض البيانات Data Show
4. جهاز حاسوب محمول Laptop

الاسبوع الأول

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HEALTH:

Health is a state of complete well-being, encompassing physical, mental, and social wellness, and is not merely the absence of disease or disability. Health is considered a foundation for a good life and plays a crucial role in the well-being of individuals and communities.

Factors affecting health:

1-Genetic factors

2- Environmental factors

3- Lifestyle

4- Healthcare services

Ways to maintain health:

1- Follow a healthy diet.

2- Engage in regular physical activity.

3- Ensure adequate sleep.

4-Avoid harmful habits like smoking.

5-Get regular medical check-ups.

Community Health :

It is a field of public health that focuses on protecting and promoting the health of populations within a specific community. Community health depends on environmental, social, and economic factors that affect the health of individuals and groups within that community.

Elements of community health :

1- **Environmental Health**: Relates to the quality of air, water, and soil, as well as proper waste disposal and pollution control.

2-**Preventive Health**: Involves measures to prevent diseases before they occur, such as vaccinations, health awareness campaigns, and early medical screenings.

3-**Health Education**: Aims to educate individuals about good health practices and how to prevent and manage diseases.

4-**Health Services**: Includes the availability of essential healthcare and appropriate treatment for everyone, regardless of social or economic status.

5- **Health Planning**: Involves establishing healthcare infrastructure like hospitals and clinics and ensuring they are easily accessible.

Factors affecting community health:

1-Socioeconomic Status: Income, education, and occupation influence access to resources.**Cultural**
2-Practices: Traditions and beliefs can impact health behaviors and perceptions.

3-Environmental Conditions: Pollution, housing quality, and access to clean water affect health outcomes.

4-Healthcare Access: Availability and affordability of medical services are crucial.

5-Public Policies: Government regulations and health initiatives can promote or hinder community health.

Challenges facing community health:

1-Poverty: Reduces access to healthcare services.

2- **Environmental Pollution**: Negatively impacts the health of populations.

3- **Natural Disasters**: Can disrupt healthcare infrastructure and increase disease prevalence.

4-**Lack of Health Awareness**: Leads to the spread of unhealthy habits and diseases.

Primary Healthcare:

Definition of Primary Healthcare:

Primary healthcare is the essential health care that includes preventive, curative, and rehabilitative services. It is provided by healthcare teams such as doctors, nurses, and specialists. This approach emphasizes delivering appropriate care at the right time and place, aiming to improve overall health and prevent diseases.

Principles of Primary Healthcare:

1- **Comprehensiveness**: Providing holistic care that includes all aspects of health (physical, mental, and social).

2- **Availability**: Ensuring easy and affordable access to healthcare services.

3-**Coordination**: Delivering organized and integrated care across various levels of the healthcare system.

4-**Prevention and Awareness**: Promoting health awareness and disease prevention through health education.

5-**Community Participation**: Involving the community in healthcare decision-making to ensure services meet their needs.

Primary Health Care Elements:

1-Health Education on Common Health Issues.

2-Promoting Adequate Food and Nutrition.

3-Providing Clean Water and Improved Sanitation Services.

4-Maternal and Child Health Care, including Family Planning.

5-Vaccination Against Major Infectious Diseases.

6-Disease Prevention and Control of Endemic Diseases.

7-Providing Essential Medicines.

Goals of Primary Healthcare:

1- **Improving Public Health**: Focusing on disease prevention and enhancing overall health.

2-**Reducing Hospital Burden**: Providing community-based primary care to lessen the need for specialized treatment or hospital admissions.

3-**Equity in Access to Healthcare**: Ensuring that everyone receives essential healthcare regardless of gender, age, or economic background.

4-**Providing Sustainable Healthcare**: Lowering costs through prevention and early care initiatives.

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Objectives:

1- Health education Definition.
2- Amis of Health Education.
3- Methods used in HE .
4- Factors that determine the choice in HC.
5- Rules for using a method in HC.
6- Role of the nurse in HC.

Health education:

process of teaching individuals about various aspects of health, including physical, mental, and social well-being. It aims to provide people with the knowledge and skills needed to make informed decisions about their health and to adopt healthy behaviors that promote overall wellness.

Health education can take place in various settings, such as schools, communities, healthcare facilities, and workplaces. Its ultimate goal is to prevent illness, enhance the quality of life, and promote a healthy lifestyle.

Amis of Health Education:

1. Raising health awareness
2. Promoting healthy behaviors.
3. Disease prevention.
4. Enhancing quality of life
5. Developing skills for self-care.
6. Creating a healthier community.
7. Reducing healthcare costs.

The methods used in health education:

Mass media: Utilizing television, radio, newspapers, and the internet to reach a wide audience with health messages.

2. Workshops and seminars: Organizing educational sessions to provide in-depth knowledge on specific health topics.

3. Posters and brochures: Distributing printed materials that offer information on health and wellness.

4. Interactive activities: Engaging people through games, quizzes, and simulations to make learning about health fun and engaging.

5. Community outreach programs: Bringing health education directly to communities through events, health fairs, and public talks.

6. Social media platforms: Using Instagram, Facebook, Twitter, and other platforms to share health tips, advice, and raise awareness.

7. School-based education: Integrating health education into school curriculums to teach children about healthy behaviors from a young age.

Rules for using a method in health education:

1. Clarity of message: Ensure that the message is simple, clear, and easy to understand.
2. Relevance to the audience: The content must be tailored to the needs, interests, and cultural background of the audience.
3. Active participation: Encourage interaction and participation to enhance learning and retention.
4. Accurate information: The content must be factually correct and based on credible sources.
5. Feedback mechanisms: Provide space for the audience to ask questions or provide feedback.
6. Evaluation of effectiveness: Regularly assess whether the method is achieving its intended goals and make adjustments if necessary.
7. Adaptability: Be flexible and ready to modify the method based on audience response or external factors.
8. Ethical considerations: Ensure respect for privacy, consent, and cultural sensitivities when delivering health education.

Role of the nurse in health education:

1. Educator: Providing patients and communities with knowledge about health issues, disease prevention, and healthy lifestyle choices.
2. Advocate: Acting as a voice for patients to ensure they have access to accurate health information and resources.
3. Counselor: Offering guidance and support to individuals in making informed health decisions and managing chronic conditions.
4. Facilitator: Organizing health education workshops, seminars, and outreach programs to promote public health awareness.
5. Role model: Demonstrating healthy behaviors and serving as an example for patients and communities to follow.
6. Collaborator: Working with other healthcare professionals to develop and implement effective health education strategies.

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What is FIRST AID?

- **First aid** is the assistance given to any person suffering a sudden illness or injury with care provided to preserve life, prevent the condition from worsening, and/or promote recovery.
- It includes initial intervention in a serious condition prior to professional medical help being available, such as performing CPR while awaiting an ambulance

AIMS of First Aid

PRESERVE LIFE

The overriding aim of all medical care, including first aid, is to save lives and minimize the threat of death.

PREVENT HARM

It also sometimes called prevent the condition from worsening, or danger of further injury.

It covers both external factors, such as moving a patient away from any cause of harm, and applying first aid techniques to prevent worsening of the condition, such as applying pressure to stop a bleed becoming dangerous.

PROMOTE RECOVERY

It involves trying to start the recovery process from the illness or injury, and in some cases might involve completing a treatment, such as in the case of applying a plaster to a small wound.

When BLS is required?

In case of serious trauma like unresponsive patients or the patients with inadequate breathing and circulation will require BLS as the immediate first aid.

Resuscitation

The emergency treatment to overcome such situation

BLS includes

- **C**hest compressions

to make blood circulate round the body

- **A**irway management

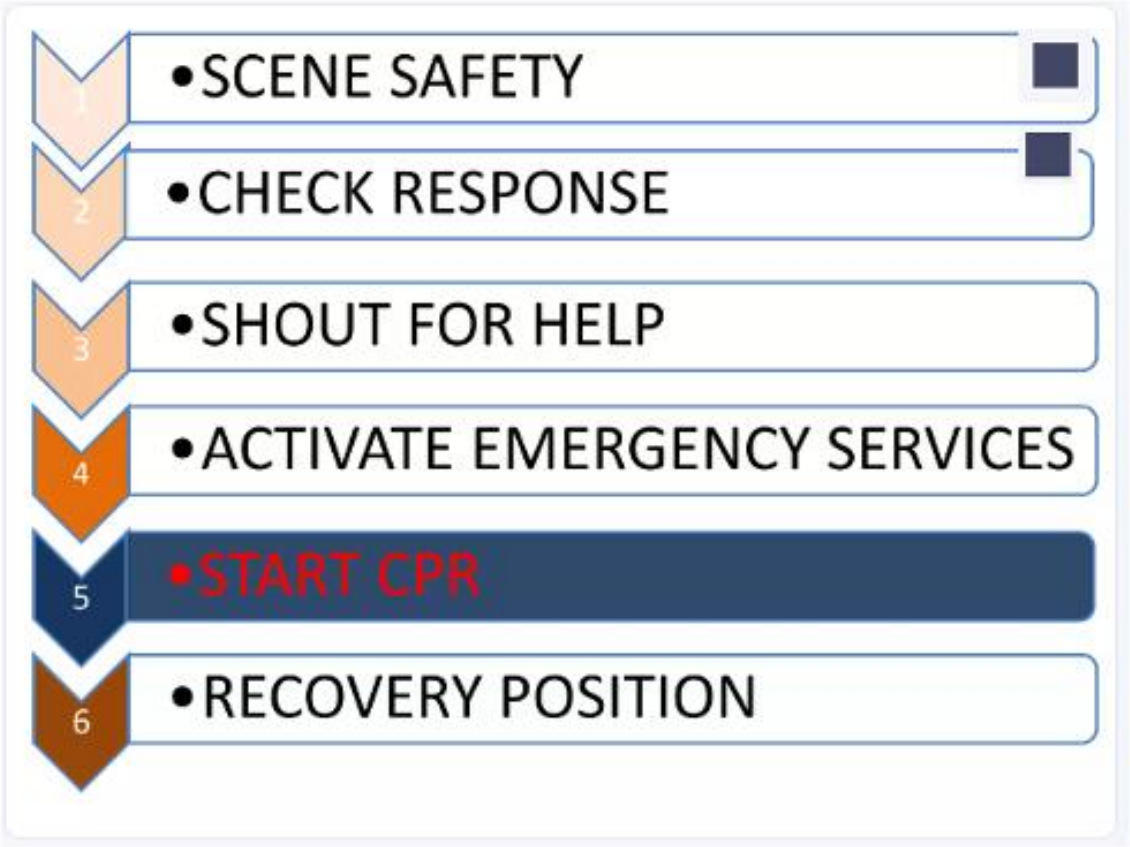
removal of obstruction in the airway

- **B**reathing assistance

artificial breathing into the victim's lungs.

- **R**ecovery Position

turning the victim onto his side.



1. SCENE SAFTEY

RESCUER should ensure his/her safety PRIOR to enter the scene for patient's resuscitation.

AVOID to perform CPR at road (traffic), in case of fire, railway tracks etc.

1st step is to take the patient to safe place.

2. CHECK RESPONSE

Gentle shoulder TAPING "Are you all right?"

If the victim responds leave & assess the victim's body & provide appropriate assistance.

If the victim doesn't respond then PINCH victim's EAR LOBE (pinna of the external ear)

If patient not respond.....START preparing yourself for resuscitation.

3. SHOUT FOR HELP

A single can't do the resuscitation all alone, so you should shout for HELP

Untrained person can ring & activate the emergency service provider to reach the scene as soon as possible.

Victim/patient is assessed as:

Check PULSE

Visible FBAO.

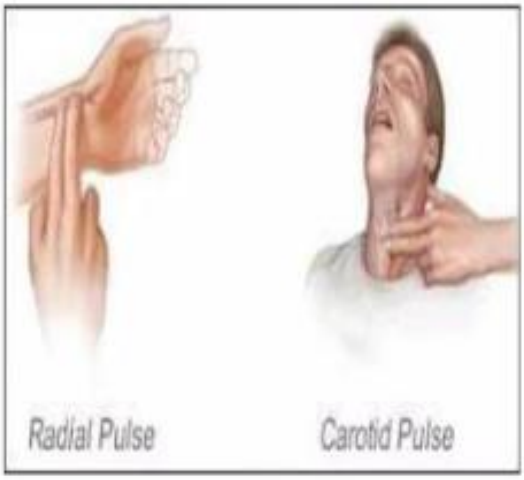
Head to toe examination.

Rising of victim/patient's chest?

Injured or affected body part assessment

CHECK PULSE: Adult vs Infants

- Feel for the adult's radial/carotid pulse for no more than 10 seconds.



Feel for the infant's brachial pulse for no more than 10 seconds.

4. ACTIVATE EMERGENCY SERVICES

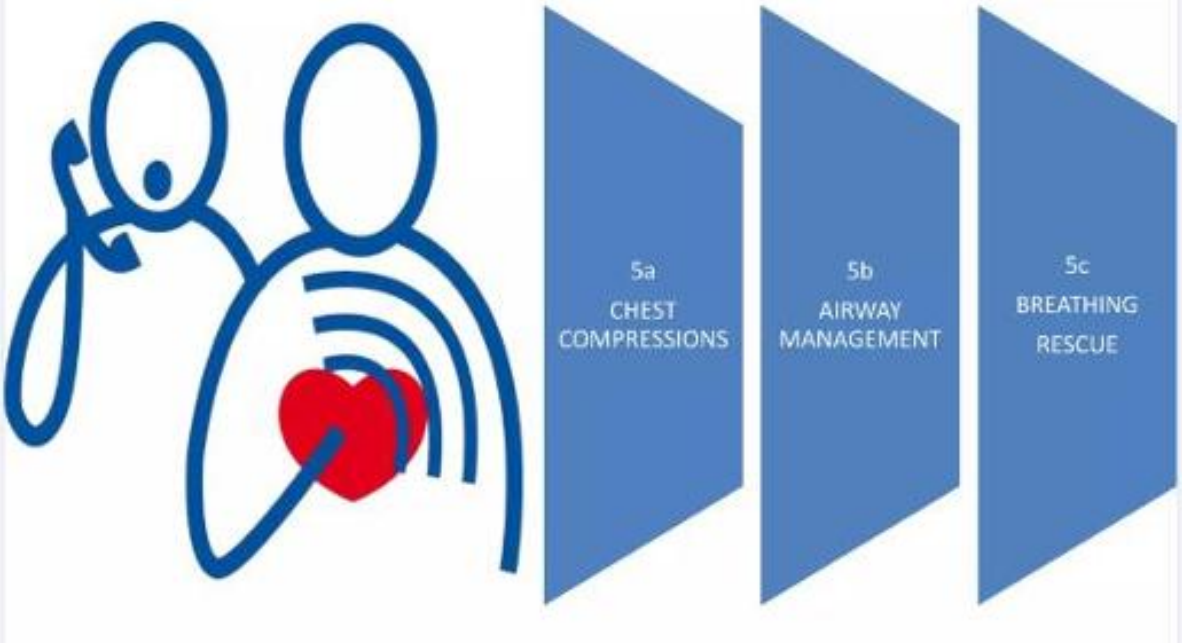
- OUTSIDE the medical setup…….one should call the ambulance service provider for medical assistance

95929-95929

- INSIDE the medical setup……..we have a CODE BLUE to get activated for help.

The victimized area staff should call at **530** & activate the CODE BLUE to reach the scene ASAP.

5. START CPR



CHEST COMPRESSIONS

Purpose: To improvise the functions of LUNGS & HEART which are altered due to injury/illness.

Position: Place the heel of dominate hand 2cms above XIPHOID PROCESS & interlock the fingers.

Pressure: Compress the chest by keeping your elbow firm & exert pressure form the shoulders to wrist & hand.

Depth: Chest should be compressed up to 1½ to 2 inches so that pressure should exert over the internal organs.

Rate: 100 compressions to be done in 1 minute.

Recoil: Allow the chest to recoil.

ADULT v/s INFANTS

- **ADULT:**
- 30 compressions with both hands and fingers interlocked.

ADULT v/s INFANTS

CHILD:

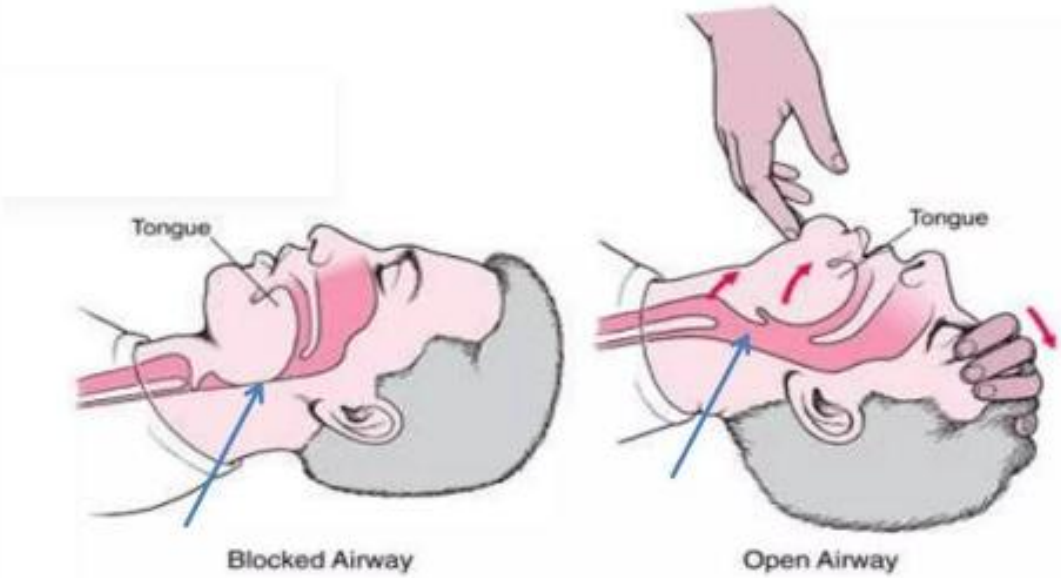
Single rescuer:
30 compressions with 2 fingers of single hand

Two rescuers:
15 compressions with both thumbs

5b AIRWAY MANAGEMENT

- Airway management are a set of medical procedures performed in order to prevent foreign body airway obstruction (FBAO) and thus ensuring an open pathway between a patient's lungs and the outside world. This is accomplished by clearing or preventing obstructions of airways, often referred to as CHOKING caused by the tongue, the airways themselves, foreign bodies or materials from the body itself, such as blood or stomach contents, the latter resulting in aspiration.

Contd…



How to maintain AIRWAY ?

- BASIC AIRWAY MANAGEMENT (NON-INVASIVE)
  Simple maneuvers
  HEAD TILT & CHIN LIFT
  JAW THRUST
  ABDOMINAL THRUST

- ADVANCED AIRWAY MANAGEMENT (INVASIVE)
  Guedel's airway insertion
  Intubation,
  Suctioning

5bi Head tilt/ Chin lift

- The head-tilt/chin-lift is a procedure used to prevent the obstruction in the upper airway.
- The maneuver is performed by tilting the head backwards in unconscious patients, often by applying pressure to the forehead and the chin.
- The maneuver is taught for first aid courses as the standard way of clearing an airway.
- If cervical spine injury is a concern this manuever is CONTRA-INDICATED.

5bii Jaw Thrust

- The **jaw-thrust maneuver** is a procedure used to prevent the obstruction in the upper airway.
- The jaw thrust maneuver is a technique used on patients with a suspectedspinal injury and is used on a supine patient.
- The maneuver is performed by placing the index and middle fingers to physically push the posterior aspects of the mandible upwards while their thumbs push down on the chin to open the mouth.
- When the mandible is displaced forward, it pulls the tongue forward and prevents it from obstructing the entrance to the trachea.

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Definition of Home Visit:

Home visit is a healthcare service provided to the patient at their home, instead of requiring them to go to the hospital or clinic. This service is delivered by specialized medical teams, including nurses, doctors, and other healthcare providers, with the aim of meeting the patient's health needs in their home environment.

Objectives of the Home Visit:

1. Continuous Care: Monitoring the patient's health condition and providing treatment at home.
2. Health Education: Guiding family members on how to care for the patient.
3. Rehabilitation: Assisting the patient in recovering from surgery or illness through guidance on physical therapy or nutrition.
4. Prevention: Preventing health complications through continuous guidance and care.

Beneficiaries of the Home Visit:

1. Elderly: Older adults who suffer from chronic diseases or mobility difficulties.
2. Post-Surgical Patients: Those who need post-operative follow-up care.
3. People with Disabilities: Individuals with physical or mental disabilities.
4. Chronic Disease Patients: Such as those with diabetes, hypertension, or cancer.

Services Provided During the Home Visit:

- Assessment of the patient's health condition.
- Administering medications or injections.
- Changing dressings and monitoring wounds.
- Providing health instructions and education to the family.
- Performing routine checks (such as blood pressure, blood sugar levels).

Home visits are an essential part of integrated nursing care, aiming to improve the quality of life for the patient in their own home.

Regular Home Visit Plan

1. Basic Information:

- Patient Name:
- Age and Gender:
- Medical Diagnosis:
- Responsible Medical Team: (Nurse, Doctor, Physical Therapist)

2. Objectives of the Home Visit:

- Provide comprehensive healthcare at home.
- Regularly monitor and assess the patient's health condition.
- Administer appropriate treatments (medications, dressing, etc.).
- Provide psychological support and health education to the patient and family.
- Prevent health complications.

3. Number and Frequency of Visits:

- Duration of each visit: (e.g., 30-60 minutes)
- Frequency of visits:
- Daily visits: For emergencies or critical cases.
- Weekly visits: For routine follow-up.
- As-needed visits: For stable patients requiring less frequent monitoring.

4. Required Medical Tests and Procedures:

- Routine Tests:
- Blood pressure measurement.
- Blood sugar level check.
- Heart rate and oxygen level check.
- Treatments:
- Administer medications according to the medical plan.
- Dressing wounds and changing bandages.
- Physical therapy (if applicable).
- Administering injections (if necessary).

6. Periodic Evaluation:

- Weekly evaluation: Review the patient's progress and determine if adjustments to the treatment or additional visits are needed.
- Monthly report: Provide a monthly report to the treating physician on the patient's progress, any potential challenges, and further recommendations.

7. Communication with the Family:

- Train family members on daily tasks (e.g., changing bandages, administering medications).
- Provide psychological support and guidance to the family on how to care for the patient and meet their needs.
- Provide instructions on preventing infections or complications at home.

8. Documentation and Review:

- Document each visit (activities performed, patient condition, observations).
- Review goals and ensure they are met after each visit, and ensure the quality of care is improving.

Ways of communication with families:

1. Direct Verbal Communication:

- Speak Clearly: Use clear and simple language that matches the family's level of understanding, and avoid using complex medical terms without explanation.
- Ask Open-Ended Questions: Use open-ended questions to ensure the family understands the situation and instructions, such as "How do you feel about the treatment plan?" or "Do you have any questions about the patient's care?"
- Active Listening: Give family members the chance to express their concerns and questions, and listen carefully before responding.

2. Non-Verbal Communication:

- Body Language: Be mindful of appropriate body language, like patting the shoulder to show support or maintaining eye contact to emphasize attentiveness.
- Gestures and Facial Expressions: Use facial expressions that show empathy, such as smiling to ease tension or focusing to convey seriousness.

3. Written Communication:

- Prepare Pamphlets or Instructional Sheets: Provide written materials that include important information such as medication instructions or how to handle emergencies.
- Write Down Key Notes: If there are complex instructions, it's best to write them down for the family to ensure no details are forgotten.

4. Electronic Communication:

- Phone Calls: If face-to-face communication isn't possible, calling the family can help with follow-up on the patient's condition or provide instructions.
- Emails or Text Messages: Sending medical information or updates on the patient's condition via email or text messages can be an efficient and easy way to communicate.

When speaking to the patient's family during a home visit,

1. Clarity and Simplicity:

- Use simple and understandable language when explaining the patient's condition or medical procedures. Avoid complex medical jargon that might not be understood by the family.
- Provide information in a smooth and logical way, ensuring the family fully understands the instructions.

2. Empathy and Patience:

- Be empathetic and understanding of the family's emotions. They may be feeling anxious or stressed due to the patient's condition.
- Listen carefully to their concerns and questions, showing genuine interest in what they are saying. Patience is crucial in these moments.

3. Open Communication:

- Encourage the family to ask questions and raise concerns about the patient's condition or the procedures being followed. They should feel like part of the care team and that their input is valued.
- Provide detailed explanations about the importance of their role in the patient's care at home, and how they can effectively support the patient.

4. Clear Instructions:

- Give clear and specific instructions to the family on how to care for the patient (e.g., administering medications, changing bandages, monitoring vital signs).
- Ensure they understand the importance of following these instructions and what to do in case of an emergency or if they notice any changes in the patient's condition.

5. Health Education:

- Focus on educating the family about the patient's condition and how to prevent complications. For instance, if the patient requires special care due to a chronic condition, explain the appropriate methods for managing it.

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Maternal Care Overview

Maternal care, or maternal healthcare, refers to the health services provided to women during pregnancy, childbirth, and the postpartum period. These services aim to ensure the health and well-being of both the mother and child during these critical stages.

Importance of Maternal and Child Health

- Reducing mortality: Proper healthcare reduces maternal and child mortality rates.
- Healthy growth: A mother's health directly impacts the physical and mental development of the child.
- Prevention of complications: Early detection and prevention of potential complications for both mother and child.
- Long-term societal benefits: Healthier mothers lead to healthier children, contributing to the overall well-being of the community.

Goals of Maternal and Child Care

- Reducing maternal mortality: Preventing deaths related to pregnancy and childbirth.
- Reducing infant and child mortality: Ensuring proper prenatal and postnatal care to improve infant survival rates.
- Improving reproductive health: Enhancing the health of mothers before, during, and after pregnancy.
- Promotion of healthy lifestyles: Encouraging proper nutrition, vaccination, and health education.

Stages of Maternal Care

- Preconception care: Involves ensuring that women are healthy and ready for pregnancy.
- Antenatal care: Healthcare provided during pregnancy to monitor the health of both mother and fetus.
- Intrapartum care: Care during labor and delivery to ensure a safe birth.
- Postpartum care: Care after childbirth to help the mother recover and support breastfeeding.

Pre-marriage Care

Pre-marriage care aims to ensure the health and reproductive well-being of both partners before they conceive. It involves:

- Health education: Information on reproductive health, family planning, and sexually transmitted infections (STIs).
- Medical assessments: Screening for genetic diseases, infectious diseases, and health conditions that could affect pregnancy.

Care During Pregnancy

During pregnancy, regular healthcare visits and monitoring are essential for the well-being of both mother and baby:

- Visits and Checkups: Pregnant women should have regular antenatal visits to monitor their health and the baby's development.
- Physical Examinations: Regular blood pressure checks, weight tracking, and fetal heart monitoring.

Care During Pregnancy

- Laboratory Tests: Blood tests, urine tests, and screenings for gestational diabetes, infections, and anemia.
- Nutrition and Weight: Pregnant women should follow a balanced diet rich in vitamins and minerals like folic acid, calcium, and iron. Weight gain should be within a healthy range.
- Vaccination: Vaccines like the tetanus toxoid vaccine and influenza vaccine help protect both the mother and baby.
- Health Education: Guidance on proper nutrition, birth plans, and breastfeeding.

Maternal Care During Delivery

Labor and delivery are crucial moments where maternal and newborn health is closely monitored:

- Skilled Assistance: Having a skilled healthcare professional present reduces the risks of complications.
- Safe Delivery: Ensuring that the delivery process is safe for both mother and child, through appropriate interventions if necessary.
- Emergency Care: Providing immediate care in case of emergencies like excessive bleeding or prolonged labor.

Postpartum Care

Postpartum care refers to the support and medical attention a mother receives after giving birth:

- Physical Recovery: Helping the mother recover from childbirth, managing pain, and monitoring for any complications like infections or postpartum hemorrhage.
- Breastfeeding Support: Encouraging and guiding mothers on how to breastfeed their newborns, as breastfeeding promotes both mother and child's health.

Postpartum Care

- Emotional Support: Addressing postpartum depression or anxiety, providing mental health support when needed.
- Follow-up Visits: Regular visits to monitor the health of both mother and baby, ensuring that the mother is healing properly and that the baby is growing healthily.

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Child Care:

Child care refers to the comprehensive support provided to children, particularly those from birth to age eight, to ensure their physical, emotional, cognitive, and social development. It encompasses a wide range of services and practices aimed at fostering a nurturing environment.

Services offered by a pediatric health center:

1-Routine Check-ups: Regular health examinations to monitor growth and development.

2-Vaccinations: Administration of immunizations to protect against various diseases.

3-Sick Visits: Evaluating and treating illnesses and injuries.

4-Nutritional Counseling: Guidance on healthy eating habits a

5-Developmental Screenings: Assessing developmental milestones and identifying any concerns.nd nutrition for children.

Services offered by a pediatric health center:

6-Mental Health Services: Support for emotional and psychological well-being.

7-Specialist Referrals: Referring patients to pediatric specialists when necessary.

8-Health Education: Providing information to parents about child health and safety.

9-Management of Chronic Conditions: Care for ongoing health issues like asthma or diabetes.

10-Emergency Care: Immediate treatment for urgent medical situations.

Frequency OF VISITS:

- **1. Routine Check-ups**
- **Frequency**:
  - Infants: Every 1-2 months until 6 months, then every 2-3 months until 18 months.
  - Toddlers: Every 6 months to 1 year until age 3.
  - Children ages 3-18: Annually.

Importance: Monitor growth, development, and overall health; administer vaccinations.

Frequency OF VISITS:

- **2. Sick Visits**
- **Frequency**: As needed.
- **Importance**: Diagnose and treat illnesses or injuries; prevent complications.

- **3. Vaccination Appointments**
- **Frequency**: According to the vaccination schedule, typically during well-child visits.
- **Importance**: Protects against preventable diseases and maintains public health.

Frequency OF VISITS:

- **4. Follow-up Visits**
- **Frequency**: As recommended after initial visits for specific health issues.
- **Importance**: Monitor recovery or progress of a treatment plan.
- **5. Developmental Assessments**
- **Frequency**: Often part of well-child visits, or more frequently if concerns arise.
- **Importance**: Identifies developmental delays early for timely intervention.

Frequency OF VISITS:

- **6. Behavioral Assessments**
- **Frequency**: As needed based on concerns from parents or teachers.
- **Importance**: Address behavioral or emotional issues early to support healthy development.
- **7. Allergy Testing**
- **Frequency**: As needed, based on symptoms or suspected allergies.
- **Importance**: Identify allergens to manage and prevent allergic reactions.

Frequency OF VISITS:

- **8. Chronic Condition Management**
- **Frequency**: Regular visits, often every 3-6 months, depending on the condition.
- **Importance**: Ensure ongoing management and adjustment of treatment plans.
- **9. Nutritional Consultations**
- **Frequency**: As needed, especially if there are concerns about growth or dietary habits.
- **Importance**: Establish healthy eating patterns and prevent obesity or nutritional deficiencies.

Frequency OF VISITS:

- **10. Telehealth Visits**
- **Frequency**: As needed for non-urgent concerns.
- **Importance**: Provides convenient access to care, especially for follow-ups or minor issues.

Services provided in nurseries:

- **1. Early Education**

- **Skill Development**: Nurseries offer educational programs that help children develop foundational skills such as reading, writing, and basic math.
- **Learning Through Play**: Education in nurseries often relies on interactive activities that make learning enjoyable.

Services provided in nurseries:

- **2. Social Interaction**

- **Building Relationships**: Children learn to interact with their peers, enhancing their social skills and communication.
- **Cooperation Skills**: They develop teamwork abilities and learn how to resolve conflicts with others.

Services provided in nurseries:

- **3. Care and Attention**

- **Safe Environment**: Nurseries provide a secure and supervised environment for children, giving parents peace of mind while they work or attend to other responsibilities.
- **Individual Care**: Educators offer personalized attention to help each child adapt and grow according to their needs.

Services provided in nurseries:

- **4. Fostering Independence**

- **Boosting Self-Confidence**: Children gain confidence by participating in activities on their own.
- **Encouraging Decision-Making**: They learn decision-making skills through choices made in daily activities.

Services provided in nurseries:

- **5. Preparation for School**
- **Academic Readiness**: Nurseries help children adapt to a school environment and learn routines.
- **Life Skills Development**: They teach organizational skills, time management, and discipline.

- **6. Instilling Values and Ethics**
- **Teaching Values**: Nurseries help instill values such as cooperation, respect, and sharing in children.

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Vaccination:

Vaccination is the process of administering a vaccine to stimulate an individual's immune system to recognize and fight specific pathogens, such as viruses or bacteria.

Vaccination:

Vaccines typically contain weakened, inactivated, or parts of a pathogen (like proteins or genetic material) that trigger an immune response without causing the disease. This helps the body build immunity, so it can recognize and fight the pathogen if exposed in the future, preventing illness or reducing its severity.

What is VACCINE :

- **vaccine** is a biological preparation designed to protect the body against specific infectious diseases. It typically contains a small, harmless component of a pathogen, such as:
- **Inactivated or weakened forms** of the virus or bacteria.
- **Proteins or antigens** from the pathogen (like the spike protein of a virus).
- **Genetic material** (like mRNA) that instructs cells to produce a protein associated with the pathogen, which then triggers an immune response.

How is given :

When a vaccine is administered (usually through an injection), it stimulates the immune system to recognize the pathogen and produce an immune response, including the production of antibodies. This allows the body to "remember" the pathogen and respond more quickly and effectively if exposed in the future, preventing illness or reducing its severity.

Schedule of vaccination for children in IRAQ:

In Iraq, the routine childhood vaccination schedule is designed to protect children from a range of serious and potentially deadly diseases. The schedule is based on international health guidelines, such as those from the World Health Organization (WHO) and the Iraqi Ministry of Health.

Schedule of vaccination for children in IRAQ:

◉ Birth (0-1 month)

1-BCG (Bacillus Calmette-Guérin)
2- Hepatitis B (1st dose)

◉ 2 months of age

1-**DTP (Diphtheria, Tetanus, and Pertussis)** – 1st dose
2- Polio (OPV or IPV) – 1st dose
3- Hepatitis B (2nd dose)
4- **Hib (Haemophilus influenzae type b)** – 1st dose
5-**Rotavirus** – 1st dose
6-**Rotavirus** – 1st dose

Schedule of vaccination for children in IRAQ:

- **4 months of age**

1-DTP (Diphtheria, Tetanus, and Pertussis) – 2nd dose
2-Polio (OPV or IPV) – 2nd dose
3-Hib (Haemophilus influenzae type b) – 2nd dose
4-Rotavirus – 2nd dose
5-Pneumococcal vaccine (PCV) – 2nd dose

Schedule of vaccination for children in IRAQ:

- **6 months of age**

1-DTP (Diphtheria, Tetanus, and Pertussis) – 3rd dose
2-Polio (OPV or IPV) – 3rd dose
3-Hib (Haemophilus influenzae type b) – 3rd dose
4-Hepatitis B (3rd dose) – 3rd dose
5-Pneumococcal vaccine (PCV) – 3rd dose
6-Influenza (Seasonal flu)

- **12 months of age**

1-Measles, Mumps, Rubella (MMR) – 1st dose
2-Hepatitis A – 1st dose

Schedule of vaccination for children in IRAQ:

18 months of age

1-DTP (Diphtheria, Tetanus, and Pertussis) – 4th dose (booster)

2-Polio (OPV or IPV) – 4th dose (booster)

3-Measles, Mumps, Rubella (MMR) – 2nd dose

4-Hepatitis A – 2nd dose

4–6 years of age

1-TP (Diphtheria, Tetanus, and Pertussis) – 5th dose (booster)

2-Polio (OPV or IPV) – 5th dose (booster)

3-Measles, Mumps, Rubella (MMR) – 2nd booster (if not given earlier)

Schedule of vaccination for children in IRAQ:

School-age children (6–12 years)

Tetanus and Diphtheria (Td) – Booster doses every 10 years, typically at age 12 or in adolescence.

Additional vaccines

COVID-19 Vaccination – Depending on the guidelines from the Ministry of Health and international recommendations, children may receive COVID-19 vaccines starting from age 5 or older.

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- **4 months of age**

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4-Rotavirus – 2nd dose
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BCG Vaccine (Tuberculosis Vaccine)

is used to prevent tuberculosis (TB) and is typically given to infants in countries with high rates of tuberculosis.

Dosage:

Standard dose is a single injection given at birth or within the first few months of life.In some cases, the vaccine may be given at an older age if there is a high risk of tuberculosis infection, such as in areas with a high prevalence of TB.

Administration Method:

The BCG vaccine is administered by a **subcutaneous injection** (under the skin), usually in the upper arm.

Contraindications:

Severe allergic reactions to any components of the vaccine.

Immunocompromised individuals, such as those undergoing chemotherapy or those with autoimmune diseases or HIV (human immunodeficiency virus).

Pregnant women: The vaccine is generally not given to pregnant women unless there is a specific medical indication evaluated by a healthcare provider.

Children with serious health conditions may have the vaccine postponed until their condition improves.

Side Effects:

Swelling and redness at the injection site: A small bump or scab may form at the injection site, which usually resolves on its own.

Mild fever: A low-grade fever may develop after receiving the vaccine.

Enlarged lymph nodes: In some cases, the vaccine may cause swelling of the lymph nodes near the injection site.

Rare side effects: These can include allergic reactions (such as itching or rash), though they are uncommon.

DPT Vaccine

The **DPT vaccine** (or **DTaP**) is a combined vaccine used to protect against three serious diseases: **diphtheria**, **pertussis** **(whooping cough)**, and **tetanus**. It is usually administered in childhood as part of the routine vaccination schedule.

Dosage and Administration of DPT

The DPT vaccine is given via an **intramuscular injection** (usually into the deltoid muscle of the arm or the thigh for infants and young children). The number of doses and timing depend on the child's age and health status.

DPT

- **Primary Doses:**
- **First dose**: At 2 months of age.
- **Second dose**: At 4 months of age.
- **Third dose**: At 6 months of age.
- **Fourth dose (booster)**: At 18 months of age.
- **Booster Dose**:A booster dose is usually given at ages 4-6 years (typically before school entry).

Administration Method

The vaccine is typically injected into the **muscle**—in the front of the thigh for infants (2 months to 2 years) or in the deltoid muscle of the arm (for older children).

Contraindications:

- **Severe Allergic Reaction:**
- If the child has a severe allergic reaction (anaphylaxis) to any component of the vaccine, such as:
  - Formaldehyde.
  - Antibiotics like neomycin or polymyxin B.
  - Other preservatives in the vaccine.

DPT

- **History of Seizures**:
- If the child has previously experienced seizures (febrile or unexplained) following a previous dose of the DPT vaccine, it may be advised to use an alternative vaccine, such as **DTaP** instead of **DTP**.
- **Acute Illness**:
- If the child has a moderate to severe acute illness or fever, it is generally recommended to delay the vaccine until the child recovers.

DPT

- **Neurological or Immune System Issues**:

In certain conditions, such as **encephalopathy** or **unexplained neurological events**, further medical consultation is needed before vaccination.

Side Effects:

Pain or swelling at the injection site: This is usually mild and resolves within a couple of days.

Low-grade fever: A mild fever may occur 24-48 hours after vaccination.

Irritability or crying: Some children may experience increased fussiness or crying after the vaccine.

Fatigue or reduced activity: The child may feel tired or less active after the shot.

Oral Polio Vaccine (OPV)

The **Oral Polio Vaccine (OPV)** is a vaccine administered orally to protect children against **polio** (poliomyelitis), a viral disease that can lead to permanent paralysis or even death in severe cases.

- The OPV is given in **4 doses** as follows:
- **First dose**: At **2 months** of age.
- **Second dose**: At **4 months** of age.
- **Third dose**: At **6 months** of age.
- **Fourth (booster) dose**: At **18 months** of age

OPV

- **Administration Method**:
- The OPV is given **orally** in the form of **drops**.
- The vaccine is administered directly into the child's mouth using a **dropper**.
- It is **not given as an injection**, but strictly via the oral route.

MMR Vaccine

The **MMR vaccine** is a combination vaccine that provides protection against three contagious viral diseases: **Measles**, **Mumps**, and **Rubella (German measles)**. These diseases can cause severe complications, especially in children, and the MMR vaccine is a key part of routine childhood immunization.

The dose of the MMR vaccine is typically given at **12 and18 months** of age.

MMR

Administration Method:

The MMR vaccine is given as an **injection** (shot) into the **muscle**, usually in the **deltoid muscle** of the upper arm (for older children and adults) or the **thigh** (for infants).

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Vaccine Cold Chain

refers to the process of maintaining vaccines at specific temperatures during their storage, shipping, and distribution to ensure their effectiveness and safety. This chain is crucial in preventing the loss of vaccine potency due to exposure to heat or extreme cold.

Key Stages of the Vaccine Cold Chain

- **Manufacturing and Initial Storage**:

Vaccines are manufactured in specialized facilities, where they are stored at low temperatures depending on the type of vaccine (for example, some vaccines may need to be stored at temperatures between -20°C and -70°C).

- **Transportation:**
- During the transport of vaccines from factories to warehouses or distribution centers, cold chain systems such as refrigerated trucks or energy-powered cold containers are used to maintain the proper temperature.
- Tools like **temperature indicators** are used to ensure that vaccines are not exposed to unsuitable temperatures during transport.

- **Storage at Vaccination Centers:**
- Upon arrival at vaccination centers, vaccines must be stored in special refrigerators or freezers, depending on the requirements of each type of vaccine. This ensures that vaccines remain accessible and effective when needed.

- **Distribution and Administration**:
- Before vaccination, it is essential to ensure that the vaccine has not been exposed to any breaks in the cold chain. During administration, the vaccine must be kept at the appropriate temperature until it is used.

Importance of the Cold Chain:

- **Ensuring Efficacy**: Any increase or decrease in temperature can reduce the vaccine's efficacy or render it completely ineffective.
- **Minimizing Health Risks**: Maintaining the cold chain protects against side effects or damage that may occur if ineffective vaccines are used.

Challenges in the Vaccine Cold Chain:

- **Transportation to Remote Areas**: In some regions, transporting vaccines can be difficult due to the lack of energy infrastructure or refrigerated transport means.
- **Cost**: Maintaining the cold chain requires significant investments in technology and equipment, as well as training.

Types of Vaccines That Require the Cold Chain:

- **Vaccines that require ultra-low temperature storage**: Like **COVID-19 vaccines**, which need to be stored at temperatures ranging from -70°C to -20°C.
- **Vaccines that can be stored at moderate temperatures**: Like traditional vaccines, which can be stored at temperatures between 2°C and 8°C.

professional rules to ensure the effectiveness of the cold chain

- The **professional rules to ensure the effectiveness of the cold chain** are a set of guidelines and standards aimed at maintaining the efficacy of vaccines throughout all stages of the cold chain. Ensuring this effectiveness requires adhering to specific and reliable practices to store and transport vaccines at the proper temperatures. Below are some professional rules to ensure the success of the cold chain:

1. Storage and Transportation at the Proper Temperatures

- **Storage at the correct temperatures**: Vaccines should be stored at temperatures that align with the specifications provided by the manufacturer for each type of vaccine. For example, some vaccines may need to be stored at temperatures ranging from 2°C to 8°C, while others (like COVID-19 vaccines) require ultra-low temperatures ranging from -20°C to -70°C.

2. Use of Proper Refrigerated and Insulated Equipment

- **Refrigerated, insulated containers** should be used during transportation to minimize the impact of external environments and ensure stable temperatures.If vaccines are transported in areas without established cold chain infrastructure, **insulated cool bags** or **special vaccine containers** should be used to maintain the correct temperature.

3. Ongoing Training for Personnel

- All personnel involved in the cold chain (from manufacturing to vaccination points) should be trained on proper vaccine handling and how to maintain the appropriate temperature.
- Training should also include instructions on how to handle potential issues, such as power outages or refrigerator malfunctions, and how to take corrective actions promptly.

4. Documentation and Tracking Procedures

- Every process of transporting and storing vaccines should be documented, including **temperature logs** that are recorded throughout transport and storage.
- **Tracking systems** should be in place to allow officials to monitor the location of vaccines and their storage conditions in real-time. These systems can include **smart devices** or **barcodes** that help track the vaccine's exact journey.

5. Regular Inspection and Maintenance of Equipment

- All **refrigerated equipment** used in the cold chain, including refrigerators, freezers, and transport equipment, should be inspected regularly to ensure they are functioning properly.
- Regular **maintenance checks** should be performed to ensure that the cold chain equipment is free of malfunctions that could impact the effectiveness of the vaccines

6. Cold Chain Disruption Procedures

- A clear **emergency plan** should be in place in case of any cold chain interruptions. This plan should include quick actions such as:Moving vaccines to an alternative cold storage.
- Checking vaccines to ensure they have not been exposed to inappropriate temperatures.
- Disposing of any vaccines that have been compromised due to temperature exposure.

7. Minimize Time in Non-Ideal Temperatures

- The time vaccines spend in non-ideal temperatures should be minimized, whether during transport or storage.
- Vaccines should not be left in non-refrigerated environments for extended periods, as this could affect their quality.

8. Quality Control and Ongoing Verification

- **uality control systems** should be in place to verify that vaccines are stored and transported according to the specified standards.
- **Regular testing** should be conducted to ensure that vaccines have not lost their efficacy due to exposure to incorrect temperatures.

9. Use of Advanced Technologies to Monitor the Cold Chain

- **Modern technologies** such as **sensors** or **Internet of Things (IoT) systems** should be used to monitor temperatures in real-time. These technologies can send alerts when any issues occur, allowing for quick corrective action.

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Cold chain components in vaccines

The cold chain for vaccines is a set of procedures and equipment that ensure vaccines are kept at the correct temperature from production to delivery to the end recipient. The system consists of several essential components to ensure the effectiveness of vaccines and prevent damage due to temperature fluctuations. These components include:

1-Refrigerated Storage:

- This includes refrigerators or freezers used to store vaccines at specific temperatures. The required temperature varies depending on the type of vaccine:
- **Vaccines that require regular cooling**: Stored at temperatures between 2 and 8 degrees Celsius.
- **Vaccines that require freezing**: Stored at temperatures below -15 degrees Celsius.

2-Refrigerated Transportation:

- This involves transport methods such as refrigerated trucks or insulated containers that maintain the optimal temperature while transporting vaccines from production sites to healthcare centers or hospitals.
- **3-Transport Containers:**
  Special containers with dry ice or cooling materials are used to maintain the appropriate temperature during shipping and distribution.

4-Temperature Monitoring Systems:

- Temperature monitoring devices such as digital logs or sensors are used to track the temperature inside refrigerators or containers during transport. These devices ensure that the temperature stays within the allowed range.
- **5-Local Distribution and Storage:**
  Once the vaccine reaches a hospital or health center, it is stored in specialized refrigerators, and temperatures are regularly monitored to ensure they remain within the required range until administered to recipients.

6-Emergency Procedures:

- This includes having contingency plans in place to deal with emergencies that may affect the cold chain, such as power outages or equipment failure. These plans may involve using backup generators or emergency containers to preserve vaccines.
- **7-Training and Awareness:**
  It is essential to train personnel at each stage of the cold chain on how to handle vaccines properly and understand the importance of maintaining the correct temperatures.

The cold chain procedures

- **1-Choosing and Properly Storing Vaccines:**
- Ensuring that vaccines are produced and packaged according to standards specifying the correct temperature for storage.
- **2-Refrigerated Transport:**
- Using transportation methods such as refrigerated trucks or insulated containers equipped with cooling systems to carry vaccines and protect them from temperature fluctuations during transit.

- **3-Temperature Monitoring:**
- Using precise temperature monitoring devices inside refrigerators or containers during vaccine storage and transport. These devices include digital sensors and temperature logs that record any changes in temperature.
- **4-Storage at the Final Location:**
- Upon arrival at healthcare centers or hospitals, vaccines should be stored in designated refrigerators or freezers, which must be approved by health authorities to ensure vaccine efficacy.

- **5-Handling Emergency Situations:**
- Developing emergency plans to address any interruptions in the cold chain, such as power outages or equipment malfunctions. These plans include using backup generators or providing additional cooling containers to keep vaccines at the right temperature.
- **6-Training and Awareness:**
- Training all personnel involved in the cold chain on the importance of maintaining the correct temperature and the proper handling of vaccines.

- **7-Documentation and Record Keeping**:
- Documenting all procedures followed during transport and storage to ensure compliance with standards and allow for review in case of issues.

The stages of vaccine distribution

- 1-**Production and Packaging**
- 2-**Central Storage**
- 3-**Transportation to Healthcare Facilities**
- 4-**Local Storage**
- 5-**Distribution within Healthcare Facilities**
- 6-**Management and Record Keeping**
- 7-**Administration to Recipients**
- 8-**Monitoring and Evaluation**

Vaccines Affected by Heat:

- 1-Oral Polio Vaccine (OPV)
- 2-Measles, Mumps, and Rubella (MMR) Vaccine
- 3-Smallpox Vaccine
- 4-Yellow Fever Vaccine

Vaccines Affected by Cold (Require Cooling):

- 1-Diphtheria and Tetanus (DTaP) Vaccine
- 2-Seasonal Influenza Vaccine
- 3-Pneumococcal Vaccine (PCV)

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MYOCARDIAL INFRACTION

- A **myocardial infarction (MI)**, commonly known as a **heart attack**, occurs when the blood flow to a part of the heart muscle (myocardium) is blocked, resulting in damage or death of the heart muscle cells. This blockage is often due to the formation of a blood clot in one or more coronary arteries, which supply oxygen-rich blood to the heart.

Causes of Myocardial Infarction:

- Atherosclerosis:
- The most common cause of a heart attack is **atherosclerosis**, a condition where plaque (a mixture of fatty substances, cholesterol, and cellular waste products) builds up on the walls of the coronary arteries.
- Over time, the plaque narrows the arteries, making it more difficult for blood to flow freely. If a plaque ruptures, it can lead to the formation of a **blood clot** that can completely block the artery, leading to a heart attack.

- Coronary Artery Spasm:
- A **coronary artery spasm** can also lead to a heart attack by temporarily reducing or blocking blood flow to the heart. These spasms may be triggered by drugs (e.g., cocaine), stress, smoking, or other factors.

Risk Factors:

- **Unmodifiable risk factors:**
- **Age:** Older age increases the risk, especially in men over 45 and women over 55.
- **Genetics:** A family history of heart disease or heart attacks.
- **Gender:** Men are at higher risk, although the risk for women increases after menopause.

Modifiable risk factors:

- **High Blood Pressure (Hypertension)**: Elevated blood pressure puts more strain on the heart and arteries.
- **High Cholesterol**: Elevated levels of LDL (bad cholesterol) can contribute to plaque buildup in the arteries.
- **Smoking**: Smoking damages the blood vessels and accelerates plaque formation.

- **Diabetes**: People with diabetes have a higher risk of developing atherosclerosis and other cardiovascular issues.
- **Obesity**: Being overweight increases the risk of developing high blood pressure, high cholesterol, and diabetes.
- **Physical Inactivity**: Lack of exercise can contribute to obesity, high blood pressure, and heart disease.
- **Stress**: Chronic stress and anxiety can raise blood pressure and contribute to unhealthy behaviors like smoking or overeating.
- **Poor Diet**: Diets high in saturated fats, trans fats, and sodium can increase cholesterol levels and contribute to atherosclerosis.

Symptoms of Myocardial Infarction:

- **Chest Pain or Discomfort**:
- Often described as a **pressure**, **tightness**, or **crushing pain** in the chest.
- The pain may last for a few minutes or come and go, and it can radiate to the left arm, shoulder, jaw, neck, or back.
- **Shortness of Breath**:
- Difficulty breathing or feeling winded, often occurring with or without chest pain.

- **Sweating**:
- Excessive sweating, often cold and clammy.
- **Nausea or Vomiting**:
- Some people may feel nauseated or may even vomit.
- **Pain in the Upper Body**:
- Pain can radiate to the **neck**, **back**, **jaw**, **shoulders**, or **arms**, particularly the left arm.
- **Fatigue**:
- Unexplained tiredness, especially in women.

Diagnosis of Myocardial Infarction:

- **Physical Examination**:
- Checking vital signs, including blood pressure, heart rate, and respiratory rate.
- **Electrocardiogram (ECG)**:
- An ECG records the electrical activity of the heart and can reveal abnormalities that indicate a heart attack, such as changes in the ST-segment (ST elevation or depression).
- **Blood Tests**:
- **Cardiac Biomarkers**: Blood tests for proteins such as **troponin**, **CK-MB**, and **myoglobin**, which are released when heart muscle cells are damaged, can confirm a heart attack.

- **Coronary Angiography**:
- A procedure where a special dye is injected into the coronary arteries to visualize any blockages or narrowing. It is often used to guide treatment decisions.
- **Chest X-ray**:
- To check for lung congestion or other complications.
- **Echocardiogram**:
- An ultrasound of the heart to assess its function, especially to see if parts of the heart muscle are not contracting properly due to damage.

Treatment of Myocardial Infarction:

- **Aspirin**:
- **Aspirin** is often given immediately to reduce blood clotting and improve blood flow.
- **Anticoagulants and Antiplatelet Drugs**:
- Medications such as **heparin** or **clopidogrel** (Plavix) help to prevent further clot formation.
- **Thrombolytic (Fibrinolytic) Therapy**:
- These drugs (e.g., **tPA**) are used to dissolve the blood clot causing the blockage. They are typically used if the heart attack occurs within a few hours.

- **Angioplasty and Stent Placement**:
- **Percutaneous coronary intervention (PCI)**, also known as angioplasty, is a procedure where a balloon is used to open a blocked artery, and a stent (a small mesh tube) is placed to keep the artery open.
- **Coronary Artery Bypass Grafting (CABG)**:
- For more severe blockages, surgery may be required to bypass the blocked coronary artery using a blood vessel from another part of the body.

- **Pain Management**:
- Medications like **morphine** may be administered to manage pain and reduce anxiety.
- **Oxygen Therapy**:
- Supplemental oxygen may be given to ensure the heart muscle gets enough oxygen.
- **Beta-blockers and ACE inhibitors**:
- These medications help lower heart rate, reduce blood pressure, and protect the heart muscle from further damage.

Complications of Myocardial Infarction:

- **Heart Failure**: When the heart can't pump blood effectively due to damaged muscle.
- **Arrhythmias**: Abnormal heart rhythms, including **ventricular fibrillation**, which can be life-threatening.
- **Pericarditis**: Inflammation of the lining around the heart.
- **Death**: In severe cases, particularly if medical intervention is delayed.