

Restoration Gateway

Medical/Dental Short-term Volunteers

Handbook



Restoration
GATEWAY
Uganda, Africa



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Welcome

Welcome to the Restoration Gateway (RG) family! This handbook is intended to complement our “RG General Handbook for Short-term volunteers” and we encourage you to peruse BOTH handbooks to edify your experience while serving here at RG. This handbook is for any short-term volunteer desiring to have a medical/dental emphasis on their ministry time while here at RG.

As with all families, there are spoken and unspoken policies that should help each family member grow in God's grace and concomitantly help the whole family effectively serve the Lord. Our handbooks are a work in progress and are designed to outline some of the spoken policies that guide us here. The overarching policy is to love the Lord your God with all your heart, soul, mind and strength and your neighbor as yourself (**Matthew 22:37-40**). Each family member is encouraged to actively seek to hear God's voice and passionately develop a personal relationship with Him by becoming obedient to all He says completely, cheerfully and quickly. Our God is not a God of confusion or conflict, and we must work and pray together to understand God's heart on every issue. Love covers a multitude of sins, and truth spoken in love will quickly cancel every assignment the enemy will design against us (**1 Peter 4:8**).

Restoration Gateway is a God-given vision that was physically started in 2007 by the directors Dr. Tim and Janice McCall to help “Prepare the Way of the Lord” and restore righteousness in every domain of northern Ugandan society by building a community centered around God's Word with a Bible/mission training school, a hospital and dental center, an orphan school and homes, a large tabernacle auditorium, a children's camp, a pastor's retreat, a resort and agricultural/fishery demonstration farms. There are presently 700 acres on the bank of the Nile River at Bedmot Village, near Karuma Falls in Kiryandongo District just 6km off of the Kampala-Gulu Highway. Because of the tremendous favor of the Lord, the efforts of many from all around the world, and the committed efforts of many Ugandans, the project is progressing at a rapid rate. In addition to our ever-expanding family of long-term missionaries, we have over 150 short-term volunteers serving here at RG every year.

We are very excited that you desire to be a part of what God is doing at and through Restoration Gateway and we desire to fully support you in this endeavor. We want you to be well informed of the conditions as well as the opportunities at RG. While things are rapidly changing, we are still located in the “bush of Africa” and the work here can be considered pioneer missions. Thus, SACRIFICE of amenities and creature comforts must be a part of every call to RG. Ministering here is both enjoyable and exciting.....but not without a unique blend of challenges. Please do not fail to count the cost but be encouraged by our experienced opinion that the rewards do, indeed, far outweigh the challenges for those of us here who are blessed to call this “home.”

Qualities you can expect God to develop in you here are patience, flexibility, endurance, self-control, contentment in whatever circumstance, and gratitude for the simple things of life.

RG has been and continues to be financed by donations from individuals, churches, businesses, and foundations that embrace the vision of RG. Faithful and effective stewardship of all the donations is a core value for RG. Due to both the extent and early stage of the project, team members are expected to make provision for ALL of their own expenses so that donor's contributions can be allocated to those things that benefit the restoration of northern Uganda and Ugandans. In obedience to God's assignment, the building of the vision is already making us a gateway through which many ministries will bring the Kingdom of God and His righteousness to bear in this devastated part of the world.

The following is information to help you be better prepared for your arrival at RG. In all of this be prepared for things to change without notice and when you least expect it. Rest in the Lord and know that He is in control, even when you are not. Any concerns or questions should be discussed with the Lord and possibly RG leadership immediately.

Why should YOU, God's Church, be involved in medical/dental missions?

- Jesus was. His ministry of healing and the message of salvation are intertwined in every book of the four synoptic Gospels. As Matthew 14:14 illustrates, "And Jesus went forth, and saw a great multitude, and was moved with compassion toward them, and He healed their sick." His healing was not designed as a "hook" to get people to listen to His message of Good News but was a consistent outflow and consequence of His love for those people around Him. Involvement in medical/dental missions means that in a practical and tangible way YOU become the very hands of Christ.
- Healing IS consistent with God's nature. He is Jehovah-Rapha as described in Exodus 15:26, "He said, 'If you listen carefully to the voice of the LORD your God and do what is right in His eyes, if you pay attention to His commands and keep all His decrees, I will not bring on you any of the diseases I brought on the Egyptians, for I am the LORD, who heals you.'" The major driving force for medical/dental missions must be evangelism, the declaring and displaying of God's love for mankind. The hospital and clinic can be fruitful and fertile ground for evangelism when the medical/dental work is done as a work of compassion and out of a natural outflowing of Christ's love in us.

Top 8 Reasons To Go On A Short-Term Missions Trip

1) God has told you to go

2) Family Growth

- A chance to have quality time together
 - New cultures and new experiences encountered together
 - Introduce or reinforce you family's set of values and a new worldview to your children
 - Let your children experience medicine and career missions firsthand as if often not possible at home
 - Introduce your children to missions as a possible career option
-

3) Service to the missionaries

- Providing them with time for furlough, CME, personal time or a break from the call
- Teaching new techniques and skills
- Bringing needed medical supplies, medications, equipment
- Fellowship, laughter, friendship
- Continued prayer and advocacy upon your return

4) New medical experiences and learning

- Stretching yourself beyond your “comfort zone”
- Pick up new skills and sharpen your confidence in old skills and training that have been in the storage shed for awhile
- Experience new diseases and treatments
- Experience disease you have never seen or only heard about back in your training
- Use your experiences as a way to share your faith with your medical colleagues abroad and at home.

5) Service to the nationals

- Medical care
- Medical teaching
- Biblical teaching
- Teaching of other skills
- Fellowship, laughter and friendship
- A tangible extension of your home church’s care and compassion for their community and its struggles
- A lifelong commitment to pray for your newfound friends

6) Service to your church upon your return home

- Bring a new sense of the missions reality and vibrancy to your church’s mission program
- Act as an advocate and prayer warrior for the mission field you are most familiar with
- Act as a resource for others interested in medical missions

7) Personal Growth

- New cultures and new experiences
- Expanded worldview
- A deeper awareness of the presence of God in your medical practice
- A deeper awareness of the limitations of a medical cure but the eternal gift of a spiritual cure
- A deeper awareness of your dependency of trusting God for daily living
- An opportunity to restructure your priorities
- A renewal of the enthusiasm that brought you into the medical realm initially

8) Introduce yourself to the possibility of a career in missions

Spiritual Preparation

“There is nothing special that happens to you on a 757 crossing the ocean.”

-a missionary doctor

These words by a veteran missionary physician are a humorous reminder of a serious truth- your heart must be right *before* you go. Proper pre-arrival preparation must be a TOP priority; it will not happen, however, unless YOU make it happen. We must maintain a growing, personal relationship with Jesus Christ and the disciplines of prayer, study, communal worship, meditation, and silence/solitude are vital and critical to this ongoing process of allowing Him to sanctify us into more and more of His likeness. We invite you to pray about every aspect of your upcoming medical/dental missions experience and below are a few guidelines to help navigate these preparatory times with the One True God who has called you to this medical/dental ministry opportunity. This list is by no means exhaustive and we welcome the Holy Spirit to bring many more passages of Scripture to your mind and to lead you in this imperative preparatory time. Consider duplicating this list and/or compiling a “prayer calendar” to provide a designated prayer support team who can stand alongside you before, during and after your specific dates of ministry here at RG.

- Explore your own salvation and the blessing from it. Read **2 Cor. 4:1-11**. Spend time thanking God for your salvation and praise Him for specific blessings which have come from knowing Christ.
- Ask God to fill your life with His power for this venture. As Jesus said in **Mark 8:34**, “If anyone wishes to come after Me, let him deny himself, and take up his cross, and follow Me.” Only the Holy Spirit can deliver us from the demands of our selfish nature. Envision and surrender every area afresh to the Lord Jesus: your relationships, your vocation, your personal resources, your physical health, etc. Confess and repent of sins the Holy Spirit reveals to you and make restitution where it is needed.
- Pray for a “me last” attitude which claims no rights or privileges for yourself. Our attitude, while stateside or abroad, should be the same as Christ’s. Read **Phil. 2:5-8** to see that even Christ, who was God, took on the role of a servant and displayed an attitude of humility and helpfulness and obedience to God, no matter the cost.
- Pray for an awareness that what God wants from you may not be what you feel is your strongest suit but that “obedience is better than sacrifice” **1 Samuel 15:22**.

- Pray for the missionaries and staff, their families, and for your interaction with them. Pray that you would have a spirit of encouragement and not one of criticism. It is crucial that you put aside now any tendencies toward criticism. Negative comments from short-term volunteers are rarely uplifting to career missionaries who are paying a great price to make Christ known.
- Pray for those to whom you go to minister. Pray that they will be strengthened and encouraged by your presence. Pray also for the patients you will treat, that God will sensitize you to their needs, and that they will see Jesus Christ in you.
- Keep your eyes, ears, and heart open to what God may be showing you.
- Claim Christ's victory over the adversary and pray fervently against spiritual warfare. Pray that Satan will be prevented any schemes of the enemy to disrupt plans in any way will be thwarted by the authority and protection of Jesus Christ.
Pray through **Eph. 6:10-20** and expect the Lord to intervene where evil authorities may attempt to steal/kill/destroy.
- Pray for the witness of believers in our community, for boldness, perseverance and encouragement.
- Pray for the churches in our community that they will be the hands and feet of Christ as they minister to the people of the community and their needs.
- Pray for the leadership throughout Uganda, for their salvation and witness.
- Pray for your other team members, for their health, ministry and spiritual growth and pray for your team unity to be a shining example of Christ's church (Read **Ps 133**).
- Pray that your posture will remain open to any type of ministry opportunity, while abroad and/or while back at home.

General Information

Local time in Uganda may be accessed through various available web sites. The following time differences listed, however, may be of some help. Uganda does NOT observe Daylight Savings Time (DST).

US Time Zone	Uganda Time (During STD)	Uganda Time (During DST)
Eastern Standard	7 Hours (ahead)	8 Hours (ahead)
Central Standard	8 Hours	9 Hours
Mountain Standard	9 Hours	10 Hours
Pacific Standard	10 Hours	11 Hours

Weather: RG is at about 3300 ft. in elevation and just North of the equator. The weather is very reasonable. The hottest time of the year is in January/February, and it may rise to the 90's in the day and down into the 70's at night. The rest of the year the days are usually in the 80's and the nights in the low 70's or high 60's. Please bring a sweater or sweatshirt. There are two rainy seasons typically from mid-March to late May and again from October to early December. The rains generally come in the afternoon and go into the night during the rainy season. It will be extremely muddy during these times.

Clothing: While in Uganda modesty must be maintained at all times. Women should never wear shorts in Uganda for cultural reasons. Long pants, Capri pants and mid-calf skirts are acceptable. No low-cut shirts, cut-off tops, sleeveless shirts, or spaghetti straps are allowed. Bermuda shorts or pants are appropriate for men. Jeans or scrubs are permissible for both men and women. White coats are not required but can be worn if desired. Long pajamas, sweatpants and/or sweatshirts may be needed at night. Close-toed shoes are required for medical/dental ministry work (Crocs, hiking shoes or tennis shoes are suggested). Rubber boots and rain ponchos are very useful during the rainy season. **Please review the PACKING NEEDS section of this handbook for a full recommended packing list.

Water: Tap water should NOT be consumed anywhere in Uganda except on the RG premises. This includes not using tap water to brush your teeth, and not allowing ice in your drinks in restaurants (as ice may not be made with bottled water). At RG, the water has been tested, is clean, and safe for consumption direct from the tap.

Immunizations: For your safety and the safety of the medical/dental community we serve, we require that you present proof of these current immunizations prior to initiating any medical/dental ministry work here at RG

(unless otherwise documented by your personal physician and this documentation presented to the acting medical/dental director): yellow fever (required to return to US), Hep A, Hep B (completed series), meningitis, polio, tetanus, diphtheria, pertussis (DTaP recommended), typhoid fever, TB (annual screening or vaccine depending on country of origin), malaria prophylaxis regimen, and influenza vaccine recommended but not required if visiting during US influenza season (Oct-March).

Credentials/Licensure

While supporting the work of the long-term missionaries and Ugandan medical/dental ministry staff, you will be working UNDER their professional Ugandan license. Consequently, upon your application process/orientation to RG, you will be expected to disclose your current credentials from your country of origin and present a copy of your active professional licensure to the acting medical/dental director upon arrival to RG before any medical/dental ministry work is initiated on site. ****Do NOT bring your original licensure documentation-- a copy is adequate and recommended.**

As you will hear our staff repeatedly resound, we are committed to EXCELLENCE here at RG. As an extension of this core value, we commit to providing you with an excellent environment for exposure to Christ-based international medical/dental missions work but not at the cost of excellent patient care for our local Ugandan community and patient population. We hope this handbook provides you with a comprehensive resource available for your pre-arrival preparation and for necessary review as needed once here at RG. Meanwhile, we are blessed to have you come alongside what God is already up to here at RG through our Ugandan staff and long-term missionaries. Please utilize all staff as an available resource for questions, concerns, prayer, or other needs as they arise. Most importantly, we encourage you to humble yourself before the Lord and ask expectantly and boldly to be clothed in the likeness of Christ as we see in **Phil. 2:1-18**.

Packing Needs

General Packing Recommendations:

-- CLOTHING

- Slacks & jeans
- Sweater/light jacket
- 4 -6 changes of clothing (take clothes that you can mix &match)
- Sleepwear
- Socks/Underwear
- Flip-flops (i.e. plastic sandals or Crocs) and walking/tennis shoes are suggested. Good all-weather walking shoes are useful.
- Sunglasses
- Belts
- Money pouch
- Hat
- Long pajamas, sweatpants and/or sweatshirts may be needed at night.
- Rain poncho/jacket and/or rubber boots are recommended during rainy season

--WOMEN

- Long pants, Capri pants, and mid-calf skirts (no shorts, jeans are okay)
- Skirts & blouses are best. (No low-cut blouses, cut-off tops, sleeveless shirts, or spaghetti straps are allowed.)

--MEN

- Bermuda shorts or long pants (jeans are okay)
- Shirts (collared shirt and long pants required for church)

--TOILETRIES

- Shampoo, conditioner, bath soap, deodorant, toothpaste, toothbrush, all required personal medications (consider additional travel sized toiletries for use while on the plane)
- Prescription glasses, contacts, cases, saline solution
- Washcloth if desired (RG provides towel and pillow/bedding)
- Toilet paper (recommended having accessible while traveling)
- Sunscreen (SPF 30 or higher)
- Insect repellent (DEET containing)
- Moistened hand wipes
- Liquid hand disinfectant (REQUIRED for medical/dental ministry)

- Personal First Aid kit (consider pain relief pills of choice, antacids, stool softeners, Pepto-Bismol, first aid ointment, bandaids, sleeping aids, ear plugs, traveler's diarrhea meds (Cipro, and/or Flagyl are recommended from your providing physician), malaria prophylaxis medications (REQUIRED), chapstick, vitamins).

- Watch/travel alarm

--TOOLS

- Bible/Journal/Notebook/Pens/Pencils
- Tote bag/backpack/fanny pack
- Pocketknife (pack in checked luggage)
- US map, family/friend photos (to show where you live)
- Small flashlight (Headlamp recommended for medical/dental ministry)
- Leisure reading material (magazines encouraged to be left for use in our RG vocational school bead-making program)
- Sewing kit
- Camera (with back-up battery/storage cards/etc.)
- Extra Ziploc bags and plastic grocery bags
- Extra batteries
- Refillable water bottle (i.e. Nalgene or comparable)
- Travel power adapters if bringing electronics (UK adapter, 220V here in Uganda) **Charging is limited so please consider when packing
- Playing cards, portable games (as desired)
- Neck pillow for flight, eye covers for sleeping on plane
- Book light
- Bandanas (always handy)

--SNACKS

- Gum/candy, breath mints
- Peanut butter/cheese crackers
- Nuts/Trail Mix/Granola Bars/snack foods with substance (RECOMMENDED to supplement the largely Ugandan fare provided while you are here at RG)
- Sweet-N-Low/Equal (if desired instead of sugar)

--DOCUMENTS (KEEP ON PERSON DURING TRAVEL)

- Passport
- Copy of Passport (separated from original passport)
- Visa (will get in country at the airport, you will need to have on your person \$50 US using crisp, non-torn 2006 or higher dated currency bills)

- Immunization Record (“yellow card” proving yellow fever vaccination is REQUIRED for re-entry into the US)
- Tickets
- Emergency information
- Credit card (for travel emergencies)
- Spending money (recommend \$50-100 US for personal/travel/souvenir use)

--BEFORE LEAVING

- Stop mail
- Call credit card company to warn of out-of-country purchases
- Distribute your itinerary, prayer calendar and/or emergency contact information to others

Medical/Dental Specific Packing Recommendations:

--Personal equipment (including but not limited to): Travel and/or Tropical Medicine/Dental handbook, pens/paper/index cards, calculator (battery or solar operated recommended), permanent marker, copy of current licensure(s), stethoscope, ophthalmoscope, otoscope with ear speculums, alcohol swabs, gauze, tape, tongue depressors, cotton-tipped applicators, headlamp or pen light, BP cuff, reflex hammer, tuning fork, measuring tape, pocket pharmacy and other desired reference materials, hand sanitizer, thermometer (battery operated oral or temporal with covers recommended), disposable gloves, sterile surgical gloves, face shield or safety goggles, white coat (if desired), scrubs and OR boots or shoes, preferred suture/surgical equipment (if applicable- no laparoscopy available currently in region), sterilizing solution (if available), speculums, pulse oximeter, fetal Doppler, portable ultrasound, glucometer with strips and/or other desired needs or donations.

Ministry Opportunities

General Ministry Opportunities

“A Day in the Life at RG”

7:30-8:30	Worker devotions in auditorium (M-F, Small groups on T & TH)
7:30-8:00	Children’s devotions behind school (T, W, TH) Teacher’s devotions in Headmaster’s office (T, TH)
8:30-10:30	Morning projects (as coordinated with your team leader; opportunities are available with workers, at school, with RG Moms, etc.)
10:30-11:00	Breakfast (RG children and worker’s take a break at this time to take tea/breakfast)
11:00-1:00	Morning projects (with workers, at school, with RG Moms, etc.) RG on-site community clinic open (M-F)
1:00-2:00	Lunch in Children’s homes
2:00-4:00	Structured time with <i>Baby Class</i> (M-F)
2:00-3:30	Structured time with <i>Top, P1, & P2 Class</i> (Tues only) *Vocational training scheduled experiences P3-P6 (Tues only)
4:00-6:00	Structured time with all RG children
6:00-?	RG children’s curfew—must return to their pods/homes Team Time, Dinner, Evening events as coordinated per your team leader

*Tuesday: 2:00-4:00, a group of children are doing vocational training with an emphasis on carpentry, crafts, sewing, bead making,...

*Thursday: 3:00-4:00, RG Moms Bible Study

*Friday: 5:30-7:00, Children’s worship in auditorium

*Sunday: 9:00-11:00, RG Church

4:00-5:00, RG Moms Prayer

******Even our medical/dental interested volunteers are encouraged to prayerfully consider their giftings and His calling as to where/how He would have you serve the community here at RG during your short-term visit. Upon your arrival to RG, please discuss with your team leader and/or the acting medical/dental director if you discern an opportunity to balance your giftings with the other areas of ministry listed above.

Medical/Dental Specific Ministry Opportunities

RG On-Site Medical Clinic is currently open to all RG students/staff/workers from Monday-Friday from 10:30-2:00pm. We are open to the general community on Monday-Thursdays from 10:00-5:00pm and on Fridays from 10:00-2:00pm (times subject to change based on holidays/staffing). We currently offer ultrasound services on Thursdays 3:00-5:00 if clinically indicated and for a fee. Our staff consists of a Ugandan Clinical Officer (equivalent to a US physician's assistant), several translators/nurses in training, a dedicated medical/dental ministry accountant, one long-term missionary nurse/respiratory therapist, and two licensed physicians.

We are currently housed in the Walter Cooper Sandusky Dental Center with plans for the hospital/medical center to “break ground” in early 2014. We are currently without a full time dentist so all dental services are limited to visiting teams/volunteer campaigns. All volunteers are invited to partake in the full gamut of clinical services after an initial orientation arranged by the acting medical/dental director and limited to within the safety of their previous experience and background training. We expect an initial “watch and learn” attitude with an eagerness to “get involved” in a posture of respect, availability, and submission to how the RG staff and surrounding community operate.

See **FAQs** to review the diseases primarily seen and medications, supplies, and laboratory testing available in our RG clinic. Please recognize our RG staff see patients “through lunch” in order to meet the scheduled break hours of our RG students, mamas and general workers. You are encouraged to break for your lunch hour from 1:00-2:00pm as arranged by your team leader in the RG homes. However, if you chose to forego this provided lunch, IT IS YOUR RESPONSIBILITY to communicate that directly with your house mama 24 hours in advance and provide your own lunch food items for consumption in the clinic.

RG Medical/Evangelical Outreach Clinics are intentionally scheduled on either Friday or Saturdays when our short-term volunteer census is high and there are visiting medical/dental volunteers interested. It is a full-day outreach (departing 7:30am and returning 6:30pm) to a local village church (usually a collection of dirt-floored huts) where we have an established relationship with the pastoral staff of that church. We see 100-200 patients for a fee and every patient seen hears a short personal testimony/Gospel invitation and receives a Bible in our local tribal language, Acholi. Each provider will have an assigned translator that is paid for their assistance in making our day of outreach a success. There are also 4-8 RG students who have vocationally been trained in basic triage, translation, and pharmacy who participate in the weekend outreach clinics when it does not interfere with their scheduled school responsibilities.

Due to the high volume of patients at our outreach clinics, we ask each provider to limit their patient care to “your top 2 complaints.” Your translators have been instructed in the importance of this focus with patient history taking but you are asked to lead and remind yourself, your translator and each patient with this imperative guideline in mind. There is a “numbers system” for patient check-in that is deferred to the overseeing pastor and we ask that you submit to their judgment and DO NOT circumvent their leadership as that can lead to crowd discord and disunity amongst our team dynamic. If you have a personal concern or question arise, please consult the Lord and consider seeking the counsel of your team leader and/or the acting medical/dental supervising physician in attendance.

We invite NON-MEDICAL volunteers to participate and the range of their involvement has varied from crowd control, child ministry such as games/songs/balloon-making/bubbles, medical/dental/pharmacy assistance, prayer ministry, hand-washing/hygiene education, and much, much more. Please encourage anyone interested to consider joining our outreach opportunities.

The car ride to the outreach locations can be 45-120 mins. in warm, tight, person-packed vehicles. All participants (medical and non-medical) are encouraged to bring an adequate water supply for the day, sunscreen, and toilet paper/hand sanitizer as desired. All Medical/Dental providers are expected to bring any personal supplies they foresee needing for a full clinic day (Please see **Packing Needs** to review supply recommendations). Supplies can be safely locked inside a vehicle for the day or kept with a medical/dental provider at their examining station. A supply of chapatis will be purchased and brought for outreach staff consumption. However, as the Ugandan translators and RG kids may come hungrier than yourself, please consider bringing personal snacks to ensure you have enough caloric energy to make it through the day ☺. Again, it is your responsibility to COMMUNICATE 24 HOURS IN ADVANCE to your assigned house mama that you will not be attending the scheduled lunch on the day of the scheduled outreach clinic to respect her meal preparation process.

Local Medical/Dental Institutions such as our district’s government hospital, *Kiryandongo Government Hospital*, a neighboring orphan ministry with a similar structure and medical ministry to RG, *Otinoo Waa*, and other neighboring private and public medical/dental clinics have provided for additional surgical/obstetrical/inpatient medical and dental experiences for our short-term volunteers. The participation in these outside experiences requires travel and scheduling that at times cannot be accommodated by our long term medical/dental RG staff but will be coordinated when feasible. Again, non-medical volunteers are always welcome to these excursions (traveling space has limitations, however) and all medical/dental volunteers are expected to bring their needed supplies, water, and food for the day.

After-Hours, Weekend and Emergency Care is an area that requires significant self-control and respect for the RG process that is already in place. The long term staff is overjoyed to have your service and excitement “come up under our arms” during your ministry visit here to RG. However, in times past, some of that misdirected short-term eagerness has been detrimental to our long term health, unity, and trajectory and so we encourage you to prayerfully *hear the shared wisdom and perspective here* and utilize it to guide your time while serving here at RG wholeheartedly.

We currently have 100+ RG students, 50+ RG general workers, and 30+ RG missionary and Ugandan staff members. Consequently, emergencies happen! Our house moms and RG teachers have all been educated on the definition of “emergency” and detailed on the procedure to facilitate prompt medical attention for the affected and supervisory assistance for the on looking outsiders. This procedure is posted in every RG children’s home and please review “**What to do if my child or I am sick?**” in the provided attachments section. There is an orange flag that is displayed on the outside of the assigned medical provider available “on-call” for any after-hours or weekend emergencies. If you are in the vicinity of a true emergency, please familiarize yourself with our suggested procedure so that you can swiftly and safely procure a long term RG physician, the medical provider “on-call,” and assist in securing the safety of other on-looking children or RG family members.

Meanwhile, we are largely shepherding CHILDREN and so the actual definition of a medical/dental “emergency” needs to be regularly revisited. While we appreciate our short-term volunteers willingness and ability to address medical/dental complaints at “all hours of the night”, that is NOT sustainable for the skeleton long term staff that you leave in your ministry visit’s wake 😊! Consequently, please take these imperative words of wisdom to heart:

- ALL non-emergent cases NEED to be directed to our RG on-site clinical hours (Monday-Friday 10:30-2:00pm). We are all privileged to participate in their “training them up in the way they should go” and this important boundary supports that for our RG children and staff. As our children and/or staff move one day outside of the RG premises, real life circumstances will prevent them for having 24/7 access to a fully licensed medical staff including practical things such as their own family/work responsibilities, their posted community clinic hours, or their own lack of transport or money. We have children who are EXCITED to see you, touch you, and visit with you. PLEASE DO- pray with them, play with them, bless them. However, do this without a medical focus—meet them on the football pitch from 4-6pm and pour into them richly. We do not support the “sick mentality” for attention and ask for you to help us break any bondage or stronghold the enemy intends for harm and lead them back to His truth, healing and freedom!

- ALL children must have permission from their house mom to go see a medical provider (in the clinic or after-hours) and that is communicated to you, the provider, by the child having a current “white sheet” (see attached **Medical Referral Form** in attachments section.) If they arrive without a sheet, they need to be returned immediately to their mom without receiving the requested healthcare from you. If they report their house mom “is without forms”, send them to the acting medical/dental director to be supplied with more forms for their home. Again, there are family dynamics and personal responsibilities we need to collectively support for the overall health and unity of our RG homes. At times, our RG children have been known to “use” something like a 5-day wound or headache to bypass personal responsibilities such as homework or household chores. Consistent with children and the work of parenting WORLDWIDE, we are invited into the important work of discipline and shepherding the hearts of His future church leaders. “Let us hold unswervingly to the hope we profess, for he who promised is faithful. ²⁴ And let us consider how we may spur one another on toward love and good deeds” (**Hebrews 10:23-24**). We also strongly suggest each student has an escort (fellow student, teacher or RG mom) but that is left to the discretion of the sending RG house mom.
- Please document all subjective and objective findings and treatment dispensed on the student’s “white sheet.” This form will GO WITH THE CHILD. They are expected to bring that back and forth with them when there is follow-up care involved. **This is our form of communication amongst the various medical care providers on campus. PLEASE DO NOT dispense any medications, even something “as harmless as Tylenol”, without your own full review of their white sheet to support our commitment to excellence and to avoid inadvertent over-dosing and/or harm to our RG family.
- Please transcribe the date, student’s name, pod/house, chief complaint, final diagnosis and treatment (including quantity of medication dispensed and follow-up discussed with RG child) on the provided **Medical Treatment Form** (see attachments section). The acting medical/dental director will provide you one of these forms for your use while serving here at RG IF after-hours coverage has been determined to be part of your desired ministry service. PLEASE turn ALL forms back into the acting medical/dental director directly prior to your departure from RG as all care dispensed/received is required to be documented in each student’s permanent medical chart.
- Our house moms have been instructed and empowered with the necessary supplies to treat in their homes basic wounds/first aid, common viral cold/flu, and ringworm. PLEASE redirect the children back to their house mom for any of the above complaints (even if you were “just sitting right there”--we are ultimately here to empower and serve our Ugandan brothers and sisters and are invited to maintain

that posture at all times). The house moms have the latitude to send a non-emergent child to the clinic or any medical situation they perceive as an emergency to the medical provider “on-call” whenever they deem necessary. At routine intervals, a reminder of the clinic hours, the proper use of in-home medications, and the actual definition of an “emergency” to our house moms and RG staff/teachers is necessary and please defer this conversation to the acting medical/dental director.

- During your RG on-site medical/dental clinic orientation, you will be introduced to the availability and utilization of our after-hours RG house-mom nurse (Mama Beatrice, resides in Pod 1, House 3). She is under the direct supervision of our acting medical/dental director and has a maintained supply of certain medications/supplies in her home to complement our after-hour and weekend treatment of Wounds, Viral Cold/Cough/Flu, and Pain. Please review the attached **Beatrice Nursing Assistant to RG Students Policy**. Please feel free to introduce yourself to her and make yourself available with evening “wound rounds” on her front porch. However, no medications should be given or taken from her supply- they are dispensed through the acting medical/dental director only for accountability and inventory purposes.
- The long-term missionary physicians are willing to call you/tap on your door/etc if so desired for any true emergencies that arise after-hours or on the weekend. If you are interested in such an opportunity, please ensure it is approved by your team leader and then communicate your “preferred mode of contact” to the medical provider “on call.” Similarly, the long-term missionary physicians expect to be YOUR FIRST CALL/STOP if/when you are contacted for any true emergency after-hours or on the weekend. We will make our current contact information available for your discretionary use.
- The same process for RG student care and documentation occurs while in the RG clinic during weekday hours and our RG staff will orient you to the location of our **Medical Treatment Forms** as needed for documentation purposes while in the clinic.

Frequently Asked Questions (FAQs)

- **Where will I sleep? What will I eat?** Our hospitality team coordinates the housing and meal arrangements of all volunteers visiting during every month of the year here at RG. Upon your arrival, your team's assigned "point person" will direct you to your housing and designate to your team leader which RG pod/home each team member has been assigned to for lunches. Your house will have "basic" cooking and food essentials to assist in your independent breakfast preparations and your lunches and dinners will be prepared for you (included in your per diem/per day if applicable to your team's pre-arrival arrangements). Each team member will have a bed, bedding, towel, and mosquito net. Please refer to **Packing Needs** to other suggested food and packing recommendations.

- **What diseases will I mainly see?** GREAT QUESTION! As has been eluded to previously in this handbook, many of our tropical diseases may have been only something "you read about once" but you will arrive prepared (via this handbook) and leave an expert ☺!

--*Musculoskeletal Pain/Joint Pain/Arthritis*: After carrying 20L of water on their heads 3-4x/day for 5, 10, or 20+ years, we hope you can quickly understand the etiology behind this very common complaint. In addition to the daily delivery of this life necessity (water), our community is a rural farming community and so "behavior modification" is really not a recommended nor sustainable option if they are to feed their family and/or stay employed. Please freely consult with your provided interpreter for other "practical insight" before offering what appears to be (and is...elsewhere) well-intended advice. Arthralgia, however, should be considered in a patient with a concomitant complaint of fever as it can be a symptom of malaria. Patients will use the term "waist pain" to refer to their lower back pain, "chest pain" is usually either GERD or Costochondritis and pain in one's "appendix" is actually their umbilicus. Treatment options should focus primarily on symptomatic relief (Ibuprofen 200mg bid for 10-14 days WITH FOOD) and we have Ben-gay type creams avail for external use (called Universal Linament or Diclofenac gel). Ice is not an option for our community (no electricity, no refrigerators) but instruction on how to make a "hot pack" with a warm, moist towel for example is encouraged.

--*Malaria* is our number one cause of death here, especially in children under the age of 5. When you are presented with a patient with headache, fever, and any "stomach pain" (which could actually imply nausea/vomiting), think Malaria for your first, second and third diagnoses

on your differential. We have various rapid, lancet based tests that all test for *P. falciparum* (severe malaria) and a few additionally test for the 3 other strains (*P. vivax*, *P. ovale*, and *P. malariae*). Often, the sensitivity of these tests are limited to the patient's "burden" of circulating malaria protozoan parasites. Consequently, it is recommended to monitor the patient in question closely, manage symptomatically, and delay the administration of this test until the patient is WITH active fever (thermal instability involving a 'cold stage', 'hot stage' and then 'sweating stage' are the classical features of a *Falciparum* malaria outbreak). Treatment options are weight-based and we have several oral or injectable options. Anti-emetics (Phenergan) are in limited availability/supply so should be *used with discretion* and yet anti-pyretics and/or analgesics are strongly encouraged for joint pain, headache and fever (Tylenol or NSAIDs first line recommendations). Oral rehydration needs to be emphasized and encouraged (we have Oral Rehydrating Salts available and a limited supply of IV solution bags) as insensible losses are higher after fever, vomiting, etc. During your clinical orientation you will be familiarized with the available agents and various treatment modality options recommended based on patient status.

--**GERD** is another ubiquitous complaint of our community. Often the subjective complaint will be "heartburns, ulcers, or wounds in my chest or stomach" with no history of an endoscopy or other elaborate work-up. As patients have access to any medications at the village "dispensaries" (pharmacies) without any medical prescription required, it is best to start by asking, "What have you already taken or tried?" If something has worked in the past, feel free to renew that agent. If it has not, feel freedom to try an alternate medication. Similar to our community's hardworking lifestyle that compounds their M/S pain complaints, their diet is often fixed by geography and income. Consequently, we encourage you to forego the traditional "diet modification" conversations that are so useful yet compromised here where their chief dietary consideration is whether they WILL eat anything that day or not ☹. Treatment options include H2 Antagonists (Ranitidine, Cimetidine, etc), PPIs (Omeprazole) which are both available in country and Calcium Carbonate chews (Tums) and/or Pink Bismuth (Pepto-Bismol) when available from a recent "US shipment" ☺.

--**Fecal-oral illnesses**: they happen, they are there, and they are here so please WASH YOUR HANDS ☺. Our water at RG is safe but this is still an important topic to actively educate our RG family on and our community on for their overall well-being and health. While we encourage you to recommend hydration in your patient treatment plans, consider these

additional pieces of education: boil their water prior to its consumption or use; consideration of the use of various commercial water treatment modalities (i.e. Water Guard) if the risk of contaminated water is high in their community's water source. We do see *Typhoid Fever* and we recommend treatment with either Amoxicillin or Ciprofloxacin.

--*Hypertension* is a common condition yet patient compliance is often limited due to access to medical care and personal financial constraints. Many will have a history of previously prescribed medications that "ran out" and our available treatment options are Captopril 25mg, Nifedipine SR 20mg, Furosemide 40mg, and occasionally Atenolol (50 or 100mg). Feel free to welcome patients to return for BP checks as you titrate their anti-HTN agents yet consider the patient's incurred costs for transportation/medication/consultation fees/etc.

--*HIV/AIDS* is a reality here for our Ugandan community and must be considered in every patient differential. We have a series of rapid, lancet-based tests that have an increasing price as their sensitivity/specificity increases. PLEASE defer to the overseeing RG medical provider before handling any bodily fluid in any patient. TB is a common opportunistic infection in our +HIV/AIDS patients and must be considered in any patient with cough, hemoptysis and/or night sweats. With any newly diagnosed +HIV patient, please consult directly with the overseeing RG medical provider to ensure adequate patient education and referral various available government programs is provided. We expect any short-term volunteer to adhere to Universal Precautions and to inform an RG staff member immediately if any barrier was breached and/or if there is any concern about potential contact with a patient's bodily fluid. There is NO shame or need for embarrassment- we want to keep you safe and often a prompt, coordinated, and prayerful posture is our best "first response."

--**Other diseases** you will see include Asthma (or Reactive Airway Disease), Constipation, Viral Respiratory Illnesses, Childhood Illnesses (such as otitis media), Parasitic/Amoebic Diseases (Worms), Dermatologic Illnesses, and Gynecological Illnesses (including STIs, Sexually Transmitted Infections). Medications for these illnesses include (in the same order as the above listing of diseases): *Asthma (or RAD)*- oral Salbutamol 4mg, dosed at 0.1mg/kg; we often start with bid dosing X14 days then taper to qhs with follow-up encouraged if the patients symptoms return, persist or progress (inhalers NOT used as they are very expensive here); *Constipation*- oral hydration and/or stool softeners (Docusate Sodium 100mg qd or bid); *Viral Respiratory Illnesses*- symptomatic relief and education are our mainstays of treatment; education is essential to help minimize the transmission of these viral illnesses through our campus such as the

discouragement of shared cups/plates/silverware in the homes, covering one's mouth with an active cough, washing hands, etc), and homeopathic remedies are important adjuncts we encourage (warm water salt gargles bid, tablespoon of honey qhs to minimize nocturnal coughing, etc); *Childhood Illnesses (such as otitis media)*- Amoxicillin suspension or capsules are recommended (weight-based), Cephalexin 500mg is available (ie for cellulitis), Ampicillin/Cloxacillin 250mg or 500mg are saved for patients with a "severe" infections (such as periodontal/oral abscesses); Nitrofurantoin is available for UTIs; we recommend and ask for your discretion in the use of Ciprofloxacin/Azithromycin/Bactrim/Levaquin due to their limited availability in Uganda, their respective costs, and due to the naivety of our community's immune systems which often require less "potent" first-line agents; *Parasitic/Amoebic Diseases (Worms)*- Albendazole 400mg (chewable or po) one time dose for anyone over 2 years of age is the first line agent for any patient history of "visualized" worms or for a c/o a diarrheal disease that sounds consistent with worms; Mebendazole is a more expensive second-line agent (used with discretion due to limited availability and cost); for laboratory-proven schistosomiasis (bilharzia), Praziquantel is our agent of choice (not commonly seen in our area- suspect if patient has history of traveling near contaminated waters such as Lake Victoria); *Giardia* is treated with Flagyl (Metronidazole) and *amoebic dysentery* is also responsive to Flagyl; *Dermatologic Diseases* are often all variants of the Tinea family (*Tinea capitis*, *Tinea corporis*, *Tinea versicolor*) and we have Clotrimazole 1% topical creams and/or Griseofulvin 500mg tablets as our first line agents; we also have Fluconazole 150mg or 200mg tablets available but we ask for it to be used with discretion as it is very expensive in country; *Oral thrush* in adults and infants is seen (related to HIV+ or breastfeeding) and we have Nystatin suspension for a swish/spit regimen; *Hemorrhoids* are very common and we offer education, stool softeners, encourage oral hydration and have Hydrocortisone 1% topical cream available; Gynecologic Illnesses run the full gamut from *Dysmenorrhea* (treat with NSAIDs), *Family Planning Desires* and *Infertility Concerns* (we have Oral Contraceptive Pills, OCPs, which are called "Family Planning Pills" here and we have condoms called "Protectors"; infertility is currently treated with patient education on fecundity and timed relations and/or by concomitantly treating any underlying male or female conditions); *Fibroids, Polyps, and Adenexal Masses* including *ectopic pregnancies* are all frequently seen and can be diagnosed by exam and/or ultrasound and medically managed via OCPs or NSAIDs but these patients are currently referred out for any required surgical intervention (please consult your supervising RG medical provider to assist you in the referral process and paperwork; see

Medical Clinic Patient Referral Form in the Attachments section for your review); *Sexually transmitted infections* seen include *Gonorrhea*, *Chlamydia*, *Trichomonas*, *Syphilis*, *Genital Herpes* and are treated per the same CDC recommendations as used in the US; Benign vaginal discharge is another common patient complaint and *Vaginal Candidiasis* is treated with Nystatin vaginal pessaries as first-line agent (or second-line agent is Fluconazole due to cost) and *Bacterial Vaginosis* can be treated with a course of Flagyl.

- **How can I arrange follow-up for a patient I am managing and/or how do I provide a patient with a needed referral?** As we eluded to in our **RG Medical/Evangelical Outreach Clinics** section, we have established healthy relationships with each of pastors at our selected outreach sites so that desired medical or pastoral/spiritual follow-up can be arranged by you directly requesting this follow-up with the Ugandan pastoral staff present. For medical follow-up desired under your care, direct the patient to our **RG On-Site Medical Clinic** and clearly delineate the hours of operation when you will be present (hours are subject to change, currently M-TH 10-5pm for community, 10-2 on Fridays for community). Referrals can be made to larger regional hospitals depending on the patient's case and are best arranged with the help of your supervising RG medical provider.
- **Am I able to charge my electronics somewhere? Do I have access to a refrigerator while there?** These questions, and many others like it that apply to our "general volunteer," are best answered by your review of the RG Short-Term Handbook. There is, in fact, limited access to charge electronics (as we are not "on the grid" for any source of national electricity currently) but many of the long-term staff are very generous and available for limited team charging off of their personal solar power systems. Refrigerator space is likely to NOT be consistently available for the majority of RG volunteers but if a specific need is known, please indicate accordingly on your RG general application and we will go out of our way to accommodate your needs as we are able.
- **Can I bring anything for the RG kids? Staff? Missionaries?** We often have a supply of needed materials stored in our stateside RG office and on your RG general application we ask for you to please indicate whether you would be willing to assist us in the transport of these needed items. Please coordinate your willingness to serve us in this way with our stateside director, currently Brint Patrick at brintpatrick@restorationgateway.org . For any medical/dental donations, please

direct your willingness and inquiries to our acting medical/dental director, currently Bridget Hurry, MD. The RG children, staff and missionaries are abundantly blessed by any generous extension of our world-wide church and we encourage you to coordinate with Brint Patrick who could then better direct you to the current “on site” childcare director and/or missionary families available.

Suggested Readings

Hale, Thomas and Cynthia Hale, *Medical Missions: The Adventure and the Challenge*, 2nd edition, 1995.

Piper, John, *Let the Nations be Glad! The Supremacy of God in Missions*, Baker (Grand Rapids), 1993.

CDC website for the latest Health Information of International Travel, www.cdc.gov

**A large portion of this RG handbook has been guided by Steffes, Bruce and Michelle Steffes, *Handbook for Short-Term Medical Missionaries*, 2002.

Attachments

What to do if my child or I am sick?

Monday-Friday:

- Child **MUST** have an RG referral form FILLED OUT BY THEIR HOUSE MAMA to present for medical evaluation
- Child **MUST** have an escort (such as another student or their Mama herself) to medical clinic
- **HOURS:** 10:30-2:00 every day, Monday through Friday
- There will be NO scheduled clinic hours on Saturdays or Sundays unless an emergency medical condition arises.

**** Starting June 3rd, ALL RG medical care will take place in the Walter Cooper Sandusky Clinic (WCS Clinic).** RG Mamas, students, staff, workers, and/or teachers will need to present to the WCS clinic ONLY on Monday-Fridays from 10:30-2:00pm.

- If NOT interfering with their required work obligation, any RG employee may utilize the WCS clinic hours of operation available to the community from 11-5pm every Tuesday, Wednesday and Thursday. ****Discounted rates for any RG employee** will apply for any medical treatment or lab evaluation received at the WCS clinic.

What to do if my child or I have an EMERGENCY?

“EMERGENCY” DEFINED: Fever >102, seizures (whole body shaking and not able to control voluntarily), respiratory failure (not breathing), compound fracture (can see bone), active hemorrhage (bleeding unable to be stopped when pushing on it with a washcloth and moderate pressure), unconsciousness (unable to get child/adult to respond when directly talking to them loudly or pinching their fingernails very firmly and painfully), snake bite, head trauma (any direct injury to child/adult’s head such as falling from top bunk and hitting head directly on floor), other significant medical concern of supervising mama or adult.

WHAT TO DO:

- **Day-time-** Mama or an adult in direct vicinity of injured person(s)- (1) Order one non-injured person to go physically bring Doctor ON CALL to area of injury right away; (2) Clear room of all other persons except yourself, one other helpful adult and the injured person(s); (3) Call Doctor ON CALL and Staff ON CALL right away; (4) Do not move the injured person(s) in anyway- if they sit up or move independently, encourage them to lie still until Doctor and Staff arrive; (5) When Doctor arrives, stay to assist in anyway needed; (6) When Staff arrives, ensure non-injured persons are being supervised/cared for NOT at scene of injury.
- **Night-time-** Mama or adult in direct vicinity of injured person(s)- (1) Call Staff ON CALL; (2) Staff ON CALL to call Doctor ON CALL immediately (**Staff ON CALL to go physically bring Doctor ON CALL to area of injured person(s) if unable to reach by phone); (3) Mama or person in direct vicinity of injured person(s) also needs to order one non-injured person to go physically bring Doctor to area of injury (**if someone is available and if it is safe for them to leave at that time of night); (4) Clear room of all other persons except yourself, injured person(s) and one other helpful adult or person if available; (5) Do NOT move the injured person(s) in anyway- if they sit up or move independently, encourage them to lie still until the Doctor and Staff arrive; (6) When Doctor and Staff arrive, stay to assist in anyway needed and ensure the non-injured persons are being supervised/cared for in area outside of injured person(s) direct vicinity (**REFERENCE STAFF PHONE TREE FOR REQUIRED NUMBERS**)



Medical Referral Form

Patient Name: _____ Pod ____ House ____

Complaint: _____

Possible Diagnosis: _____

Treatment: _____

[illegible]

Beatrice Nursing Assistant to RG Students Policy

- 1) **WOUNDS-** will visit Dr. Bridget in clinic as needed to retrieve necessary supplies (plasters, wound cream, hydrogen peroxide, gauze sponges); will ONLY treat RG students who have a current “medical referral form” (white slip) signed by Drs. Tim/Bridget/CO; will limit care to wound cleansings, wound cream application and wound dressings (as detailed care plan is delineated by overseeing MD on student’s white slip); encouraged to assist in student education and empowerment as well as assist in any necessary communication to the house mama- such as education on personal wound care at time of bathing, strongly discouraging habits such as picking at wounds or not wearing shoes while playing outside, etc.; will document care given and date/time on student’s white slip; will also document any care given on provided Medical Treatment Form (**** please be sure to capture all data on this form including student’s full name, pod/house #, diagnosis and treatment, including quantity of medical supply or medication dispensed, as this information is vital to track all care in the student’s permanent chart).**
- 2) **FLU-** will visit Dr. Bridget in clinic as needed to retrieve necessary medications (ColdEase elixir and dispensing cup); will ONLY treat RG students who have a current “medical encounter form” (white slip) signed by Drs. Tim/Bridget/CO; will limit treatment to dispensing Coldease (10mL every 8 hours ONLY unless otherwise documented on the student’s current white form) as delineated by MD on the student’s current white slip; encouraged to assist in student education and empowerment as well as assist in any necessary communication to the house mama- such as encouraging warm salt water “gargles” at night before bed, NOT sharing household items such as cups/toothbrushes/spoons with affected student, emphasizing the importance of “covering your mouth” with cough/sneeze, emphasizing the importance of hand washing to limit disease transmission, etc; will document care given and date/time on student’s white slip; will also document any care given on provided Medical Treatment Form (**** please be sure to capture all data on this form including student’s full name, pod/house #, diagnosis and treatment, including quantity of medical supply or medication dispensed, as this information is vital to track all care in the student’s permanent chart).**
- 3) **PAIN-** will visit Dr. Bridget in the clinic as needed to retrieve necessary supplies (Ibuprofen 200mg); will ONLY treat RG students who have a current “medical encounter form” (white slip) signed by Drs. Tim/Bridget/CO; will limit treatment to dispensing Ibuprofen 200mg (one tablet ONLY with meals/food every 8 hours unless otherwise documented on the student’s current white form) as delineated by MD on the student’s current white slip; encouraged to assist in student education and empowerment as well as assist in any necessary communication to the house mama- such as importance of limiting activity (i.e. futbol/jumping/recreational activities) on injured extremity, utility of massage on affected sites of muscular injuries, cold application on swelling (i.e. swollen foot submerged in pot of cold water for 15mins twice daily), etc.; will document care given and date/time on student’s white slip; will also document any care given on provided Medical Treatment Form (**** please be sure to capture all data on this form including student’s full name, pod/house #, diagnosis and treatment, including quantity of medical supply or medication dispensed, as this information is vital to track all care in the student’s permanent chart).**

****Will turn the provided Medical Treatment Form into Dr. Bridget at end of every month (and request one sooner if form gets filled up).**

****Will call “MD on CALL” immediately with any medical emergency (Dr. Bridget 0790463230, Dr. Tim 0392965017) or any treatment concern/question outside of that which is delineated on the student’s’ white slip.**

****Will assist RG's medical ministry through student education and empowerment as well as assisting in any necessary communication to the house mamas on:**

- 1) The proper definition and assessment of a “medical emergency” and empowering the inquiring student or mama to use the protocol as previously delineated by Dr. Bridget (refer them to the laminated copy of this protocol in their home- in short: **NON-EMERGENCY** goes to clinic, Monday-Friday, 10:30-2pm, hours extended to 5pm on Tues-Thurs); **EMERGENCY** should send responsible student/assistant to call or physically retrieve MD on call, one overseeing adult in the immediate vicinity should stay with affected patient, overseeing adult in immediate vicinity should send for another responsible adult to assist with other household or classroom children if scenario requires)
- 2) The importance for student safety and social responsibility and the associated **MANDATE** that all student's walk promptly and directly to the clinic and back during the previously stated office hours- without any detour otherwise to garbage pits, other PODs, construction sites, missionary homes, high grass, or otherwise.
- 3) The critical attention for the student's overall health and the concurrent **PROBITION** for any garbage pit entry/scavenging/eating, any construction site play, tree-climbing, Nile River visitation, or other dangerous activities as communicated by ChildCare, house mamas, RG staff, teachers, or missionaries.



#: _____

MEDICAL CLINIC

NAME:

DATE OF BIRTH:

RG STAFF (CIRCLE): YES OR NO

CHIEF COMPLAINT:

DATE:

DISTRICT:

VITALS: BP-

TEMP-

HR-

WT-

ALLERGIES:

MD NOTES:

LAB RESULTS:

DIAGNOSIS:

ASSESSMENT/PLAN:

MD SIGNATURE:

PAID/PAYROLL DEDUCTION (CIRCLE ONE) TOTAL:



MEDICAL CLINIC PATIENT REFERRAL

PATIENT NAME:

DATE:

DISTRICT:

REFERRING PHYSICIAN:

DIAGNOSIS:

REFERRAL REQUISITION:

MD SIGNATURE: