

FREQUENCY FOLLOW UP CRITERIA FOR PATIENTS ATTENDING MEDICAL CLINICS IN PRIMARY MEDICAL CARE INSTITUTIONS (PMCIS)

Directorate of Non Communicable Diseases
Ministry of Health



Frequency follow up criteria for patients attending medical clinics in Primary Medical Care Institutions (PMCI)

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Frequency follow up criteria for patients attending medical clinics in Primary Medical Care Institutions (PMCI)

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Frequency follow up criteria for patients attending medical clinics in Primary Medical Care Institutions (PMCI)s

Introduction

Improving patients' overall satisfaction on health care services through provision of quality first contact care and financial protection is one of the main objectives of the Policy on healthcare delivery for universal health coverage.

According to the Annual Health Bulletin 2019, Medical clinics in Primary Care Level provide services for nearly 9545725 people annually and 26153 per day. Overcrowding of medical clinics decreases the patient satisfaction and quality of patient care. Timely access with limited waiting time to receive is one of the few of the essential features of a high-quality health care system which are strongly associated with patient satisfaction.

The Directorate of Non communicable Diseases, Ministry of Health has developed frequency follow up criteria for patients attending medical clinics in Primary Care Level with the guidance of the Professional Colleges thinking as a strategy to reduce overcrowding at medical clinics and to improve health outcomes and client responsiveness.

Primary Health Care clinics scheduling shorter appointments for patients who need immediate follow up prioritizing required services while giving distant appointments for patients who need regular follow up would reduce overcrowding of the clinics.

The treating Medical Officer of the clinic should carefully consider the given criteria to decide on the frequency of clinic visits for patients with well controlled disease and no complications.



Frequency follow up criteria for patients attending medical clinics in Primary Medical Care Institutions (PMCI)s

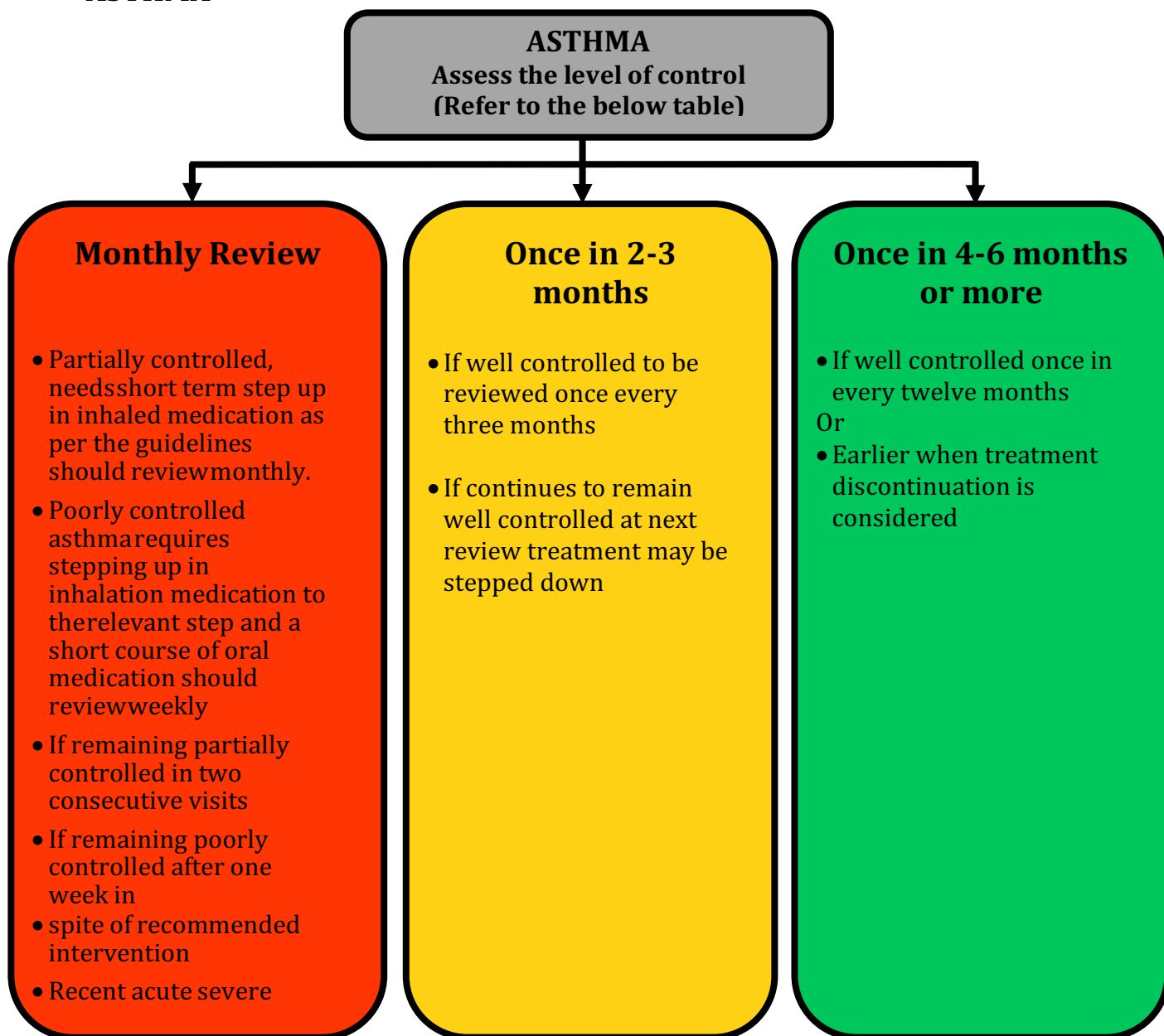
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ASTHMA



Bronchial asthma: assessment of symptom control

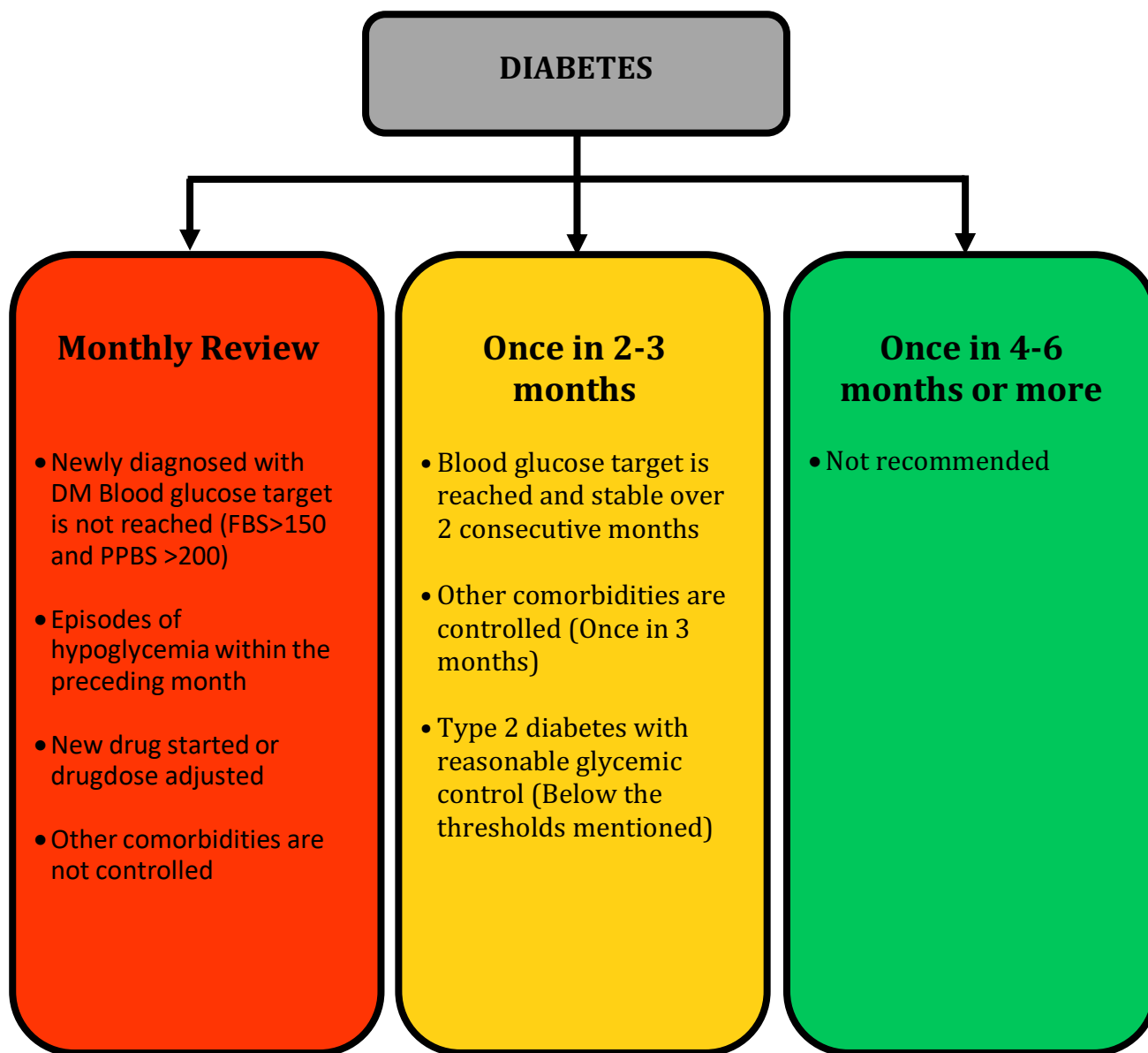
Symptom control	Yes (1)	No (0)
Day time asthma symptoms more than twice a week		
Any night waking due to asthma		
Reliever needed for symptoms more than twice a week		
Any activity limitation due to asthma		
Total		

Level of asthma control – Well controlled = 0
 Partly controlled = 1-2
 Uncontrolled = 3-4



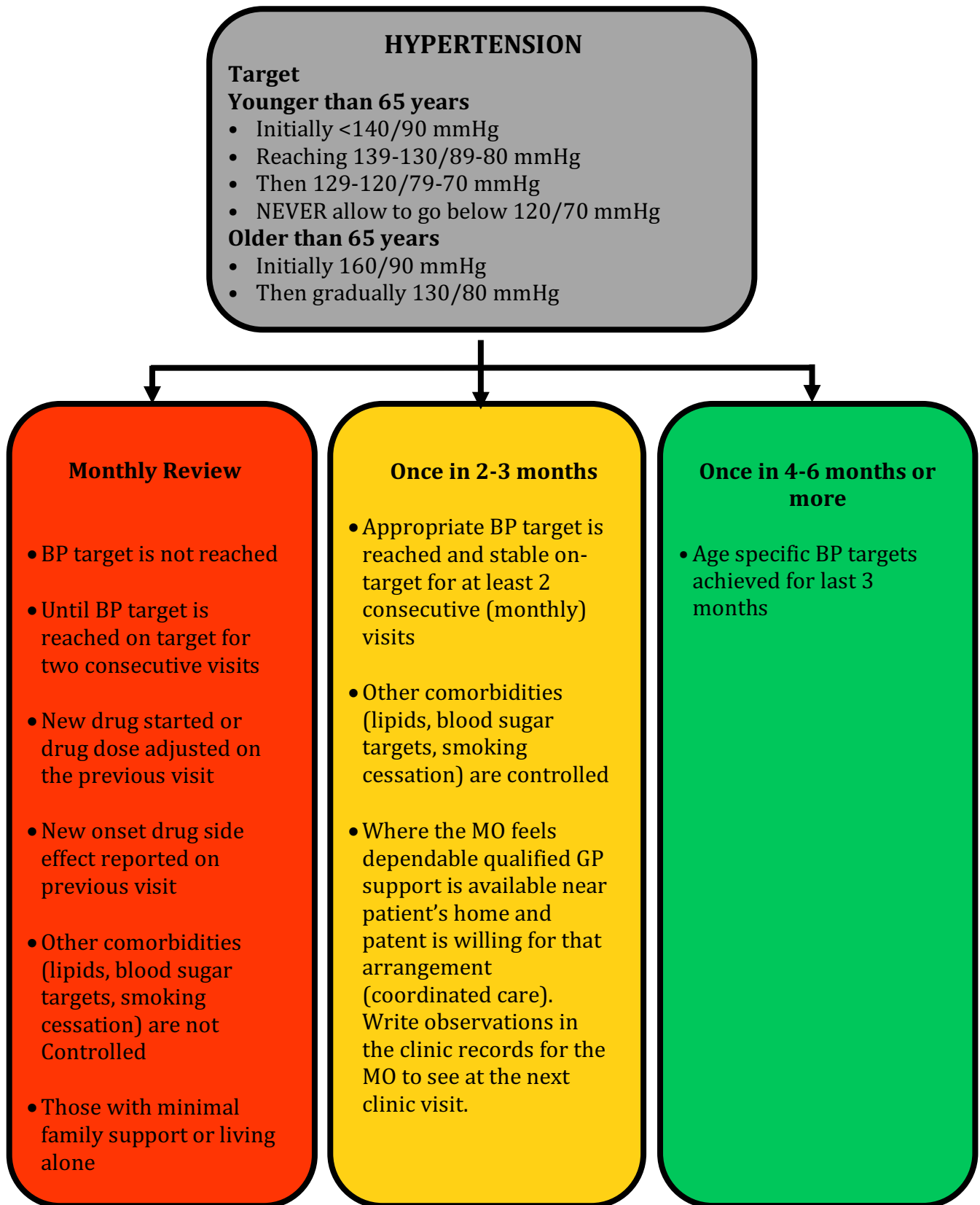
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DIABETES



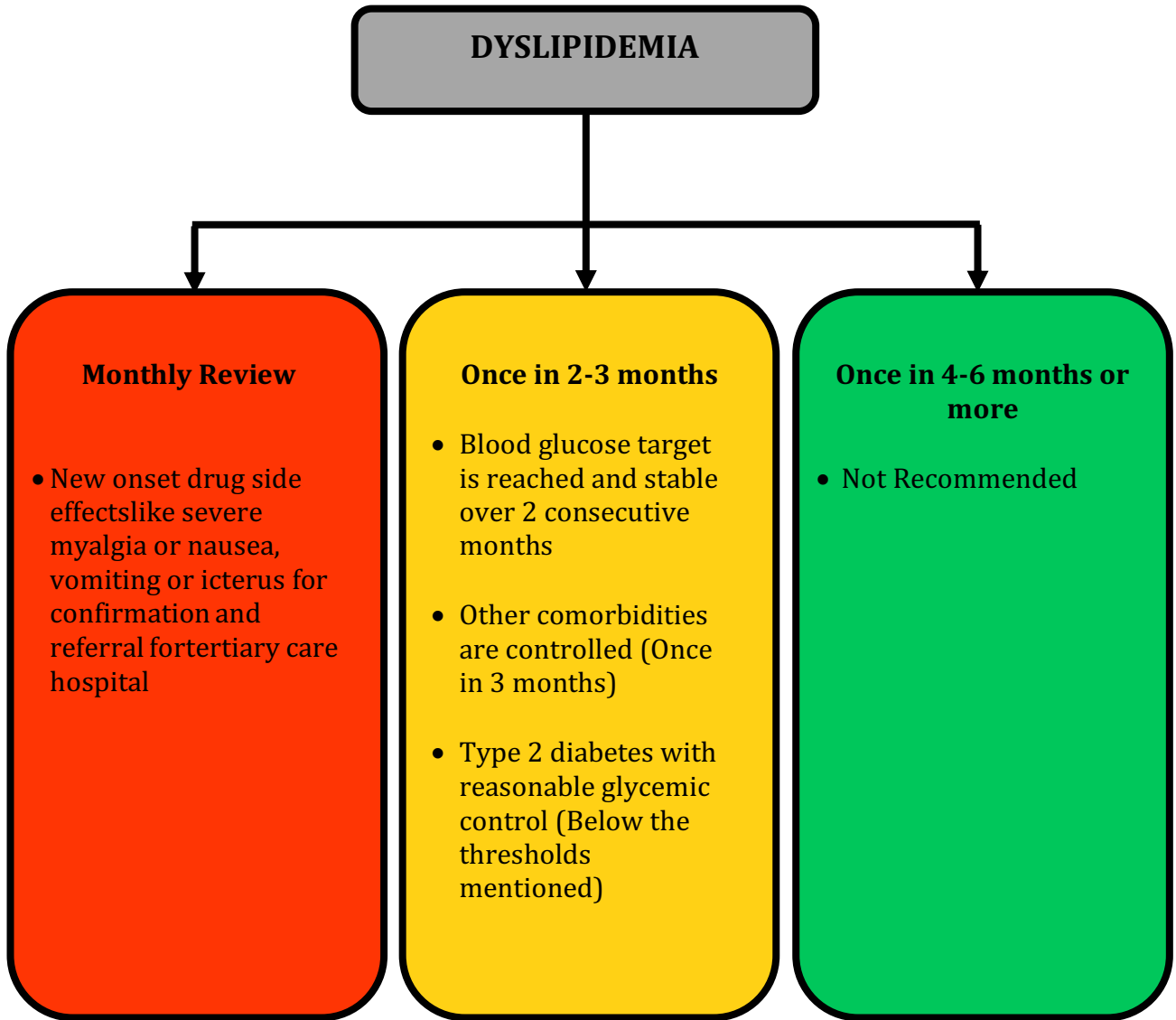
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HYPERTENSION



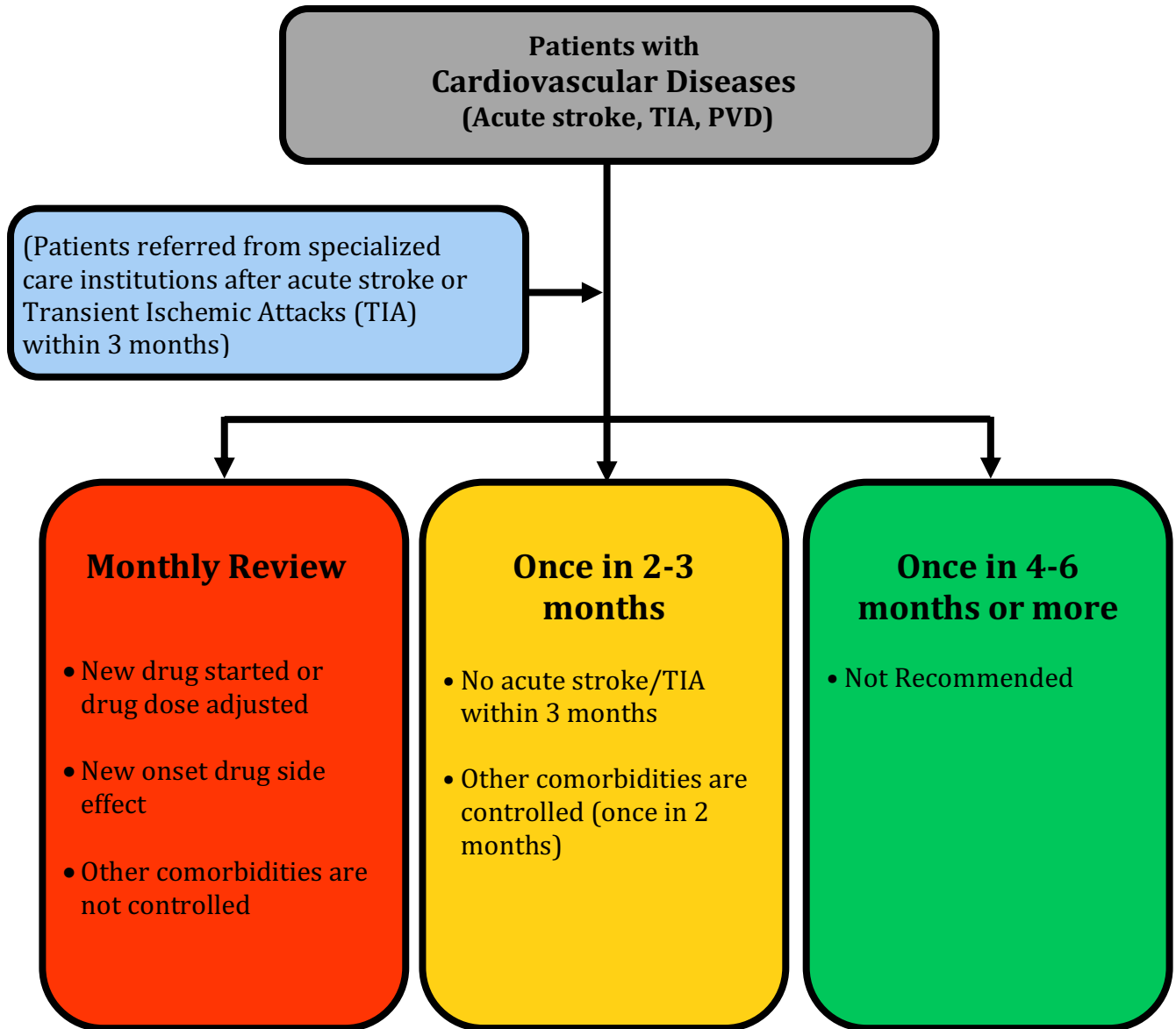
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DYSLIPIDEMIA



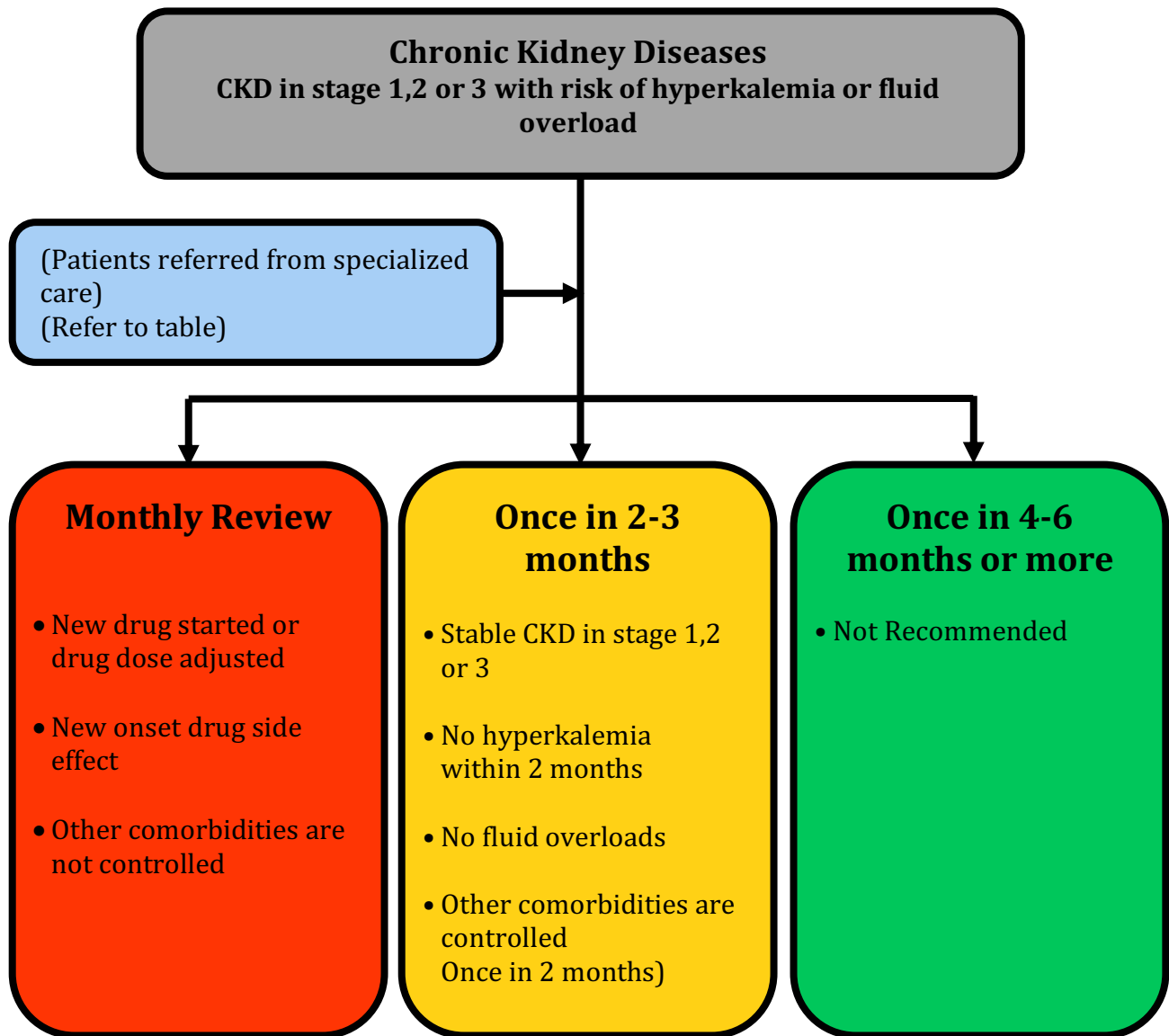
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CVD/ CARDIOVASCULAR DISEASES (ACUTE STROKE, TIA, PVD)



Frequency follow up criteria for patients attending medical clinics in Primary Medical Care Institutions (PMCI)s

CKD (CHRONIC KIDNEY DISEASES)



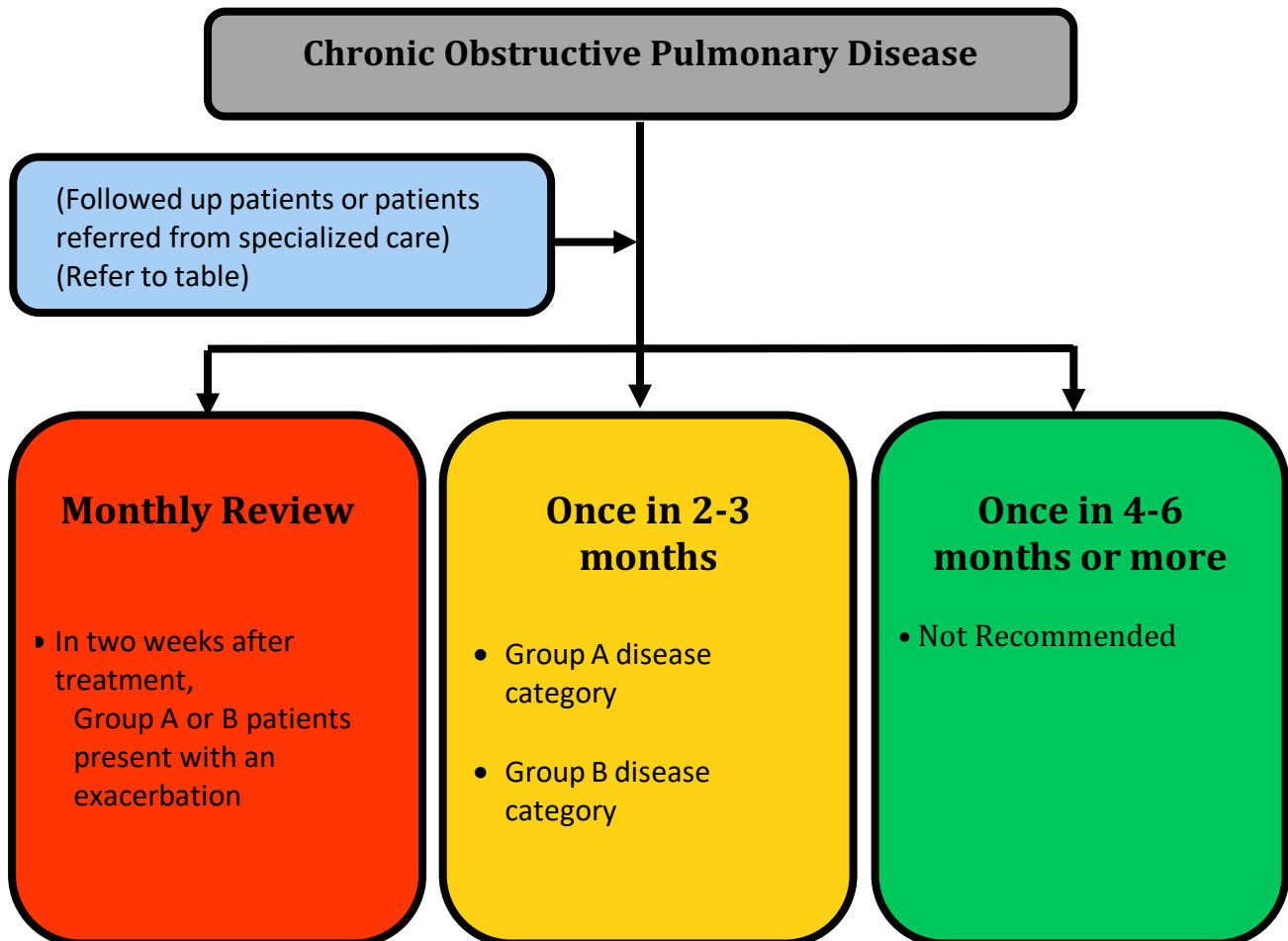
Stages of Chronic Kidney Disease

Stage	eGFR
Stage 1	>90
Stage 2	60 – 89
Stage 3a	45 – 59
Stage 3b	30 – 44
Stage 4	15 – 29
Stage 5	< 15



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COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)



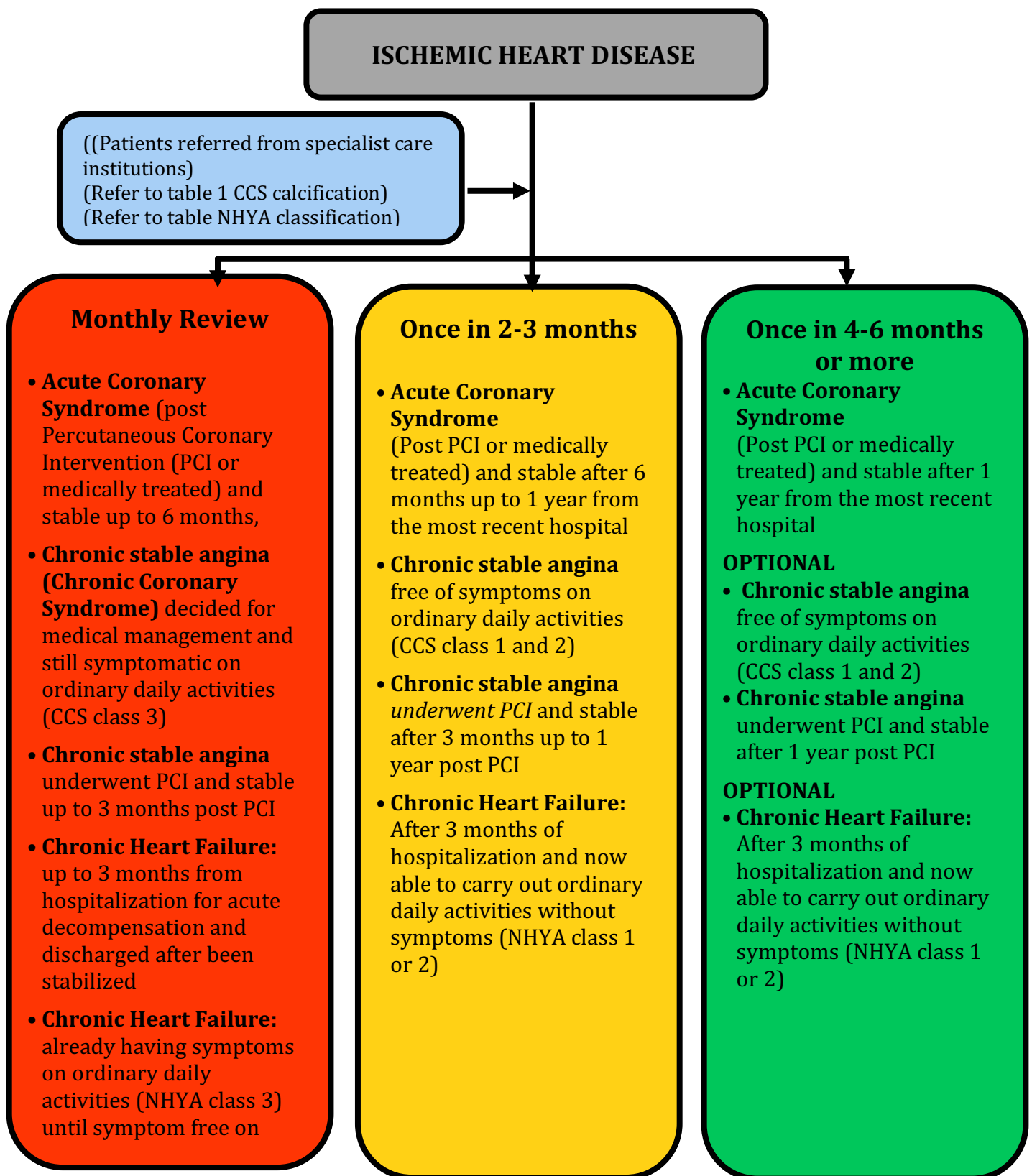
COPD Disease Category

Category	Symptoms
A	FEV1 \geq 50%, low symptoms+, <2 exacerbations/year
B	FEV1 \geq 50%, High symptoms+, < 2 exacerbations/year
C	FEV1 < 50%, Low symptoms+, \geq 2 exacerbations/ year
D	FEV1 < 50%, High symptoms+, \geq 2 exacerbations/ year



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IHD (ISCHEMIC HEART DISEASE)



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Canadian Cardiovascular Society (CCS) classification:

Class	Level of symptoms
Class I	<ul style="list-style-type: none"> • Ordinary activity does not cause angina • Angina with strenuous or rapid or prolonged exertion only
Class II	<ul style="list-style-type: none"> • Slight limitation of ordinary activity • Angina on walking or climbing stairs rapidly, walking uphill or exertion after meals, in cold weather, when under emotional stress, or only during the first few hours after awakening
Class III	<ul style="list-style-type: none"> • Marked limitation of ordinary physical activity • Angina on walking one or two blocks on the level or one flight of stairs at a normal pace under normal conditions
Class IV	<ul style="list-style-type: none"> • Inability to carry out any physical activity without discomfort or angina at rest

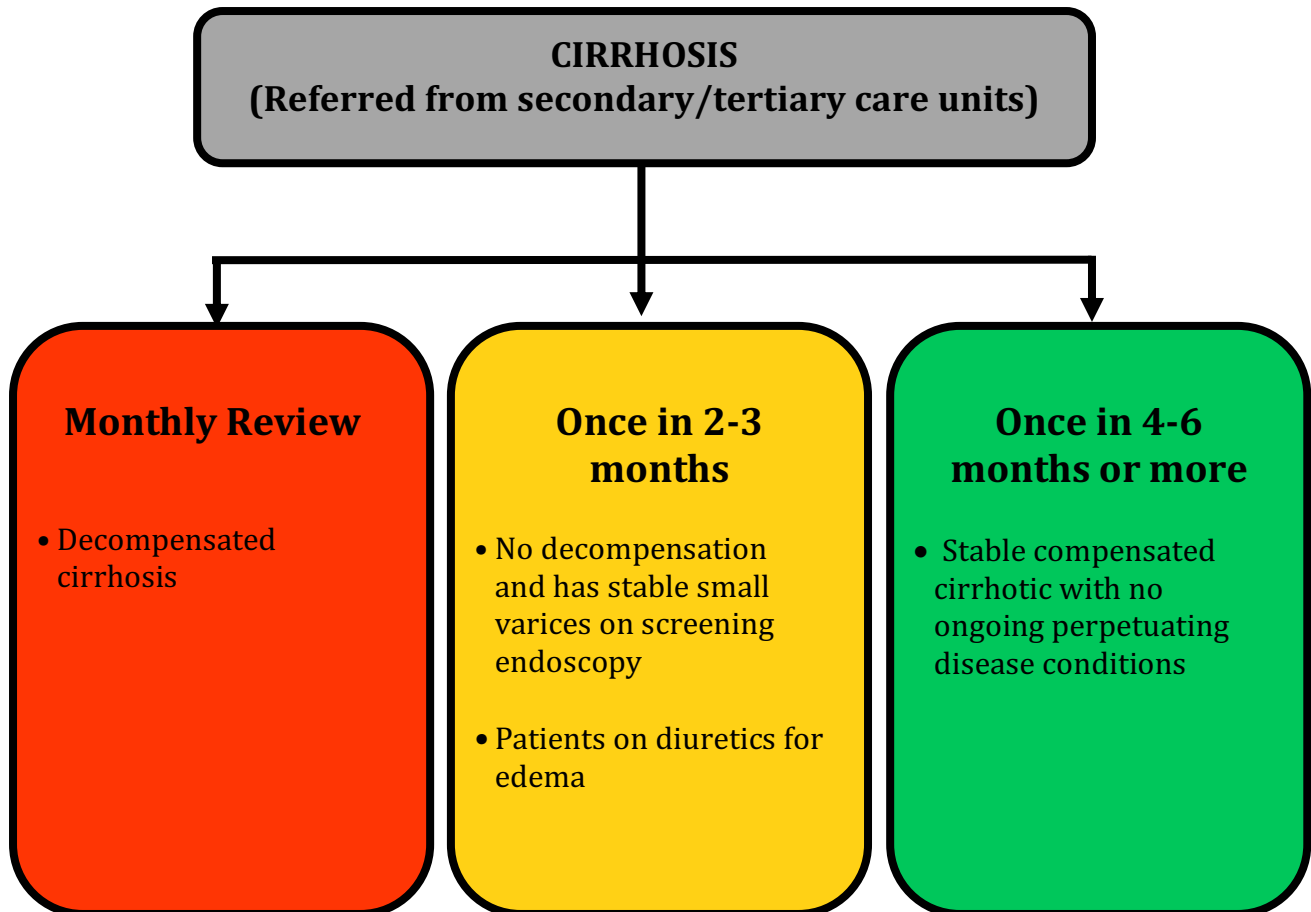
NHYA Classification:

NHYA class	Symptoms
Class I	Structural myocardial changes
Class II	Small decrease in exercise tolerance
Class III	Significant decrease in exercise tolerance
Class IV	Symptoms of heart failure in rest or during small exercise



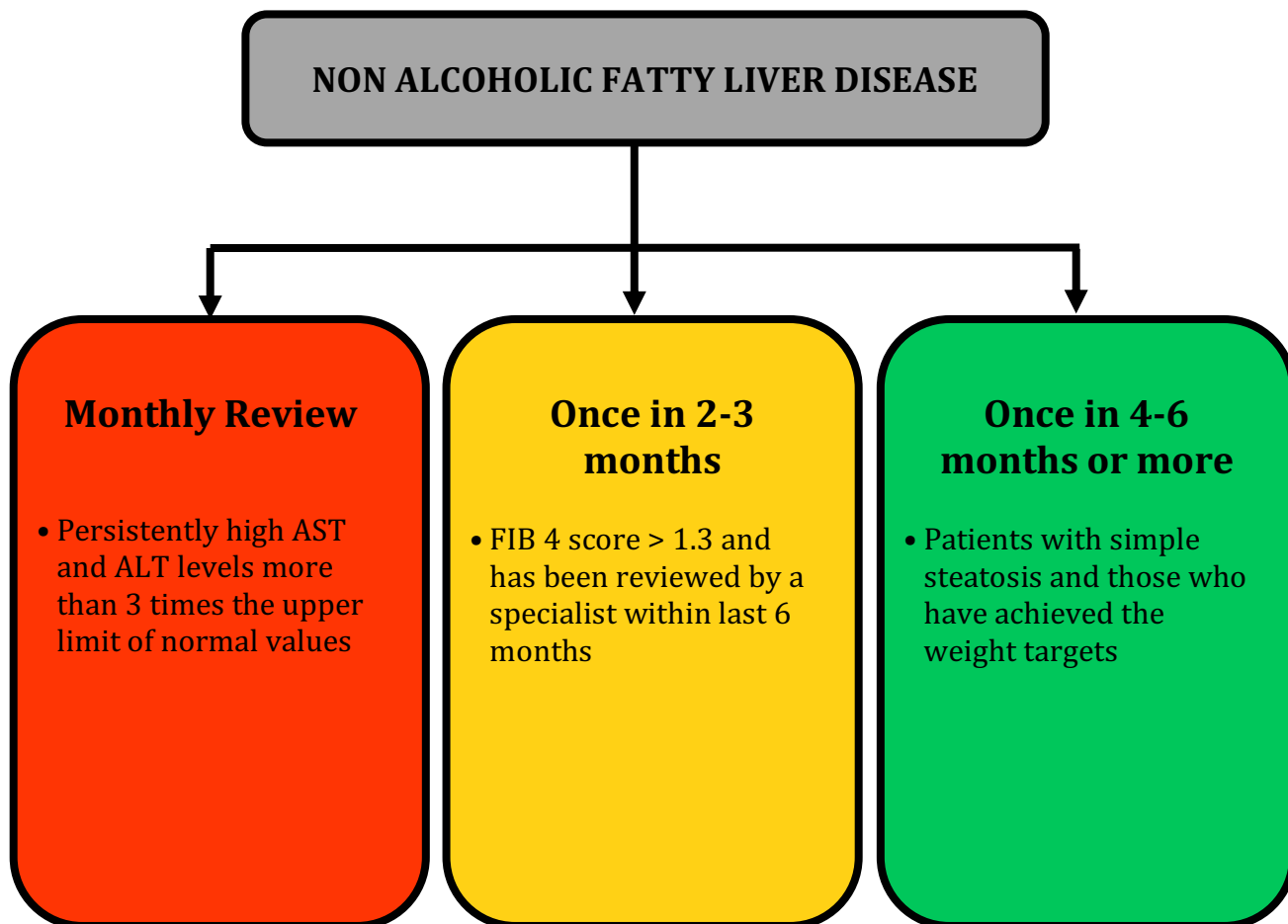
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CIRRHOSIS



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NAFLD (NON ALCOHOLIC FATTY LIVER DISEASE)



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THYROID DISEASE CONDITIONS

