

Team Leader Guidelines 2012

Volunteers at the Carolina Honduras Health Foundation know that the week can be incredibly rewarding. They also know that proper planning ensures a less stressful week. Thus, at the request of team leaders, the Board of Directors has compiled this document to assist in planning and executing a volunteer week at the clinic. Hopefully, this document will provide information both important and necessary for a successful mission.

ADVANCE PLANNING INFORMATION

Travel: Team Leaders are responsible for arranging travel. When purchasing tickets, ensure that the name on the ticket exactly matches the name on the passport. Generally teams fly into San Pedro Sula and continue via vehicles or via airline to La Ceiba where they spend one night in a hotel before going to Limón. Frequently, hotels provide a mission discount. Ground transportation between San Pedro and La Ceiba takes approximately 3 hours; air travel is a 30-minute flight. Travel from La Ceiba to Limón takes approximately 3 hours. Teams should plan the itinerary in order to ensure reaching destinations before dark. Except in an emergency, CHHF vehicles are not allowed on the roads after dark. At the end of the volunteer week, most teams spend the final night in a hotel nearer the airport before flying to the States. Honduran airports have an Airport Exit Fee of approximately \$38 which can be paid only in cash (US Dollars or Honduran Lempira.) This fee will possibly increase in 2012.

Passports: Honduras requires US Passports to be valid for 6 months beyond the intended stay in Honduras. Currently, the wait time for a passport is up to 6 weeks. Volunteers should make two copies of their passport in case of loss or theft. One copy should be kept by the volunteer in a safe place separate from the passport itself. The other should be left with someone in the US. All teams are encouraged to register their teams with the State Department at www.state.gov prior to the trip.

Travel Insurance: Travel Insurance is recommended for every volunteer. Team Leaders may obtain any plan desired. Frequently teams purchase insurance for a nominal fee through the United Methodist Church Volunteers In Mission Program. Their website and Insurance information can be found at www.umvim.org/forms.htm Three forms are required by VIMS for their insurance:

- Project Commitment and Team Leader Agreement
- Team Roster
- Missioner Profile and Release

Team affiliation with the Methodist Church is not a requirement. If forms are completed under the SC conference, they must be sent to Conference Coordinator Tony Rowell, totobobo@windstream.net, prior to submission to VIMS. Allow at least six weeks.

There are many other sources for travel insurance. One CHHF team leader recommends the following agency: Adams and Associates, Columbia, SC. 803-758-1400 or 1-800-922-8438

In order to ensure the best possible rates, state that this is a mission trip.

Budget: Each team is responsible for the preparation of a budget to cover team expenses. Depending upon airline costs and the plans of the team, these budgets and individual costs can vary considerably.

Travel Money: Team leaders must take sufficient cash for purchases and for payroll. Honduran banks and businesses will not accept Traveler's Checks. Use of credit cards and ATM cards is often problematic. If you plan to use a credit card, inform your credit card company in advance of travel plans. Limit the number of twenty dollar bills as banks and businesses often do not accept them.

Immunizations: The following immunizations and medications are recommended for each volunteer:

- Hepatitis A (2 shots)
- Hepatitis B (3 shots) – for persons in contact with patients
- Typhoid (1 shot, boosters periodically)
- Tetanus (1 shot, boosters periodically)
- Malaria Medication – the quantity varies depending upon the length of stay. Every person should take 500 mg of Aralen or Chloroquine Phosphate as specified below: *Take your first tablet one (1) week before entering Honduras. If you are in Honduras 1-7 days, take one tablet on the same day each week as your first dose. If you are in Honduras for more than 7 days, repeat your medicine on the same day of each week while in Country. After leaving Honduras, take your medication for 4 more weeks. In summary a stay of 7 days in Honduras will require a total of six 500mg tablets. A stay of 10 days will require a total of seven 500 mg tablets. This medication should be taken with a full meal.*

Please have each member of your team contact his physician concerning individual needs, the immunizations and medications to be taken, and possible side effects.

Police Presence in Limón: In January of each calendar year, team Leaders will be asked by Chris Zawachi to specify the exact dates teams will be at the CHHF clinic in Limón. This information will then be sent to the Colon district police who have offered to ensure police presence at the Limón police station and in the area when teams are there. Please provide comments on this in your summary team report.

Clinic in Limón: The medical clinic is located on the ground level and includes a waiting room, a pharmacy with a separate waiting area, a laboratory, 4 exam rooms, an ER surgical room, a dental facility, a records room, and a lavatory. All exam rooms, surgery, lab, dental clinic, and pharmacy are air-conditioned.

Housing in Limón: While in Limón, teams utilize the living area above the clinic. This includes eight bedrooms, four bathrooms with showers, a great room with eating area and kitchen facilities. The eight bedrooms have 4 sets of bunk beds, 4 single beds, and 8 double beds. A large porch overlooks the Caribbean Ocean.

Groceries and Meals in Limón: Each team is responsible for planning all meals while at the clinic in Limón. Purchasing of groceries is generally done in La Ceiba. Frequently grocery stores provide mission discounts when asked. In addition to food supplies, normal detergents, and other kitchen needs, each team should purchase one gallon of bleach for use in washing fresh vegetables and fruits before consumption. Teams should bring 1 or 2 gallons of distilled water for use in the autoclave. If there is a dentist on the team, one extra gallon of bleach and one extra gallon of distilled water will be needed for use in the dental clinic. Most teams purchase fresh fruits and vegetables in Tocoa on the way to Limón. Local cooks trained in food preparation for safe consumption are available for team hire. A designated person should discuss the menus for the week with the cooks. Explain your expectations regarding meal times and disposition of left-over food. A sample menu with grocery list is available; contact Chris Zawacki at czawacki@aol.com.

Dental Clinic: Dr. Chip Still, chair of the dental committee, is preparing updated dental information. That information will be sent to you. In the meantime, if you have dental volunteers on your team, for information contact Dr. Still drchipstill@gmail.com

Water in Honduras: Generally, the water in restaurants is safe, but one should avoid drinking tap water or having ice in drinks outside of major establishments. CHHF has its own well at the clinic. In addition, a water purification system supplies the ice machine and the water spigot on the front porch. Use water from the porch spigot for drinking.

Clinic Supplies: Each team is responsible for taking medications and supplies that they will use on their medical/dental mission. If available, samples may be collected but should be transferred to stock size bottles to utilize limited space in the pharmacy. More information on medicines is listed in the Pharmacy section.

Employees at the Clinic: Each team will pay the local part-time employees to assist at the clinic. The CHHF Staff Salaries attachment indicates the types of employees normally hired by teams and the CHHF approved salary pay scale. (Please note that a fully-qualified lab technician is no longer available in Limón. Claudia is available as a lab assistant; she can do basic lab tests including hemoglobins, hematocrits, pregnancy tests, but she cannot identify malaria. She does not speak English.) Team Leaders are asked to ensure that employees hired are paid according to the approved Staff Salaries which have been determined using Honduran standards. Several of the personnel working at the clinic are full time staff of the Foundation and are paid by the Foundation. These include Douglas Goff (responsible for maintenance at the clinic and for driving the yellow bus), Corina Goff (housekeeper) and Ben Ordoñez (security). If Douglas interprets for your group, he should be paid additionally for this service. Otherwise, these three require no additional payment. However, if they have performed a significant service which is not part of their normal duties, you may give them a tip which is reasonable in relationship to payment for part-time staff.

Team Reservation Form: Each team leader must complete a Team Reservation Form (**Attached pages 8-9**). This includes a schedule for the week's activities. Please submit this information sheet at least 4 weeks in advance of your trip. This schedule is used to inform Facilitator David Kelly and Bus Driver Douglas of the plans for arrival and departure and of the work schedule for each day at the clinic. The form also confirms the number of interpreters and number of cooks requested and details the type of medical or dental services available and is used to inform teams before your arrival of any specialists scheduled at our clinic. With the Team Information Sheet, all teams are required provide information regarding each team member:

- a. Name as listed on passport
- b. Address
- c. Age
- d. Emergency contact name and phone number
- e. Email addresses for each team member – appreciated but not mandatory

LODGING AND VEHICLE USAGE FEES

Fees: All teams must pay lodging and vehicle usage fees. A lodging fee of \$50.00 per team member is charged. In addition fees are charged for the use of each CHHF vehicle. Vehicle scheduling must be coordinated with Chris Zawacki and arrangements made well in advance. See attached **Lodging and Vehicle Usage Fees (Attached page 10)** and **Directives for Use of all CHHF Vehicles (Attached page 11)**. All fees must be sent to the CHHF office (P.O. Box 528, Barnwell, SC 29812) at least 2 weeks prior to arrival. Do not pay these fees to Sandy Palencia in La Ceiba. Gas for the yellow bus is provided by CHHF and is covered by the fee your team pays. Douglas Goff has these funds, but if you are asked to pay for diesel for the Yellow Bus obtain a receipt and send it to Chris Zawacki for reimbursement.

MEDICAL EQUIPMENT

Oxygen: Oxygen tanks are located in the surgery. Please check these tanks at the end of your mission week. If they need to be refilled, ensure that David takes them to La Ceiba.

Non-functioning equipment: Only members of the CHHF Board of Directors may dispose of non-functioning medical equipment. Please notify the CHHF office if you find medical equipment which is not functioning properly or if parts or supplies are needed. Please label as Non-Functioning.

Donating equipment: If your team has an offer of a medical equipment donation for the clinic, please contact Chris Zawacki before accepting that donation or taking that equipment to the Limón or Icoteas clinic. The feasibility and functionality must be evaluated prior to acceptance.

PHARMACY

Formulary of Pharmacy Items: The Board of Directors is preparing a Formulary of Pharmacy Items which will be sent to team leaders at a later date. Each team should attempt to provide as much as possible of those items for stocking the pharmacy. Although the clinic pharmacy will have many medicines, the supply will be insufficient for the team's needs during the week. CHHF requests that any medicines listed on the formulary and remaining at the end of your week be left in the clinic for future use. Shortly before your departure, Chris Zawacki will send you a list of medicines in critically low supply. If possible, purchase these and bring them with your team.

Pharmaceutical Donations: Possible sources for donated medicines are Brothers' Brother (www.brothersbrother.org), Kingsway Charities (www.kingswaycharities.org), AmeriCares (www.americares.org) and CrossLink (www.crosslinkinternational.net). Medicines may be purchased from Blessings International (www.Blessing.org), CrossLink (see above), and Kingsway Charities (see above). Equipping the Saints sells vitamins and other medical supplies (www.etsusa.org). Johnson & Johnson has a Medical Mission Pack (www.map.org). Lab supplies may be purchased from Henry Schein through Neal Kennedy (Neal.Kennedy@henryschein.com). CHHF continues to seek grants for medicines and medical supplies. At times these supplies have restrictions concerning their use and, if used by your team, will necessitate the following of approved guidelines. For information on what might be available contact Peggy Hook at hookkp@gmail.com. Team leaders who find other sources of donated or reduced price medicines should inform Chris Zawacki.

Malaria Protocol: In the pharmacy, there is a Malaria Protocol notebook with clear instruction for dispensing malaria medications. Copies of the labels needed are provided as an attachment to this document. CHHF maintains a supply of chloroquine tablets in the pharmacy. Liquid chloroquine from small children is the responsibility of each team. If your local pharmacist cannot compound this medicine for you, contact David Creecy, Poquoson Pharmacy, 498 Wythe Creek Road, Poquoson, VA 23662 creecy@att.net 757-868-711. You will need a prescription signed by one of your physicians. Then David will prepare the compound for you at cost if you identify your team as being with the Carolina Honduras Health Foundation. Once compounded, the shelf life is two (2) months.

Premaquine: CHHF does not provide premaquine, either tablet or liquid. Teams can contact Sandy Palencia in La Ceiba to purchase. cruzadas.sandy@gmail.com

Worm Medication: CHHF provides Mebendazole for worm medication, both tablet and liquid.

Birth Control: Sandy Palencia in La Ceiba can purchase birth control pills at a lower cost than purchase in the US. Contact her at cruzadas.sandy@gmail.com

Stop Hunger Now Food Packets: Food packets from SHN are available for malnourished children through our pharmacy. A doctor who identifies a child in need must write a prescription for the SHN food packets so that the pharmacist will dispense. 10 to 15 packets may be dispensed per prescription. The parent should be instructed to return to the clinic within a month for a follow-up evaluation which will include the date and weight on the child's record. This is not a free food program but a prescription for a malnourished child.

Shipment of Pharmaceuticals: Medicines can be shipped in plastic storage boxes purchased at any general merchandise store. These plastic containers must meet airline requirements for maximum size and weight when filled. Check with your airline concerning baggage requirements to ensure the storage boxes you purchase will meet airline requirements. These plastic storage boxes are generally sealed by drilling holes through the top lip of the container to accept plastic zip ties. Take an extra supply of zip ties so that if airline security opens one or more of the containers, it can be resealed. Placing a letter or number on one side of the top and bottom of the container will save time in matching holes when the top is removed. At the top of each box, place a list of medicines and a Customs Letter which will assist in clearing customs, should they open the container. (Sample attached, page 17) Use a permanent marker to write the following on the container.

MEDICAL SUPPLIES
CAROLINA HEALTH CLINIC
LIMÓN, COLON, HONDURAS C.A.

Pharmacy Requests:

- Do not bring expired medications into Honduras.
- Do not change locations of medicines on the shelves in the pharmacy.
- Only medicines may be stored in the pharmacy. Store lab supplies and nursing supplies elsewhere.
- Overstocked items from the pharmacy may be stored in the storage room on the back porch. Surplus eye glasses may be stored in the storage closet in the education building.
- Unpack and return to proper place medications and supplies used at outpost clinics.
- Only members of the CHHF Board of Directors may dispose of expired or overstocked items in the pharmacy.

FORMS NEEDED AND RETAINED

Forms needed by each team: Each team should take sufficient copies of the following forms: (All are attached.)

- a. Attending Physician Form - 700 each
- b. Lab Report Form - 200 each
- c. Pharmacy Needs and Overstocked List for reporting needed Items to next team
- d. Prescription Sheet (if desired by your team) 700 each
- e. Dental Exam Record (if dentist on your team) 250 each

Forms To Be Retained: Please ensure that the Attending Physician Form is filed in the Patient Record. Only clerks may file records not placed in the file by the Attending Physician. Pharmacy forms need not be filed.

HOUSEHOLD

Within the Living Area: Please be aware of the following:

- All of Honduras uses 110 volt electrical power just as we have in the US. Electrical plugs are also two-prong like here, but some outlets do not have the third ground plug. If you have electrical equipment that needs a third ground plug, take an adapter with you.
- The attic ventilation fans should be turned on upon arrival and turned off before leaving at the end of the week. These attic fans are not bathroom exhaust fans but cooling fans for the entire upstairs. Switches are located in the two bathrooms nearest the great room.
- Toilet tissue and personal hygiene products should be disposed of in the trash cans, not in the commode.
- In order to save electricity, lights and fans should be turned off when not needed (except the attic ventilation fans).
- Each team leader or a designated person should discuss the menus for the week with the cooks. Explain your expectations regarding times for meals, disposition of left-over food.
- Corina and Elda are available to your team for doing laundry each day. At the end of the day, they will leave clean clothes neatly folded in the great room.
- Report any housekeeping issues to Corina.
- Any staff issues may be discussed with David Kelly.

MISCELLANEOUS

- Each team is expected to work at least two days at the Limón clinic and one day at the Icoteas clinic.
- Do not rearrange furniture or equipment at the clinic.
- Teams should not give money except in medical emergencies. Donations made for medical care outside of our clinics (amount and to whom) should be reported to Chris Zawacki so that she can monitor that the same person is not receiving a donation from several teams for the same medical issue, as has happened in the past.
- Donations of food may be given for situations of hunger -- food not money. Teams may want to purchase extra beans and rice for this purpose. It is not appropriate for anyone with whom you are working to ask you to help them personally whether they are staff or patients. Report any of these needs to a local pastor if appropriate, but politely decline. Any problems should be included in your team report. For malnourished children, Stop Food Hunger now packets are now available through the pharmacy. (See Pharmacy Information)
- No candy or gum should be dispensed at any CHHF clinic.
- No vendors are allowed on the CHHF property. If seen, report to David Kelly.
- In order to provide the safest environment for team members and personal effects, the Foundation has instituted a policy that only team members and staff are allowed in the residential quarters. Please do not invite anyone else upstairs at any time; if you see unauthorized personnel there, notify David Kelly so that appropriate action can be taken.
- Use common sense when leaving the confines of the clinic. Volunteers should go out in groups, especially at night.
- Each night the team leader or the team leader's designated person should ensure the security of the facility. Caretaker Ben will lock the gates, but the team should check the end porch door and the downstairs doors. The door to the great room should not be locked because volunteers in the outside rooms may need access to the main area.
- CHHF owns a generator which is located in the bodega (storage shed). If there is a power outage, Douglas or David will ensure that it is working. Gas for this generator is provided by CHHF and is covered by the fee your team pays. Douglas Goff has these funds, but if you are asked to buy gas for the generator, obtain a receipt and send it to Chris Zawacki for reimbursement. **Fuel for portable generator use is the responsibility of individual teams. If there is unused portable generator fuel at the end of the week, the team leader may use it in any non-diesel vehicle.**

SUMMARY OF REPORTS NEEDED BY CHHF IN THE BARNWELL OFFICE

These final trip reports are vital for team-to-team communication of needs, problems or successes. All should be sent to Chris Zawacki who will distribute to others as needed.

- 1) **Pharmacy Needs/Overstocked List** – on the day of your return
- 2) **Report of Other Clinic Needs** - on the day of your return
- 3) **Vehicle Damage Report** - on the day of your return
- 4) **Comments/Evaluations Concerning Staff** – via email as soon as possible
- 5) **Summary Report of your Mission Week** (including number of patients seen, number of prescriptions dispensed, number of packages of Stop Hunger Now Food dispensed, and number of cases of malaria) should be sent to Chris Zawacki as soon as possible. Within this report, human interest stories are greatly appreciated as they are important for our newsletters and for presentations made during the year. Photos which can be used in publicity are appreciated. Remember that this team report is part of your work in Honduras. This team-to-team communication is absolutely vital to sharing successes as well as problems so that CHHF can ensure that all goes well for each team at the clinic.

ATTACHMENTS

- | | |
|--|-------------|
| 1. Team Reservation Form – due 4 weeks in advance of departure | Pages 8-9 |
| 2. Lodging and Vehicle Fees -- due 2 weeks in advance of departure | Page 10 |
| 3. Directives for Use of All CHHF Vehicles | Page 11 |
| 4. Accident or Vehicle Damage Form -- Give to David Kelly or Sandy Palencia immediately with copy or email to Chris Zawacki on day of return | Page 12 |
| 5. Approved Staff Salaries | Page 13 |
| 6. Employee Solicitation Policy In Honduras | Page 14 |
| 7. Contact Information | Page 15 |
| 8. Diagram of Clinic Floor Plan – for planning purposes | Page 16 |
| 9. Forms to copy for team use | |
| • Customs letter (Contact Chris Zawacki if you need help) | Page 17 |
| • Attending Physician Form | Page 18 |
| • Lab Test Results Form | Page 19 |
| • Sample Labels | Pages 20-22 |
| • Dental Exam Record | Page 23 |
| • Prescription Sheet | Page 24 |
| 10. Pharmacy Needs and Overstocked List – due day of return | Pages 25-28 |
| 11. Report on Other Clinic Needs – due day of return | Page 29 |

TEAM RESERVATION FORM

This is the information needed four (4) weeks before your trip.
Email to these 3 people: czawacki@aol.com pasdrk@yahoo.com cruzadas.sandy@gmail.com
Or fax to CHHF at 803-259-3513 and Chris Zawacki will send it to Sandy and David. Ask for confirmation to ensure receipt.

Date of Arrival in Honduras: _____ Time: _____ Number of People on Team: _____

Airline _____ Flight No. _____ Pick-up Location: _____ San Pedro Sula
 _____ La Ceiba

CHHF Vehicles needed: _____ Toyota 15 passenger van (+1 jump seat)
 _____ Nissan 11 passenger van (+ 3 jump seats)
 _____ Toyota Tundra truck
 _____ Covered trailer (will need Toyota truck to pull)

Date of Return: _____ Airport To Be Used For Return: _____ Flight Time: _____

Travel Insurance Provider: _____ Phone Number: _____

Vehicles Needed for Trip to Airport or Hotel: _____

Team Leaders(s): _____

Telephone Number(s): _____

Email Address: _____

The following information is for Douglas so he can inform patients where and when they can be seen. **EXAMPLE:**

Mon. June 2	Limón	Limón & walk-ins
Tues. June 3	Icoteas	Icoteas
Wed. June 4	Limón	Plan de Flores bused to Limón
Thurs. June 5	Limón	Limón & walk-ins

Large teams may want to split the team and leave some to see patients in Limón and send others to do outpost clinics. If you do, Douglas will need this information also.

<u>DATE</u>	<u>CLINIC LOCATION</u>	<u>VILLAGE /PEOPLE TO BE SEEN</u>

Number of Interpreters Needed: _____ Number of Cooks Needed: _____

Please identify the number of each provider. FP, PA, NP: _____ Internal Medicine: _____ OB/GYN: _____

Pediatrician: _____ Ophthalmologist: _____ Orthopedist: _____ Surgeon: _____ Dentist: _____

Other _____

As soon as we receive information about “specialized” providers, we will send that information to the clinic for posting.

TEAM RESERVATION FORM

Page 2

Please provide the following information for each team member:

- a. Name as listed on passport
- b. Address
- c. Emergency contact name and phone number
- d. Email addresses for each team member

LODGING AND VEHICLE USAGE FEES

January 2012

All Lodging and Vehicles Fees are to be mailed to CHHF, PO Box 528, Barnwell SC 29812 at least two weeks before leaving for Honduras. No fees are to be paid to Sandy.

LODGING FEES

\$50 per team member for duration of stay at the Limón clinic. You do not pay a lodging fee for drivers or interpreters hired from La Ceiba.

YELLOW BUS FEE

All teams will be required to pay a \$100 bus fee. This will help with the fuel and maintenance costs. If a team chooses to use it to go beyond Planes, but no further than Iriona, an additional \$50 is to be paid. (This is the bus that teams use to travel to outpost clinics and Douglas will use to bring patients to the Limon clinic from distant villages.) The yellow bus cannot go beyond Francia or Iriona. Gas for the yellow bus is provided by CHHF and is covered by the fee your team pays. Douglas Goff has these funds.

VEHICLE USAGE FEES

Nissan Van (11 plus 2 jump seats)

Meet Team in La Ceiba/return La Ceiba	\$300
Meet Team in San Pedro Sula/return La Ceiba	\$375
Meet Team in San Pedro Sula/return San Pedro Sula	\$450

Toyota 16 Passenger Diesel Van

Meet Team in La Ceiba/return La Ceiba	\$600
Meet Team in San Pedro Sula/return La Ceiba	\$675
Meet Team in San Pedro Sula/return San Pedro Sula	\$750

Toyota Tundra Truck:

Meet Team in La Ceiba/return La Ceiba	\$225
Meet Team in San Pedro Sula/return La Ceiba	\$300
Meet Team in San Pedro Sula/return San Pedro Sula	\$375

Covered trailer for supplies, food and baggage

All Use	\$ 75
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The fuel tanks on all CHHF vehicles must be full when left in La Ceiba. Teams departing from San Pedro Sula must fill the tank in La Ceiba and additionally must give the driver of each vehicle 1,200 lempira for refueling upon return to La Ceiba. Fuel receipts and any remaining funds will be given to Sandy for use toward rising vehicle maintenance and repair. Teams not complying will be billed the cost of the fuel plus a \$50 processing fee.

DIRECTIVES FOR USE OF ALL CHHF VEHICLES

The following criteria will be used to define who is allowed use of vehicles owned by the Carolina Honduras Health Foundation and the rules that must be followed:

WHO MAY USE VEHICLES

1. All medical teams who are scheduled through the CHHF office in SC to staff our clinic in Limon, Honduras. These medical teams shall include dental, vision, hearing or other medical related teams.
2. David Kelly and CHHF board members for the purpose of CHHF related work. At no time may they be used for personal or other project use.

CONDITIONS OF USE:

1. All vehicles must be returned to La Ceiba within the allotted scheduled time unless prior arrangements have been made through the CHHF office in SC.
2. All teams will be responsible for filling out accident insurance forms for all damage incurred to all CHHF vehicles during their team use, no matter how minor the damage. If damage occurred due to driver negligence, the team will be responsible for expenses not covered by the CHHF vehicle insurance.
3. The fuel tanks on all CHHF vehicles used must be full when left in La Ceiba. Teams departing from San Pedro Sula must fill the tank in La Ceiba and additionally must give the driver of each vehicle 1,200 lempira for refueling upon return to La Ceiba. Fuel receipts and any remaining funds will be given to Sandy by the driver for use toward rising vehicle maintenance and repair. Teams not complying will be billed the cost of the fuel plus a \$50 processing fee.
4. No CHHF van is allowed beyond Limón.
5. All travel plans are to be made to ensure arrival before dark. Only in an emergency should CHHF vehicles be on the road after dark.
6. The Yellow Bus cannot go beyond Francia or Iriona.

CHHF ACCIDENT OR VEHICLE DAMAGE REPORT

Immediately after an accident or any physical damage to a CHHF vehicle, fill out this form. Give it to Sandy Palencia or David Kelly and send one copy to Chris Zawacki on the day of return to the States. If making a copy is not possible, send Chris an email with this information. CZawacki@aol.com

CHHF Vehicle: Check one Toyota 16 passenger van _____
 Nissan 11 passenger van _____
 Toyota Tundra Truck _____
 Utility Trailer _____

Name of Driver: _____ Team Leader Name: _____

Driver home phone number: _____

Driver's license number: _____ State in which license issued: _____

Date of accident or vehicle damage: _____

Accident location: _____

Police notified? _____

For what purpose was vehicle being used? _____

Describe damage to CHHF vehicle.

Describe damage to other vehicle(s).

Draw a diagram of accident if other vehicles involved. Use back of this sheet.

Take a digital photo of the vehicle damage. Send this photo electronically to Sandy Palencia cruzadas.sandy@gmail.com

Occupants of vehicle at time of accident: _____

Name, address, and phone number for all injured: (Use back if necessary.)

STAFF SALARIES

2012

POSITION	DAILY SALARY
Interpreters	\$14.00
Doorman	\$11.00
Front Desk Workers (2)	\$13.00
Cooks (2 for teams up to 18 or 20. Additional cooks for larger teams)	\$13.00
Laundry Person (for teams greater than 18 people pay \$14 per day)	\$13.00
Icoteas Caretaker (note salary shown in Honduran Lempira)	140 Lempira
Lab Assistant if available	\$12.00
Dental Assistant (English Speaking)	\$14.00
Driver between San Pedro and La Ceiba	\$25.00

David Kelly - Teams are to pay David \$125 as a guide during the time you are in Honduras. His job is to transport your team to and from the airport and assist your team in any way including interpreting. If David is unavailable to drive your team to the San Pedro Sula airport for departure, you should pay the driver who does make this trip as noted above.

Other Workers - Teams who hire additional help from La Ceiba must make the contact, consult with them on their availability and on their salary.

EMPLOYEE SOLICITATION POLICY IN HONDURAS

April 21, 2011

In order to clarify the Solicitation Policy, the Executive Committee of the Board of Directors of the Carolina Honduras Health Foundations deems it necessary to adopt the following policy effective immediately:

1. Under no circumstance is it acceptable for any employee of the Carolina Health Clinic/Carolina Honduras Health Foundation to request or ask for donations from any person who is a member of our volunteer medical/dental mission teams. This shall include money or items brought by the teams intended for others. Staff may accept items that are offered to them by a team member.
2. Employees are not allowed to open or go through any containers brought by teams unless directed to do so by a team participant.
3. An employee who desires to seek assistance for a project or special need must request advance approval from the CHHF Executive Committee. This is done by submitting the request in writing by email to CZawacki@aol.com or by a team leader returning to the States. The CHHF Executive Committee shall respond in writing and if approval is granted the employee may then ask for donations or assistance as outlined in the approval letter.
4. Violation of this policy may result in the termination of employment.

Henry W. Gibson, MD
President
Carolina Honduras Health Foundation

A copy of this policy has been sent to all team leaders who have been instructed to report any violations to David Kelly and the Carolina Honduras Health Foundation in Barnwell, SC.

CONTACT INFORMATION
In United States and Honduras
2012

Carolina Honduras Health Foundation

PO Box 528, Barnwell, SC 29812

Henry W. Gibson, MD – Founder & President

Chris Zawacki – Team Coordinator

Office Phone/Fax – (803) 259 - 3513

Home – (803) 259 – 0587 Cell – (803) 300-4016

Email – czawacki@aol.com

Norma Jean Easterling – Treasurer & Administrative Assistant

Office Phone/Fax – (803) 259 - 3513

Home – (803) - 259 – 5440

Email – normajeasterling@aol.com

If calling from the US, add the country and area codes 011-504 to all numbers listed below.

Sandy Palencia – CHHF Secretary in La Ceiba, Honduras

Office 24 41 18 87 and 24 22 35 46

U.S. phone number to Sandy in Honduras 1-813-600-5282

Fax 24 41 02 47 and 24 42 35 47

Email – cruzadas.sandy@gmail.com

David Kelly – Team Guide in Honduras

Email – pasdrk@yahoo.com

Cell phone 99 88 40 34

HONDURAN ATTORNEYS: Arburo Humberto Batress (used by CHHF)
Both speak English. Phone 24 42 29 77

Kennedy Bodden
Phone 24 42 29 77 Cell – 99 95 01 98

US Embassy in Honduras 22 38 51 14 Ex. 400 day time
22 36 84 97 after 5 pm.

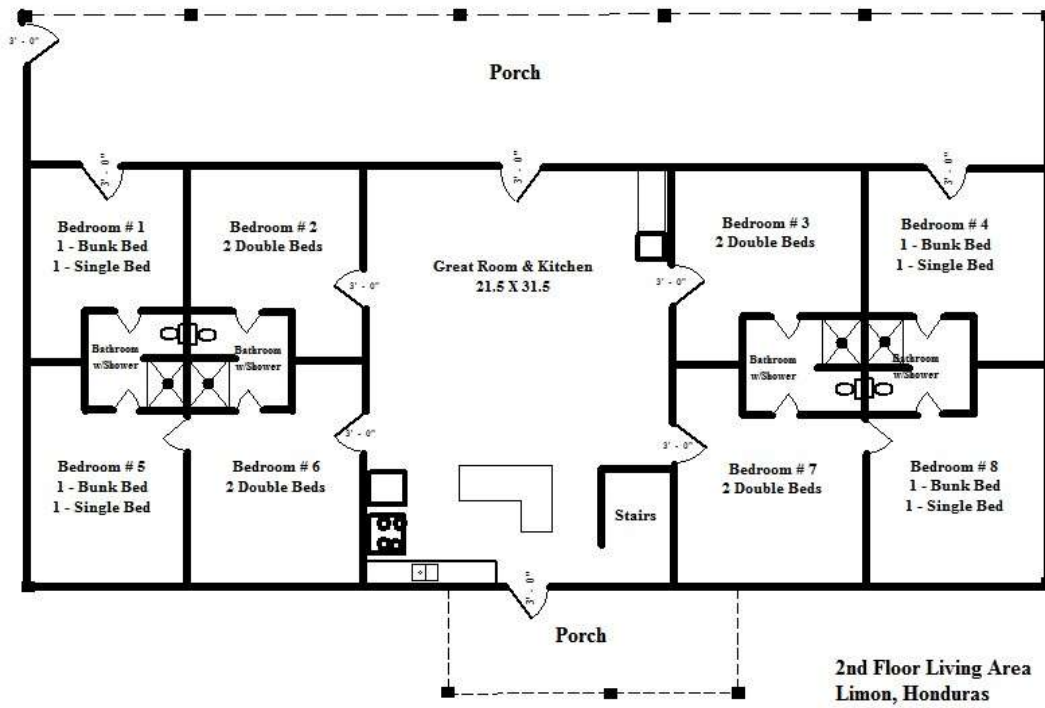
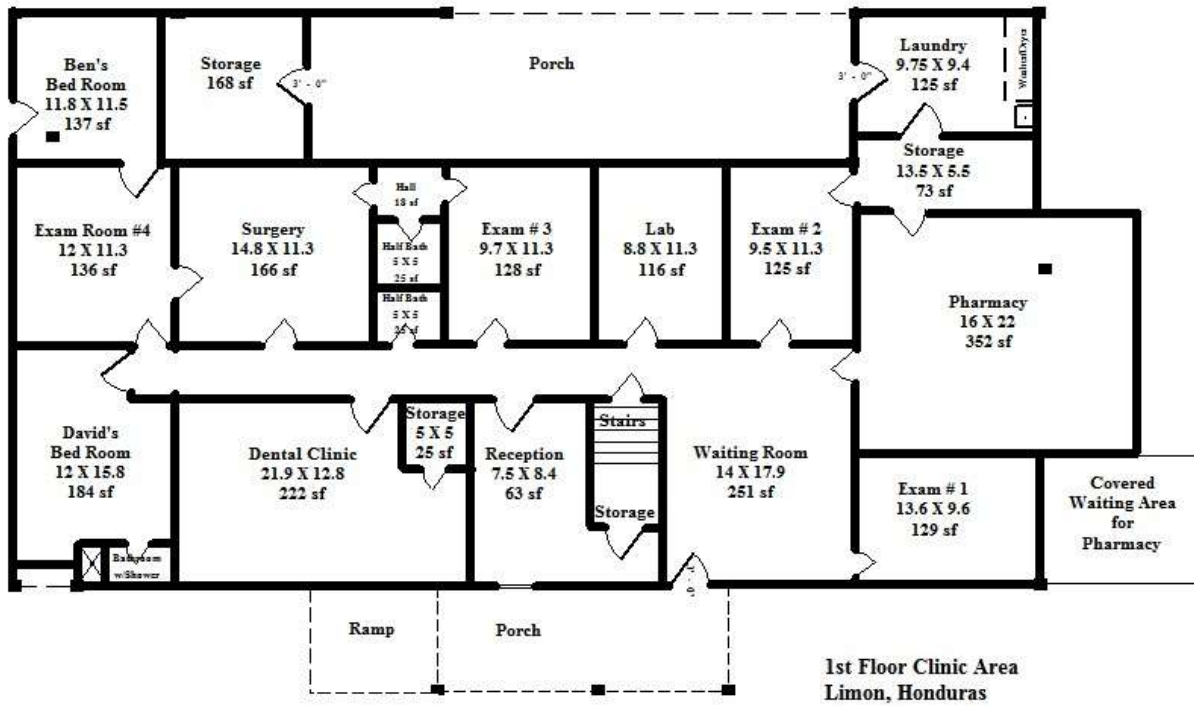
TELEPHONE AT THE LIMÓN CLINIC 24 08 24 85

People stateside can call the clinic but anyone wishing to call out from the Limon clinic will need to purchase a Tigo calling card. These can be purchased many places in Honduras including Limón. U.S. calling cards will not work on this phone.

TEAM CELL PHONE

Prior to your trip, check with Sandy to determine whether a cell phone is available. Adding minutes to a Honduran cell phone is an inexpensive way to call home. If used, the phone must be returned to Sandy. Teams are responsible for loss or damage.

CLINIC FLOOR PLAN



CUSTOMS LETTER

CAROLINA HONDURAS ASOCIACION PARA LA SALUD

Apdo. #358, La Ceiba, Honduras, Central América

Tel. (504) 442-3546

Tel./fax. (504) 442-3547

email:Cruzadas.Sandy@gmail.com

Dr. Henry Gibson-Presidente

Rev. Eleanor Cooper-Directora Nac.

INSERT DATE IN THIS FORMAT: 24 de febrero de 2012

CONSTANCIA:

Por medio de la presente hago constar que ***CHOOSE ONE el Señor OR la Señora INSERT VOLUNTEER'S FULL NAME HERE*** y su grupo misioneros estarán visitando y trabajando en las comunidades de Limón e Icoteas en el departamento de Colon. Los trabajos médicos y distribución de medicamentos y otras cosas serán completamente gratis. Fechas: ***INSERT DATES IN THIS FORMAT el 25 de febrero – 20 de marzo de 2012.*** El Sr. David Kelly los estará asistiendo.

Rogamos a las autoridades de Aduana y Emigración prestarles toda la colaboración posible.

Y Para los fines que el interesado estime conveniente, se le extiende la presente constancia en la ciudad de ***INSERT YOUR TOWN AND STATE HERE***, EEUU.

p. Carolina Honduras Asoc. Para La Salud,

SIGNATURE

TYPED NAME AS SIGNED

El líder del equipo

CHHF ATTENDING PHYSICIAN FORM Attending Physician _____

PATIENT _____ DOB _____ PT.NO _____

DATE _____ COMPLAINT _____

MALE FEMALE HT. _____ WT. _____ B/P _____ TEMP _____ PULSE _____

Sibilancias *Wheezing* Dolor de cabeza *Headache* Dolor abdominal *Abdominal Pain* Problemas para respirar *Breathing Problems* Tos *Cough*

El lloro *Crying* Fiebre *Fever* Dolor de pecho *Chest Pain* Problemas menstrual *Menstrual Problems* Cargue la perdida *Weight loss*

Fatiga *Fatigue* Diarrea *Diarrhea* Nariz Liquida *Runny Nose* Apoye el dolor *Back Pain* Palidezca/anemia *Pale/Anemia*

Picazón en los ojos *Itchy Eyes* Sudores *Sweats* Calambres *Cramps* Dolor de hueso *Bone Pain* Garganta adolorida *Sore Throat*

PERTINENT MEDICAL HISTORY:

	NO	YES	If yes, explain
Heart Disease	_____	_____	_____
Hypertension	_____	_____	_____
Diabetes	_____	_____	_____
Asthma	_____	_____	_____
Renal	_____	_____	_____
Pregnant	_____	_____	_____
Other	_____	_____	_____
Past History	_____	_____	_____

Allergies _____ Current Medications _____

PHYSICAL EXAM: Normal Abnormal

EENT	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia	_____	_____	_____
Extremities	_____	_____	_____

LAB: Hb. _____ Glucose _____ Malaria _____ Urine _____

IMPRESSION _____

TREATMENT _____

Laboratory Test Results

Date _____ Time _____ AM/PM

Name _____ Sex: Male Female

Ordered by _____, MD, PA, NP

Urinalysis

	Normals	Micro.
Color _____		WBC _____
Turb _____		RBC _____
Gluc _____	Neg	EpC _____
Bili _____	Neg	Bact _____
Ketone _____	Neg	Mucin _____
Sp.Gr. _____	1.003 – 1.04	Cryst _____
Bld _____	Neg	
pH _____	5-9	
Prot _____	Neg	HCG _____
Urob _____	0.1-1.0	
Ntrt _____	Neg	
Let _____	Neg	

Malaria Smear positive for P. falciparum _____ OR No Malaria Seen _____
 P. ovali _____
 P. vivax _____

Blood Sugar _____ MG/DL Hematocrit _____ %

Laboratory Test Results

Date _____ Time _____ AM/PM

Name _____ Sex: Male Female

Ordered by _____, MD, PA, NP

Urinalysis

	Normals	Micro.
Color _____		WBC _____
Turb _____		RBC _____
Gluc _____	Neg	EpC _____
Bili _____	Neg	Bact _____
Ketone _____	Neg	Mucin _____
Sp.Gr. _____	1.003 – 1.04	Cryst _____
Bld _____	Neg	
pH _____	5-9	
Prot _____	Neg	HCG _____
Urob _____	0.1-1.0	
Ntrt _____	Neg	
Let _____	Neg	

Malaria Smear positive for P. falciparum _____ OR No malaria seen _____
 P. ovali _____
 P. vivax _____

Blood Sugar _____ MG/DL Hematocrit _____ %

SAMPLE LABELS

Rx Vitamina Adulto FECHA: _____

(Take 1 pill every day.)

Tome 1 pastilla cada día

Nombre: _____

Rx: Vitamina Niño FECHA: _____

(Chew one pill every day.)

Mastique una pastilla cada día

Nombre: _____

Rx: Vitamina Prenatal FECHA: _____

(Take 1 pill daily)

Tome 1 Pastilla al día

Nombre: _____

Rx Anticonceptivas FECHA: _____

(Take 1 pill daily)

Tome 1 pastilla diariamente

Nombre: _____

Rx _____ FECHA: _____

(Take # pills # times a day.)

Tome ___ Pastilla ___ veces al día

Nombre: _____

PARA DOLOR (For Pain)

Rx _____ FECHA: _____

(Take # pills # times a day.)

Tome ___ Pastilla ___ veces al día

Nombre: _____

Rx _____ Date _____

Apply to skin # times a day

Aplique a la piel ___ veces al día

Nombre _____

Take with Food.

TOME CON COMIDA

Rx: Sal de hidratación FECHA: _____

Hydration Salts

(Mix in one liter of water & drink # times a day.)

Mezcle en un litro de agua y bebe ___ veces al día

Nombre: _____

Rx _____ FECHA: _____

(Take # pills every # hours.)

Tome ___ pastillas cada ___ horas

Nombre: _____

Rx _____ FECHA _____

Put # drops in ears every # hours.

Ponga ___ gotas en oídos cada ___ horas.

Nombre: _____

Rx _____ FECHA: _____

Put # drops in eyes every # hours.

Ponga ___ gotas en ojos cada ___ horas.

Nombre: _____

Rx _____

Take # dropper(s) # times a day.

Tome ___ gotera(s) ___ veces al día..

Nombre: _____

Rx: Tylenol _____ mg FECHA _____

Take # pills # times a day.

Tome ___ pastillas ___ veces al día.

Nombre: _____

Rx: IBU _____ mg FECHA _____

Tome # pills # times a day.

Tome ___ pastillas ___ veces al día.

Nombre: _____

Rx _____ Date _____

Apply to eyes #times a day

Aplique a las ojos ___ veces al día

Nombre: _____

Rx. _____ Date _____

sprays in each nostril # times a day

Ponga ___ rocios a cada orificio nasal

___ veces al día

Nombre: _____

Rx. _____ Date _____

inhalations # times a day

___ inhalaciones _____ veces al día

Nombre: _____

For Liquid & Pill Chloroquine

#1 Rx Chloroquine FECHA: _____

Tome ahora con comida

Nombre: _____

#2 Rx Chloroquine FECHA: _____

Tome en 6 horas con comida

Nombre: _____

#3 Rx Chloroquine FECHA: _____

Tome mañana al mismo tiempo de la primera medicina hoy.

Tome con comida.

Nombre: _____

#4 Rx Chloroquine FECHA: _____

Tome el día después mañana al mismo tiempo de la primera

medicina hoy. Tome con comida.

Nombre: _____

Take now with food. This is given in the clinic before the child leaves.

Take in 6 Hours with food.

Take tomorrow the same time as the first dose today. Take with food.

Take the day after tomorrow the same time as the first dose today. Take with food.

Label for Outside Packaging
Use When placing preloaded syringes
In larger zip lock bag

Rx Chloroquine FECHA: _____

Tome como dirigió - una ahora y una en 6 horas, una mañana y una la próximo día.

Take as directed – one now and one in 6 hours, one tomorrow and one the next day.

**The Following Labels Are For Prednisone
Tablets As Per Dose Packs Buy both 5 mg and
10 mg Prednisone Tablets.**

NOMBRE _____

Prednisone (#21) ___mg FECHA_____

Tome 6 pastillas mañana a desayuno.

Take 6 pills tomorrow at breakfast.

Tome 5 pastillas el día segundo a desayuno.

Take 5 pills the 2nd day at breakfast.

Tome 4 pastillas el día tercero a desayuno.

Take 4 pills the 3rd day at breakfast.

Tome 3 pastillas el día cuarto a desayuno.

Take 3 pills the 4th day at breakfast.

Tome 2 pastillas el día quinto a desayuno.

Take 2 pills the 5th day at breakfast.

Tome 1 pastilla el día sexto a desayuno.

Take 1 pill the 6th day at breakfast.

NOMBRE _____

Prednisone (#) ___ mg FECHA_____

Tome ___ pastillas mañana a desayuno.

Take # pills tomorrow at breakfast.

Tome ___ pastillas el día segundo a desayuno.

Take # pills the 2nd day at breakfast.

Tome ___ pastillas el día tercero a desayuno.

Take # pills the 3rd day at breakfast.

Tome ___ pastillas el día cuarto a desayuno.

Take # pills the 4th day at breakfast.

Tome ___ pastillas el día quinto a desayuno.

Take # pills the 5th day at breakfast.

Tome ___ pastillas el día sexto a desayuno.

Take # pills the 6th day at breakfast.

NOMBRE _____

Prednisone ___mg FECHA_____

Tome ___ pastillas mañana a desayuno.

Take # pills tomorrow at breakfast.

Tome ___ pastillas el día segundo a desayuno.

Take # pills the 2nd day at breakfast.

Tome ___ pastillas el día tercero a desayuno.

Take # pills the 3rd day at breakfast.

Tome ___ pastillas el día cuarto a desayuno.

Take # pills the 4th day at breakfast.

Tome ___ pastillas el día quinto a desayuno.

Take # pills the 5th day at breakfast.

Tome ___ pastillas el día sexto a desayuno.

Take # pills the 6th day at breakfast.

Tome ___ pastillas el día séptimo a desayuno.

Take # pills the 7th day at breakfast.

Tome ___ pastillas el día octavo a desayuno.

Take # pills the 8th day at breakfast.

Tome ___ pastillas el día noveno a desayuno.

Take # pills the 9th day at breakfast.

Tome ___ pastilla el día decimo a desayuno.

Take # pills the 10th day at breakfast.

The following label is for Z Pack.

Rx: Azithromycin Z Pack FECHA_____

Take 2 pills now, then 1 pill daily.

Tome 2 pastilla(s) ahora, entonces 1 pastilla al día.

Nombre:_____

Date/Fecha _____

CAROLINA HEALTH CLINIC DENTAL EXAM RECORD

Name/Nombre _____ Village/Aldea _____

DOB/Fecha Nacimiento _____ Male/Hombre _____ Female/Mujer _____ Temp _____

Pertinent Medical History:

Historia Medica:

No

If yes, explain/Explicación para respuesta "Si"

Yes/Si

AIDS/Sida

Heart disease/Corazón

Hypertension/Hipertensión

Diabetes

Asthma/Asma

Jauntice/Agilidad

Bleeding Tendencies/Sangrar mucho

Pregnant/Embarazada

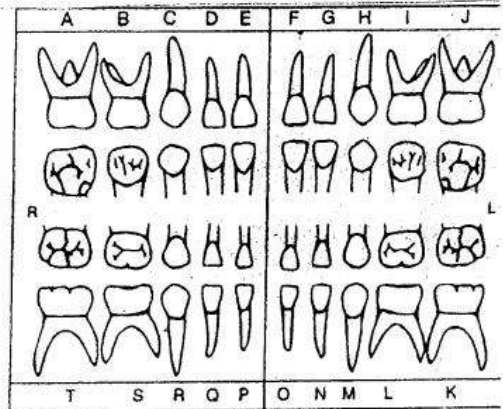
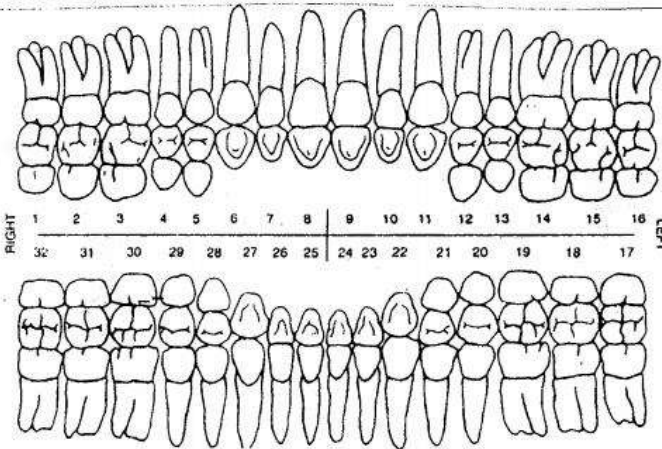
Other:

Past history/Historia paada _____

Allergies/Alergias: _____

Current Medications/Medicamentos actuales: _____

Reason for visit/Razon de visita: _____



Tooth _____ Service Provided _____

Tooth _____ Service Provided _____

Tooth _____ Service Provided _____

Tooth _____ Service Provided _____

Print - Name of Dentist _____

CHHF PRESCRIPTION SHEET		Patient Name: _____	
Circle medication and strength. Write instructions and amount at right.		Age: _____	Weight: _____
ANTIBIOTICS	INSTRUCTIONS	GASTROINTESTINAL	INSTRUCTIONS
Amoxil 500 mg.		Cimetidine 400 mg. (Tagamet)	
Amoxil Susp. 250 mg 400mg		Famotidine (Pepcid) 20 mg 40 mg.	
Amoxil Chewable 250 mg.		Loperamide (Imodium)	
Bactrim 400 mg 800 mg		Omeprazole 20 mg (Prilosec)	
Bactrim Susp 200 mg		Rantidine 150 mg. (Zantac)	
Biaxin 250 mg 500 mg		Calcium Carbonate	
Biaxin Susp 125 mg 250 mg		Colace or other stool softner	
Cephalexin Susp 125 mg 250 mg			
Cephalexin 250 mg 500 mg			
Cipro 250 mg 500 mg		MALARIA	
Doxycycline 50 mg 100 mg		Chloroquine	
Erythromycin 250mg 333mg 500mg		Premaquine	
Erythromycin Susp 200mg 400 mg			
Rocephin IM		MALNOURISHMENT	
Z-pak		Stop Hunger Now Food Packet	
		OPHTHALMIC & OTIC	
ANTIFUNGAL		Erthromycin 0.5%	
Fluconazole 200 mg		Gentamycin sulfate Ophthalmic	
Diflucan 150 mg.		Lubricant Eye Drops	
		Neo/ poly/ B, Bacitracin OP oint	
		Ofloxacin Sol. 0.3%/10 ml	
ANTI HISTAMINES			
Cetirizine (Zyrtec)		PARASITIC/ANTIPROTOZOAL	
Diphenhydramine (Benadryl)		Mebendazole (Vermox) (worms)	
Fexopenadine HCl (Allegra)		Metronidazole 250mg (Flagyl)	
Loratadine (Claritin)			
Pseudoephedrine (Sudafed)			
		RESPIRATORY	
ANTI HYPERTENSIVE		Albuterol nebulizer treatment	
HCTZ 12.5 mg 25 mg.		Albuterol 4 mg. tablets	
Ace Inhibitor		Albuterol Sulfate Syrup	
ARB		Inhaler	
Beta Blocker			
Calcium Blocker		SCABIES & LICE	
		Lice Shampoo	
ANTI INFLAMMATORY		Ivermectin Tablets	
IBU 200 400 600 800mg		Scabies Solution	
Prednisone 10 mg 20 mg		Scabies Soap	
CONTRACEPTIVE		TOPICALS/CREAM/OINTMENT	
Birth Control Pills		Bacitracin/Neosporin TAO	
Condoms		Clotrimazole	
		Hydrocortizone	
COUGH/COLD		Miconazole	
Cough/cold Syrup		Silvadine	
Nasal Decongestant Spray			
Cold Tablet		VAGINAL	
		Clotrimazole Cream	
DIABETES		Fluconazole 150 mg	
Glipizide 5mg 10 mg.			
Metformin 500 mg. 1000 mg.		VITAMIN	
Actos		Adult	
		Children's Chewable	
FEVER & PAIN		Infant Drops	
Acetaminophen 500 mg		Prenatal	
Acetaminophen 80 mg chewable		Iron Tab or Liquid	
Acetaminophen Elixir 160 mg/5 ml			
Acetaminophen Infant Drops		Other Meds Below Or On Side	
Asprin 81 mg 325 mg.			
Ibuprofen 200mg 400 mg 600 mg.			
Naproxen sodium 220 mg.			
		Physician Signature	

	A	B	C	D	1 of 4
1	Please check medications needed in pharmacy and other clinic needs before departure.				
2	FAX or Email to Chris on day of return to USA. FAX: 803-259-3513 email: CZawacki@aol.com				
3					
4	<u>PHARMACY NEEDS AND OVERSTOCK LIST</u>				
5					
6	Name Brand or Generic	Needed	Overstocked	Comment	
7	ANTIBIOTICS				
8	Amoxicillin 500 mg				
9	Amoxicillin Suspension				
10	Amoxicillin Chewable				
11	Zithromax Suspension				
12	Z-pak or similar				
13	Doxycycline 100 mg				
14	Flagyl 500 mg				
15	Diflucan 150 mg				
16	Cipro (for team members too)				
17	Keflex				
18	Macrodantin 100mg				
19	Bactrim				
20	Bactrim Suspension				
21					
22					
23					
24	ANTI-INFLAMMATORY, PAIN				
25	Ibuprofen 200 mg				
26	Ibuprofen 400 mg				
27	Ibuprofen 600 mg.				
28	Ibuprofen Liquid				
29	Acetaminophen 500 mg				
30	Acetaminophen childrens				
31	Acetaminophen liquid infants				
32	Asprin				
33	Medrol Dospaks				
34					
35					
36					
37	COUGH, COLD, ASTHMA				
38	Guaif. DM Syrup				
39	Guaif/PSE/DM Syrup				
40	Antihistamine/Decongest. Syrup				
41	Adult Cold /Allergy Tablets				
42	Childrens Cold Tablets				
43	Albuterol Tablets				
44	Albuterol Syrup				
45	Albuterol inhalers				
46	nebulizer medications				
47					
48					
49					

	A	B	C	D	2 of 4
4	PHARMACY NEEDS AND OVERSTOCK LIST				
6	Name Brand or Generic	Needed	Overstocked	Comment	
50	OTIC & OPHTHALMIC				
51	Cortisporin Otic Sys.				
52	Vo Sol HC Otic				
53	Erythromycin Ophthalmic Oint.				
54	Gentamycin Ophthalmic gtts				
55					
56					
57					
58	MALARIA				
59	Chloroquine Tablets - Notify Sandy When Needed			See item # 170	
60	Chloroquine Liquid				
61	Primaquine Tabs 5 mg/children				
62	Primaquine Tabs 15 mg/adult				
63	Primaquine Liquid				
64					
65					
66	VITAMINS				
67	Adult				
68	Childrens chewable				
69	Infant vitamin drops				
70	Iron tablets				
71	Prenatal				
72					
73					
74					
75	DIABETES				
76	Glipizide				
77	Metformin				
78	Actose				
79	Insulin syringes				
80	Levemir				
81	Novalog 70/30				
82	Novalog				
83					
84					
85					
86	INJECTABLES				
87	Xylocaine/ephedrine				
88	Sterile water for inject				
89	Benadryl				
90	Rocephin				
91					
92					
93	BLOOD PRESSURE & HEART				
94	Digoxin				
95	Potassium				
96	HCTZ				
97	Lasix				
98	Diltiazem				
99	ARB's				
100	Beta Blockers				
101					

	A	B	C	D	3 of 4
4	<u>PHARMACY NEEDS AND OVERSTOCK LIST</u>				
6	Name Brand or Generic	Needed	Overstocked	Comment	
102					
103					
104					
105	STOMACH & GI TRACT				
106	Zantac				
107	Pepcid				
108	Previcid				
109	Imodium tablets				
110	Imodium Liquid				
111	Donnatal tablets				
112	Mylicon Drops				
113	Dramamine				
114	Antacid tablets				
115	Antacid liquid				
116	Colace 100 mg.				
117					
118					
119					
120	SKIN CONDITIONS				
121	Scabies lotion				
122	Scabies soap				
123	Cortisone cream				
124	Antibiotic ointment				
125	Anti-fungal cream				
126	Triamcinolone/Nystatin cream				
127	Silvadene				
128					
129					
130					
131	MISCELLANEOUS				
132	Birth control pills				
133	Vaginal Creams				
134	Pregnancy tests				
135	Condoms				
136					
137					
138					
139	OTHER PHARMACY NEEDS				
140	Pill bottles				
141	Medicine bags (pills)				
142	bags for carrying all meds				
143	Liquid medicine bottles				
144	Dosage syringe for liquid malaria med				
145					
146					
147					

	A	B	C	D	4 of 4
4	PHARMACY NEEDS AND OVERSTOCK LIST				
6	Name Brand or Generic	Needed	Overstocked	Comment	
148	OTHER CLINIC NEEDS				
149	Dressing materials				
150	IV Fluids				
151	Insulin				
152	Insulin needles				
153	Epi pen				
154					
155					
156					
157	LABORATORY NEEDS				
158	lab stix				
159	BS monitor stix				
160	Other lab needs				
161	Stains				
162	Slides & slide covers				
163					
164					
165					
166	NOTIFY SANDY WHEN LOW				
167	Worm medication				
168	Children & adult (Meben)				
169	Infant Liquid (Meben)				
170	Chloroquine tablets				
171	Oxygen - when low, give tank to David to have filled in			La Ceiba. CHHF pays for this.	
172					
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