OMNIBUS HEALTH GUIDELINES FOR ADULTS

2022

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I. Self and Household Care

Purpose: This section aims to provide guidance to individuals and households about recommended lifestyle practices, household practices, home investments, community activities, self-monitoring and self-testing, health-seeking behavior, supportive therapy and symptom relief, and first aid and basic emergency care.

General Principles

1. Adults are individuals aged 20 years up to 59 years and 11 months.
2. Adults are encouraged to be aware of their rights, including their right to health, autonomy and self-determination, confidentiality, and informed consent.
3. Adults are encouraged to be responsible for their health, actively seek medical advice, and be involved in shared decision-making with their respective healthcare providers.

A. Healthy Lifestyle Practices

1. All adults are strongly encouraged to observe the following healthy practices on diet, nutrition, exercise and physical activity, weight management, and sleep:
    a. Adhere to a healthy dietary pattern, visually guided by *Pinggang Pinoy* and characterized by the following (Food and Nutrition Research Institute [FNRI], 2016; Arnett et al., 2019; Gonzalez-Santos, et al., 2021; Ona, et al., 2021):
        i. Rich in fruits, vegetables, whole grains, fish, and low-fat dairy products;
        ii. Fortified with micronutrients;
        iii. Low in red meat, cholesterol and saturated fat, with avoidance of trans fat;
        iv. Iodized salt with reduced daily salt intake to less than 5 grams per day (just under 1 teaspoon per day);
        v. Minimal to no intake of processed foods, canned goods, and “fast food”; and
        vi. Minimal to no intake of sugar-sweetened foods and beverages, such as donuts, cookies, sweets, fizzy drinks and juice with added sugar.
    b. Perform moderate to vigorous aerobic physical activities, consisting of at least 150 minutes per week of accumulated moderate-intensity physical activity or 75 minutes per week of vigorous-intensity physical activity, unless medically contraindicated (World Health Organization [WHO], 2020d).
    c. Replace sedentary time with age-appropriate physical activity of any intensity (including light intensity), in order to obtain benefits, such as but not limited to decreasing the risk of developing hypertension and diabetes, preventing obesity, reducing symptoms of anxiety and depression, improving cognitive health, and decreasing the risk of mortality (WHO, 2020d; Ross, et al., 2020).
    d. Maintain a healthy weight and a Body Mass Index (BMI) of 18.5-22.9 kg/m^2 (Department of Health [DOH], 2016b).
    e. Attain good-quality sleep lasting 7-9 hours on a regular basis (Ross, et al., 2020).

2. All adults are strongly encouraged to avoid the initiation of or stop the following practices:
    a. Smoking tobacco or using e-cigarettes (vaping);

b. Drinking alcohol; and
c. Using illicit substances (e.g. marijuana, methamphetamine/shabu, etc.).

3. All adults are strongly encouraged to engage in the following activities to promote and protect mental health:
   a. Engage in meditation, stress management, creative activities, and other relaxation techniques.
   b. Maintain good relationships with family and peers.
   c. Participate in health activities of the local community.
   d. Keep regular routines.
   e. Allocate time for working and time for resting.
   f. Make time for recreational or leisure activities.
   g. Observe self-care practices and approaches.
   h. Develop personal skills and foster supportive environments.
   i. Actively seek out mental health information and education.

4. All adults are encouraged to adhere to the following protective measures against infectious diseases:
   a. Observe proper personal hygiene, including:
      i. Hand hygiene:
         (1) Perform proper handwashing with soap and water.
         (2) Perform disinfection with alcohol if soap and water are unavailable.
      ii. Body hygiene:
         (1) Bathe with soap and water daily.
         (2) Avoid sharing personal items such as towels, uniforms, headsets/earphones, slippers, and shoes, among others.
      iii. Oral hygiene:
         (1) Perform proper dental care by brushing twice a day using the right amount of fluoridated toothpaste (1000-1500 ppm), which is recommended to be the entire brushing surface of a toothbrush, flossing at least once a day, and avoiding rinsing with water after toothbrushing to optimize the preventive effects of fluoride (DOH Administrative Order [AO] 2007-0007 “Guidelines in the Implementation of Oral Health Program for Public Health Services”; Australian Dental Association, 2020; & American Academy of Pediatric Dentistry, 2021).
         (2) Replace toothbrush every three months.
         (3) Visit the dentist regularly for oral prophylaxis and oral examination every 6 months or as advised by the dentist (preferably 3 to 4 months based on caries risk assessment) (Australian Dental Association, 2020; & American Academy of Pediatric Dentistry, 2021).
      iv. Hair and scalp care: use shampoo regularly.

b. Observe proper cough etiquette by covering the mouth and nose when sneezing or coughing using tissue or into the elbow when tissue is not available (WHO, 2019a).
c. Adhere to the following self-protection measures against mosquito-borne diseases:
    i. Wear light-colored clothes, long sleeves and long pants if staying outdoors, especially at night in malaria-endemic areas.
    ii. Apply insect repellent to prevent mosquito-borne diseases.
    iii. Use screen doors and windows or insecticide-treated screens/curtains for doors and windows.
    iv. Use Long Lasting Insecticide-treated Nets (LLIN) at night in malaria-endemic and high-risk areas.
d. Wear slippers/shoes.
e. Avoid wading or swimming in and using infested freshwater, which may serve as transmission sites for infectious diseases.
f. Use a sanitary toilet and avoid open defecation practices.
g. Use the appropriate personal protective equipment (PPEs) (e.g. masks for diseases spread via droplet or airborne transmission, etc.) as necessary, according to the recommendations of health authorities.

5. All adults are encouraged to avoid extreme exposure to the sun by wearing protective sunglasses, hats, and umbrellas, and using sunscreen with adequate Sun Protection Factor (SPF) (Hagan et al., 2017).

6. All adults are encouraged to observe injury prevention measures such as the following:
    a. Use sports-appropriate protective gear as necessary to prevent injury from sports-related accidents (WHO, 2017a).
    b. Observe driving practices that promote road safety and prevent road crash-related injuries including the following:
        i. Practice road courtesy at all times as a driver, as a passenger, and as a pedestrian, by being aware of traffic signs and strictly following traffic rules and regulations. This involves simple and practical measures such as following traffic lights rule, using pedestrian crossing, overpass, underpass, and sidewalks, giving the right of way to an overtaking vehicle, driving within the set speed limit, etc. (Republic Act [RA] No. 4136 “Land Transportation and Traffic Code”; WHO, 2017a).
        ii. Use age-appropriate restraints and protective gears in both non-motor (e.g. bicycles) and motor vehicles, including the use of helmets, seatbelts, goggles, and child restraint systems (CRS) (RA No. 8750 “Seat Belts Use Act of 1999”; RA No. 10054 “Motorcycle Helmet Act of 2009”; RA No. 11229 “An Act Providing for the Special Protection of Child Passengers in Motor Vehicles and Appropriating Funds Therefor”).

iii. Avoid distracted driving and driving under the influence of alcohol, dangerous drugs, and other similar substances (RA No. 10913 "Anti-Distracted Driving Act"; RA No. 10586 "Anti-Drunk and Drugged Driving Act of 2013").

c. Adults are encouraged to learn and practice water safety skills, including proper swimming techniques, avoid underwater hazards, and wear life jackets whenever aboard boats, ships, and similar water vessels (United States Centers for Disease Control and Prevention [US CDC], 2021b).

d. Adults are encouraged to observe the following measures to prevent fireworks-related injuries:
   i. Avoid using firecrackers outside the designated fireworks zones.
   ii. Properly supervise children and adolescents regarding the safe use of fireworks (RA No. 7183 "An Act Regulating the Sale, Manufacture, Distribution and Use of Firecrackers and Other Pyrotechnic Devices" and its revised 2012 Implementing Rules and Regulations (IRR); Executive Order No. 28 series of 2017 "Providing for the Regulation and Control of the Use of Firecrackers and Other Pyrotechnic Devices").

7. All adults are encouraged to observe the following safe and responsible sexual and reproductive health (SRH) practices (RA No. 10354 "The Responsible Parenthood and Reproductive Health Act of 2012"; WHO, 2019b):
   a. Practice responsible sexual behavior and safer sex, including abstinence, avoidance of having multiple sexual partners, and using contraceptives properly (e.g. proper of condoms and water-based lubricants, proper use of contraceptive pills, etc.) to prevent unplanned pregnancy and sexually transmitted infections (STIs).
   b. Observe other responsible practices such as but not limited to the following:
      i. Assert one's personal rights, practice healthy sexual development and sexuality, and report any form of online and offline gender-based violence and any form of sexual exploitation to appropriate authorities through proper channels.
      ii. Assert the importance of consent, body autonomy, and setting and respecting physical and mental boundaries at all times.
      iii. Respect partner's rights at all times and maintain a good relationship with one's own partner.
      iv. Practice Digital Citizenship Education (DCE), in order to actively, positively, and responsibly engage in both online and offline communities (Richardson & Milovidov, 2019).
      v. Avoid online and offline risky behaviors and always personally protect one's own and other's online information and observe proper online behavior (Richardson & Milovidov, 2019).
      vi. Use open communication to relay opinions, interests, preferences, and plans and have a mutual decision and participative discussion.

c. Practice gender-responsive behavior, respect gender rights, and seek information on topics including but not limited to the following:
   i. Sexual and reproductive health (SRH);
   ii. Sexual Orientation and Gender Identify and Expression (SOGIE);
   iii. Gender-based violence (GBV)
   iv. Risky/abusive behaviors (towards self and others) to avoid violence and injuries;
   v. Recognition of abusive behaviors;
   vi. Recognition of the cycle of abuse;
   vii. Psychosocial couple-based prevention program; and
   viii. Psychoeducation.
d. Be aware of the ban on all formal and informal unions of anyone below 18 years (RA. 11596: "An Act Prohibiting the Practice of Child Marriage and Imposing Penalties for Violations Thereof").

B. Household Practices

1. All households are strongly encouraged to foster a safe, nurturing, supportive, and respectful environment through the following practices (Presidential Decree [PD] No. 603 "The Child and Youth Welfare Code"; DOH Department Order [DO] 2014-0169 "Implementing the Child Protection Policy in the Department of Health"; WHO, 2017a):
   a. Spend time talking about or processing each other's interests and experiences.
   b. Use appropriate words and offer praise to show care to family members.
   c. Show role model behavior to all household members, especially to children and adolescents, by:
      i. Avoiding consumption or use of tobacco, alcohol, or any other substance within the household; and
      ii. Avoiding violence at all times.
   d. Ensure open communication lines where members feel safe to express their opinions and emotions.
   e. Encourage members to develop, determine, and express their gender identity, and provide emotional support in a non-discriminatory, gender-affirming, developmentally- appropriate, safe, and inclusive household and environment.
   f. Show pregnant members care by offering encouragement to seek professional care, take breaks and naps, and consume healthy food. In addition, offer help in caring for the newborn and encourage and support the mother to breastfeed during the postnatal period.
   g. Prohibit children and adolescents from using, purchasing, selling, trading and distributing tobacco products, heated tobacco products and vapor products, alcoholic beverages and illegal substances, among others (RA No. 9211 "Tobacco Regulation Act of 2003; RA No. 11467 "The National Internal Revenue Code of 1997, as amended").

2. All households are encouraged to practice the following positive parenting interventions (DOH DO 2014-0169; WHO, 2017a):
    a. Reinforce DCE by developing, following, and routinely revisiting a Family Media Use Plan to limit and monitor social media use.
    b. Use "positive" approaches when educating their children about acceptable and unacceptable behavior e.g. communicating calmly with the child in case of conflict and not resorting to corporal or physical punishment; spending quality 'one-on-one time' with the adolescent to strengthen the relationship and understand their feelings.
    c. Spend time together with children and adolescents in the household to talk about their interests, experiences, and plans, and make mutual decisions.
    d. Seek advice from experts (e.g. licensed psychologists or psychiatrists) on parenting skills that are appropriate for managing challenging behaviors or behavioral disorders in children and adolescents.

3. All households are encouraged to gain knowledge and understanding of the specific medical needs of each family member, including children, adolescents, older persons, and persons with disabilities, from healthcare providers and perform the necessary steps to take care of each other's physical and mental health, including the following:
    a. Facilitate regular wellness visits or follow-up visits of family members with their healthcare providers.
    b. Facilitate access to necessary medications or non-pharmacologic treatments.
    c. Support household members with any existing health conditions by encouraging them to:
        i. Keep in touch with family, friends, or people who care for them;
        ii. Identify people whom they can contact for support anytime;
        iii. Adhere to prescribed medications or non-pharmacologic treatments, including counseling
        iv. Follow up with a healthcare provider or support group regularly; and
        v. Actively seek healthcare services.
    d. Discuss crisis situations using honest language to ease anxiety and fear.
    e. Seek help from family and peers, mental health service providers, and other community support groups when negative life events occur (i.e. violence, conflict, negative life events, parental loss, abuse, etc).
    f. Ensure enrolment of eligible household members in Philhealth.

4. All households are strongly encouraged to observe sanitary and hygienic practices, by:
    a. Performing proper hand washing;
    b. Using sanitary toilets and abandonment of open defecation practices;
    c. Observing proper waste handling and disposal practices, in compliance with RA No. 9003 "Ecological Solid Waste Management Act of 2000", RA No. 6969

"Toxic Substances and Hazardous and Nuclear Wastes Control Act of 1990", and Local Government Unit (LGU) ordinances, such as:

i. Waste segregation according to the following solid waste classification (RA No. 9003; Department of Environment and Natural Resources - Environmental Management Bureau, (n.d.)):
   (1) Compostable waste (*Nabubulok*) - includes kitchen waste, vegetable and fruit peelings;
   (2) Recyclable waste (*Nareresiklo/nabebenta*) - includes scrap metal, non-ferrous scrap metals, tin cans, aluminum, glass bottles, plastic bottles, corrugated cardboard, newspaper, office paper;
   (3) Non-recyclable/ Residual waste - waste material that cannot be recycled or decomposed (e.g. used plastic or paper cups, broken glass, food wrappers, plastic bags); and
   (4) Special waste:
      a) Household hazardous waste - household waste that requires treatment before disposal, including waste such as electrical or electronic equipment, paint cans, thinners, batteries, power banks, etc.;
      b) Household healthcare wastes - disposable masks, gloves, sharps, any other waste of an individual who has an infectious disease.

ii. Waste management by:
   (1) Composting of leftover foods, vegetables, peels, etc.;
   (2) Recycling or converting items into reusable materials; and
   (3) Proper disposal of household chemicals, used bulbs, old appliances, batteries, and other products containing harmful substances guided by the manufacturer's instruction manual.

d. Maintaining household sanitation through regular cleaning and pest control, including rodent and vermin control; and
e. Eliminating all open water reservoirs which may become breeding grounds for mosquitoes in the home environment.

5. All households are strongly encouraged to observe safe and proper food preparation such as keeping food clean, separating raw and cooked food, cooking thoroughly, keeping food at safe temperatures (e.g. refrigerating food below 4℃, freezing food below -18℃), and using safe and clean water and raw materials to avoid spoilage and food poisoning (U.S. Food and Drug Administration, 2022).

6. All households are encouraged to avoid or minimize indoor and outdoor pollution, secondhand smoke exposure, and vape emissions, and maintain adequate ventilation through:
   a. Cessation of smoking and vaping, avoidance of burning garbage and dried leaves, cessation of biomass fuel use, and avoidance of exposure to exhaust from vehicles (Republic Act No. 8749 "Philippine Clean Air Act"; Global Initiative

for Asthma [GINA], 2022; Global Initiative for Chronic Lung Disease, Inc [GOLD], 2022);

b. Ensuring that spaces adjacent to openable windows are free from toxic gases and other pollutants;
c. Using ventilating fans/electric fans when the supply of fresh air is not enough or cannot be supplied by natural ventilation;
d. Ensuring exhaust fans/air extractors are operated continuously in an occupied room;
e. Ensuring that exhaust fans/ air extractors are regularly cleaned and maintained in good condition; and
f. Ensuring that household furniture or equipment is not blocking the airflow across the rooms and physical barriers that can impede airflow are removed.

7. All households are strongly encouraged to manage drugs, chemicals, and other household products in the following manner (RA 9711 "Food and Drug Administration (FDA) Act of 2009"):
   a. Only use products registered and approved by the Department of Trade and Industry (DTI) and the Food and Drug Administration (FDA) (e.g. FDA-notified cosmetic products and toys and childcare articles (TCCAs); FDA-registered household/urban hazardous products (HUHS) including dishwashing soaps, laundry detergents, cleaners and disinfectants) (RA No. 9711 "Food and Drug Administration Act of 2009" and its Implementing Rules and Regulations).
   b. Use the original containers of potentially dangerous products with their original product labels, and avoid transferring them to another container without proper labels.
   c. Follow the manufacturer's instructions and precautions printed on the product label regarding the use, handling, storage, and disposal of household chemicals and products.
   d. Ensure that HUHS not intended for children's use and household/urban pesticides (HUPs) are stored out of children's reach and away from places where cross-contamination with food or water may occur;
   e. Keep flammable products well-insulated and out of reach of children and pets.
   f. Do not reuse containers of HUHS and HUPs for food and drinking water storage.
   g. Use appropriate PPE (e.g. gloves) when handling or using chemicals.
   h. Ensure that adverse events resulting from intentional or unintentional exposure to cosmetic, TCCA, HUHS and HUP products are reported to the Marketing Authorization Holder and/or FDA and the exposed individual is brought to a healthcare provider for timely and appropriate management (RA No. 9711 "Food and Drug Administration Act of 2009" and its Implementing Rules and Regulations).
   i. Avoid the use or purchase of mercury-containing devices such as mercury thermometers and mercury sphygmomanometers.

8. All households shall help in preventing exposure to rabies and other zoonotic diseases and observe responsible pet ownership practices and proper handling of animals in coordination with Local Government Units (LGUs) through the following:
    a. Protect and promote the welfare of pets and animals and avoid their abuse, maltreatment, cruelty, and exploitation (RA No. 8485 "Animal Welfare Act of 1998," as amended, and its revised IRR).
    b. Provide pets and animals with food and water that is adequate, clean, appropriate and sufficient, and safe and comfortable shelter or living conditions (RA No. 8485, as amended, and its revised IRR).
    c. Regularly vaccinate pets against rabies and maintain the registration card containing all vaccination-related information for accurate record purposes (RA No. 9482 "Anti-Rabies Act of 2007").
    d. Prevent pets from roaming the streets or any public place without a leash (RA No. 9482).
    e. Within twenty-four (24) hours, immediately notify concerned officials about any pet biting incident for investigation or appropriate action and for the pet to be placed under the observation of a government or private veterinarian (RA No. 9482).
    f. Assist the bite victim immediately for medical consultation at animal bite centers (RA No. 9482).
    g. Wash hands with soap and water after touching or handling pets and animals and their surroundings (US CDC, 2022b).

C. Household Investments

1. All households are strongly encouraged to adhere to the following infrastructure and environmental standards:
    a. Ensure access to safe drinking water sources and prevent their contamination and pollution at all times.
    b. Install toothbrushing and handwashing facilities, and provide soap and clean water.
    c. Install sanitation facilities (e.g. sanitary toilets) for proper excreta and sewage disposal.
    d. Install properly labeled and segregated waste storage bins and disposal areas or sites.
    e. Install screen doors and windows or insecticide-treated screens/curtains for doors and windows.
    f. Install and maintain adequate indoor and outdoor lighting.
    g. Provide adequate home ventilation by having windows, exhaust fans, air conditioning system with filters (if possible) installed.
    h. Install safe and secure storage areas or containers for sharps, household drugs, chemicals, and potentially hazardous products (e.g. acids, gas, petroleum, etc) to prevent accidents and injuries.

D. Community Activities

1. All adults are encouraged to participate in community programs, health promotion, and disease prevention and control activities, such as but not limited to the following:
    a. Engagement in appropriate community health clubs based on risk factors or known diseases;
    b. Engagement in community support groups (e.g. parenting support groups, caregiver support groups);
    c. Participation in various health promotion and disease prevention and control activities such as but not limited to:
        i. Mass Drug Administration (MDA) activities for neglected tropical diseases;
        ii. Selective Deworming activities for adults belonging to special populations (e.g. farmers, military, paramilitary personnel, etc), particularly for adults living in Schistosomiasis-endemic areas and adults living in Filariasis-endemic provinces;
        iii. Community oral health programs and activities, including, but not limited to, oral health education and toothbrushing drills, oral health screening, early detection, caries risk assessment, and application of fluoride varnish or silver diamine fluoride;
        iv. Community activities on emergency preparedness and response (Republic Act No. 10121 "Philippine Disaster Risk Reduction and Management Act of 2010");
        v. Community activities intended to prevent infectious diseases such as but not limited to:
            (a) "Enhanced 4S Strategy" (Search and destroy" mosquito-breeding sites, employ "Self-protection measures" (i.e. wearing long pants and long sleeved shirts, and daily use of mosquito repellent), "Seek early consultation", and "Support fogging/spraying" only in hotspot areas) for the prevention of dengue and other infectious diseases transmitted by *Aedes* mosquitoes;
            (b) Rabies and animal bite prevention;
            (c) Preventive chemotherapy for endemic infections including filariasis;
            (d) Active case-finding activities including symptom screening and contact investigation if household or close contact of a person with Tuberculosis disease or any other infectious disease meriting case finding and contact tracing;
            (e) Government immunization initiatives against vaccine-preventable diseases, including during public health emergencies (PHE) such as Coronavirus Disease 2019 (COVID-19);
    d. Participation in health promotion and advocacy initiatives and capacity development activities from reputable health institutions, academe, and other partner or civil society organizations; and
    e. Participation in community parenting or caregiving activities and programs, including family development sessions and caregiver well-being sessions.

E. Immunizations

1. All adults are strongly encouraged to consult and participate in shared decision-making with their primary care providers in order to avail of the vaccines appropriate to their condition, as indicated in Table 1.

2. All adults are encouraged to maintain updated immunization records.

Table 1: Recommended Vaccines for Adults

Population Group or Condition	Recommended Vaccines
1. **All Immunocompetent Adults (18-64 years old)**	● Annual influenza vaccine (inactivated) (Philippine Periodic Health Examination [PHEX] 2 Task Force, 2022a) ● Pneumococcal vaccine (Pneumococcal conjugate vaccine-13 (PCV13) is preferred in 18-64 year old adults; PPSV23 is preferred in older adults 65 years old and above) (PHEX 2 Task Force, 2022a) ● Tetanus toxoid-containing vaccine every 10 years (for those who completed the primary series) OR Primary series with Tetanus, Diphtheria, and Pertussis (Tdap) vaccine followed by any tetanus-toxoid containing vaccine (for those who did not complete the primary series or have an unknown status) (PHEX 2 Task Force, 2022a) ● Measles-containing vaccine (PHEX 2 Task Force, 2022a) ● Hepatitis A vaccine (PHEX 2 Task Force, 2022a; US CDC, 2022a) ● Hepatitis B vaccine (for those with no previous vaccination or no evidence of immunity) ((PHEX 2 Task Force, 2022a; American Diabetes Association [ADA] Professional Practice Committee, et al., 2022a) ● Vi polysaccharide vaccine against typhoid fever (PHEX 2 Task Force, 2022a) ● Once ≥50 years old: Herpes Zoster Adjuvanted Recombinant Vaccine (RZV) (PHEX 2 Task Force, 2022a; Philippine Society of Microbiology and Infectious Diseases [PSMID], 2018) ● COVID-19 vaccine (DOH, 2022a)
a. Females, 18-26 years old	● In addition to aforementioned vaccines, offer Human Papillomavirus Vaccine (HPV) vaccine if not previously vaccinated or did not complete the primary series (PHEX 2 Task Force, 2022a)
b. Males, 18-26 years old	● In addition to aforementioned vaccines, offer HPV vaccine if not previously vaccinated or did not complete the primary series (PHEX 2 Task Force, 2022a)
2. **Groups with risk factors/special conditions**	
a. Pregnant Women	Vaccines that are safe to be given during pregnancy: ● Annual influenza vaccine (inactivated) (PHEX 2 Task Force, 2022a) ● Primary series with Tdap followed by any tetanus-toxoid-containing vaccine if with unknown status or did not complete the primary series OR any tetanus toxoid-containing vaccine during each pregnancy if with complete primary series (PHEX 2 Task Force, 2022a)

Population Group or Condition	Recommended Vaccines
	● COVID-19 vaccine (DOH, 2022a)*
b. All People living with human immunodeficiency virus (HIV) regardless of CD4 count	● Annual influenza vaccine (inactivated) (US CDC, 2022a; PSMID, 2018) ● Pneumococcal vaccine (US CDC, 2022a; PSMID, 2018) ● Hepatitis B vaccine (for those with no previous vaccination or no evidence of immunity) (US CDC, 2022a; PSMID, 2018) ● Tdap vaccine (US CDC, 2022a; PSMID, 2018) ● Meningococcal conjugate vaccine (US CDC, 2022a; PSMID, 2018) ● HPV vaccine (US CDC, 2022a; PSMID, 2018) ● COVID-19 vaccine (DOH, 2022a)
c. Diabetes Mellitus, CKD, CKD or Chronic Lung Disease, Heart Failure	Vaccines to be given are similar to those given to immunocompetent adults (PHEX 2 Task Force, 2022a; ADA Professional Practice Committee, et al., 2022a; US CDC, 2022a)
d. Groups at high risk of rabies exposures (e.g. Healthcare workers handling rabies cases, workers in rabies laboratories, veterinarians, veterinary students, animal handlers)	In addition to vaccines recommended for immunocompetent adults: ● Pre-exposure prophylaxis with Rabies vaccine (DOH, 2018a)
e. Other High-Risk Groups (e.g men having sex with men (MSM), injection drug users, contact with infected workers, persons receiving blood transfusions, persons exposed to occupational hazards e.g. healthcare workers, sex workers, food handlers, chronic liver disease)	In addition to vaccines recommended for immunocompetent adults: ● Combined inactivated Hepatitis A and B vaccine is an option instead of monovalent Hepatitis A vaccine and monovalent Hepatitis B vaccine (US CDC, 2022a; PSMID, 2018)
Note: Currently, Td vaccine is available for pregnant adults and influenza and pneumococcal vaccines are available for indigent senior citizens in primary care facilities. Rabies vaccine is available in Animal Bite Treatment Centers (ABTCs). ***COVID-19 vaccines, which are available in COVID-19 vaccination sites, should be given according to DOH Administrative Order 2022-0005 "Omnibus Guidelines on the Implementation of the National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines". COVID-19 vaccination during pregnancy should be done during the second or third trimester. Women who are in their first trimester of pregnancy may be vaccinated upon presentation of a medical clearance.**	

F. Self-Monitoring and Self-Testing

1. All adults are encouraged to learn how to check and monitor vital signs and anthropometrics (Table 2) and perform self-monitoring at home, as advised by their primary care providers and as appropriate for their own condition, such as the following:
    a. Home blood pressure monitoring in patients with suspected or confirmed hypertension or in patients who are taking blood pressure-lowering drugs for monitoring of BP response (Ona, et al., 2021; Williams, et al., 2018; Unger, et al., 2020);
    b. Pulse rate determination, if advised by a physician, in patients who experience palpitations, in patients who are suspected or diagnosed with rhythm abnormalities (e.g. atrial fibrillation), or in patients who are maintained on heart-rate lowering drugs (e.g. beta-blockers);
    c. Temperature monitoring in patients who feel febrile or in patients taking antipyretics to monitor response to treatment (e.g. fever lysis);
    d. Peripheral oxygen saturation (SpO_2) monitoring in patients who are suspect, probable, or confirmed COVID-19 cases who are on home isolation, or in patients with cardiopulmonary diseases who are on oxygen home therapy (such as those with severe chronic obstructive pulmonary disease and pulmonary hypertension) (DOH, 2022b; GOLD, 2022) ; and
    e. Weight and body mass index (BMI) monitoring in patients who are advised weight management (e.g. healthy weight loss in overweight or obese individuals, upbuilding in malnourished individuals).

Table 2: Normal Vital Signs and BMI in Well Adults

Vital Signs	Device/Method for Home Use	Normal Values
Blood Pressure (BP)	Validated oscillometric upper arm BP device	Systolic BP: 90-120 mmHg Diastolic BP: 60-80 mmHg (Ona, et al., 2021)
Pulse Rate	Radial Pulse palpation	60-100 per minute
Respiratory Rate	Counting (visual inspection)	12-20 per minute
Temperature	Non-mercury thermometer (e.g. digital axillary thermometer, tympanic thermometer, infrared thermometer)	Axillary: 34.8°C- 36.3°C Tympanic: 36.1°C - 37.9°C Infrared: 36.1°C- 37.2°C *Fever: AM temperature of >37.2°C or a PM temperature of >37.7°C* (Loscalzo, et al., 2022)
Peripheral Oxygen Saturation	Pulse Oximeter	95%-100%
Weight and BMI	Tape measure or meter stick for height measurement; accurate weighing scale BMI Formula: $\frac{\text{(weight in kg)}}{\text{(height in m)}^2}$	*Asia-Pacific Cut-offs* (DOH, 2016b)*:* Underweight <18.5 kg/m^2 Normal 18.5-22.9 kg/m^2 Overweight 23-24.9 kg/m^2 Obese ≥25 kg/m^2

2. Adults with certain conditions are encouraged to learn how to do additional self-monitoring or self-testing measures, as advised and taught by their healthcare providers, such as the following:
    a. Diabetic patients, especially those who are on insulin as maintenance medication, may perform self-monitoring of blood glucose using home glucose meter/ glucometer (ADA Professional Practice Committee, et al., 2022b).
    b. Adult women are encouraged to track their menstrual cycle and seek medical consultation for irregular menstrual cycle and flow or any menstruation-associated symptoms.
    c. Adult women should observe breast self-awareness (BSE), including familiarization with the normal appearance and feel of one's breasts, and should immediately consult with a healthcare provider if any change (e.g. pain, a mass, new onset of nipple discharge, or redness) is noticed (American College of Obstetricians and Gynecologists [ACOG], 2017).
    d. Women of reproductive age who are sexually active and are experiencing any of the following signs and symptoms of early pregnancy may perform pregnancy testing using urine home pregnancy kits and are encouraged to consult a healthcare professional for confirmation and appropriate medical advice (Philippine Clinical Standards Manual on Family Planning, 2014):
        i. Late, missed or absent menstrual period;
        ii. Breast tenderness;
        iii. Nausea or vomiting;
        iv. Weight change;
        v. Fatigue;
        vi. Mood changes;
        vii. Changes in eating habits; and
        viii. Frequent urination.
    e. Pregnant women diagnosed with gestational hypertension or preeclampsia are advised to do appropriate home blood pressure monitoring (Williams, et al., 2018; Unger, et al., 2020).
    f. Pregnant women who are diabetic or who are diagnosed with gestational diabetes are advised to do appropriate glucose monitoring (ADA, et al., 2022c).
    g. All pregnant women should monitor and report body changes (including maternal weight gain based on maternal prepregnancy BMI and fetal activity, as advised during their antenatal consults) (WHO, 2016a).
    h. Adults belonging to HIV key populations may perform HIV self-testing as an option (WHO, 2021a).
    i. Within 7 days from onset of symptoms consistent with COVID-19, symptomatic individuals may perform self-administered COVID-19 antigen testing using FDA-approved self-test kits, especially if the capacity for timely RT-PCR results is limited or not available (DOH, 2022c).

3. Adults are encouraged to report the results of their self-monitoring or self-testing to their healthcare providers, whether through a physical consult or through

telemedicine, in order to receive timely and appropriate clinical diagnosis and management.

G. Health-seeking Behavior

1. All adults are encouraged to develop appropriate health-seeking behavior, such as the following:
   a. All asymptomatic or apparently well adults are encouraged to seek consultation with their primary care provider at least annually.
   b. All adults are encouraged to visit their dentist every 3-6 months or as advised by a dental professional.
   c. All asymptomatic adults who had relevant exposures to various infectious diseases, such as but not limited to leptospirosis, leprosy, tuberculosis and HIV, are encouraged to immediately avail of appropriate chemoprophylaxis from their primary care providers.

2. All adults experiencing symptoms are encouraged to consult at the nearest Primary Care Facility.
   a. All adults experiencing the following symptoms or conditions, which may indicate or lead to life- or limb-threatening conditions, should immediately consult at the nearest health care facility (World Health Organization and the International Committee of the Red Cross (WHO - ICRC), 2018):
      i. Inhalation, ingestion, and/or exposure to harmful substances;
      ii. Trauma and associated injuries or symptoms such as:
         (1) Loss of consciousness, altered mental status, or seizures;
         (2) Difficulty of breathing;
         (3) Profuse bleeding, expanding hematoma, or signs of shock (e.g. pallor, cold extremities);
         (4) Traumatic dental injuries resulting in subluxation, extrusion, lateral luxation, intrusion, avulsion of permanent teeth, and root fracture caused by sporting events, falls, motor vehicle accidents, or interpersonal violence (Levin, et al., 2020);
         (5) Abdominal pain and/or enlargement;
      iii. Any of the following signs and symptoms:
         (1) Acute neurologic symptoms such as loss of consciousness, altered mental status, dizziness, severe headache, facial asymmetry, slurring of speech, new-onset weakness or loss of sensation, loss of balancing, seizure, or convulsions;
         (2) Agitated and/or aggressive behavior;
         (3) Acute vision loss;
         (4) Eye injury/foreign body;
         (5) Acute chest pain;
         (6) Acute dental pain;
         (7) Difficulty in breathing;
         (8) Hemoptysis;
         (9) Chest retractions;

(10) Any other severe pain;
(11) Contractions, pain, or bleeding in late pregnancy;

iv. Fever and any of the following:
(1) Living in an area where malaria is endemic;
(2) History of travel to a malaria-endemic area;
(3) History of recent malaria infection in the previous months;
(4) Documented history of Plasmodium vivax infection;
(5) History of blood transfusion in the previous month(s) or any dental or surgical procedure;
(6) Headache;
(7) Body malaise;
(8) Myalgia (lower back, arms, and legs);
(9) Arthralgia;
(10) Retro-orbital pain;
(11) Anorexia;
(12) Nausea;
(13) Vomiting;
(14) Diarrhea;
(15) Flushed skin;
(16) Rash (petechial, Hermann's sign);
(17) Abdominal pain;
(18) Open wounds;

v. Presence of at least one of the following three cardinal signs for leprosy (DOH AO 2021-0004-A):
(1) Hypopigmentation of the skin;
(2) Thickening of peripheral nerves with loss of sensation;
(3) Positive slit-skin smear upon screening;

vi. Any of the following TB signs and symptoms of at least 2 weeks duration (DOH, 2020c):
(1) Cough;
(2) Unexplained fever;
(3) Night sweats;
(4) Unexplained weight loss;

vii. Any of the following signs and symptoms of STIs and/or HIV-AIDS:
(1) Vaginal/penile/anal discharge characterized by foul odor and/or greenish (pus-like) appearance;
(2) Persistent pruritus of the genital area;
(3) Burning sensation during urination;
(4) Painful intercourse (dyspareunia);
(5) Post-coital bleeding;
(6) Painful or painless genital sores; and
(7) Oral viral and fungal infection (leukoplakia, candidiasis, herpes zoster).

3. All adults are strongly encouraged to seek medical advice about sexual and reproductive health services, such as but not limited to the following:

a. Seek information from healthcare providers and adhere to medical guidance on the following:
    i. Family Planning (FP) and proper use of preferred contraceptives including:
        (1) Modern FP methods;
        (2) Proper observance of fertility awareness-based methods, including abstinence during fertile periods;
        (3) Consistent and correct usage of hormonal pills or male condoms;
        (4) Schedule of follow-up/return visits if using injectable, implant, intrauterine device (IUD);
        (5) Identification of warning signs and proper response to signs of failure for the FP method of choice; and
    ii. Safe sexual practices, STIs, Human Immunodeficiency Virus - Acquired Immunodeficiency Syndrome (HIV - AIDS), and cascade of care.
b. Seek medical consultation for any of the following, which could be signs or symptoms of STIs (RA No. 11166: "Philippine HIV and AIDS Policy Act"; US Preventive Services Task Force [USPSTF], 2018):
    i. Vaginal/penile/anal discharge characterized by:
        (1) Presence of foul odor;
        (2) Persistent pruritus or itching;
        (3) Burning sensation during urination;
        (4) Preenish (pus-like) appearance;
        (5) Painful intercourse (dyspareunia);
        (6) Post-coital bleeding;
    ii. Any genital sores, whether painful or non-painful.
c. Seek medical advice and access to the following, especially if belonging to the key populations for STIs:
    i. Viral Hepatitis, STI, and HIV combination prevention (i.e., condom and lubricant use, pre-exposure prophylaxis or PREP, etc.), screening, testing and treatment, including:
        (1) Available community-based screening for HIV;
        (2) FDA-approved HIV self-testing kits; and
        (3) HIV ribonucleic acid (RNA) viral load testing for possible acute HIV if flu-like symptoms such as fever, fatigue, rashes, headache, diarrhea, joint and muscle pain, etc. are observed within one (1) to four (4) weeks after a risky sexual or injection encounter;
    ii. Reliable sources of information, education, and counseling on HIV, AIDS, and other STIs including their signs and symptoms, mode of transmission and prevention;
    iii. Targeted educational campaigns (i.e., Undetectable = Untransmittable) and treatment as preventive measures;
    iv. Information on performing self-risk assessment in the context of HIV testing;
    v. Directory for appropriate STI and HIV services; and
    vi. Counseling service on STI and HIV risk reduction and treatment adherence given by trained service providers.

d. If the STI is a result of sexual abuse, report to the Local Social Welfare and Development Office or the Women and Children Protection Unit.
e. HIV-reactive adults are encouraged to access STI and HIV services and receive appropriate counseling and care and support services including same-day ART initiation while waiting for the confirmatory test result.

4. All adults are strongly encouraged to seek help from mental health service providers for maintenance of mental health, for counseling and management when negative life events occur (i.e. violence, maltreatment, neglect, bullying, conflict, parental loss, abuse, disasters, and emergencies), and for clinical management when experiencing symptoms of depression and anxiety or having thoughts of self-harm.

5. Adult women who are pregnant or about to deliver are encouraged to observe the following health-seeking practices, among others (Department of Health. Administrative Order No. 2016-0035: "Guidelines on the Provision of Quality Antenatal Care in All Birthing Centers and Health Facilities Providing Maternity Care Services"; WHO, 2016; WHO, 2017b):
   a. Notify the assigned Barangay Health Worker (BHW) in the neighborhood about the pregnancy and consult at the nearest health center to obtain the following:
      i. Quality antenatal care including the minimum of eight antenatal visits according to the following schedule, and/or referral to a hospital for specialist care, if necessary:
         (1) First contact at 12 weeks;
         (2) Second and third contact at 20 and 26 weeks age of gestation (AOG), respectively;
         (3) Subsequent third trimester contacts at 30, 34, 36, 38, and 40 weeks AOG; and
         (4) Return for delivery if still have not given birth at 41 weeks AOG;
      ii. Assessment of health, nutritional status, and gestational weight gain, and identification and management of nutritionally-at-risk or malnourished women in antenatal care;
      iii. Advice on:
         (1) Birth planning, e.g.benefits of delivery in a health facility versus at home, benefits of Essential Intrapartum Care (EINC) or *Unang Yakap*, things to prepare, cost, and the like;
         (2) Good maternal nutrition and micronutrient or multivitamins supplementation;
         (3) Appropriate pregnancy exercise;
         (4) Normal fetal movements;
         (5) Self-monitoring of blood pressure;
         (6) Good antenatal and postnatal hygiene;
         (7) Healthy timing and spacing of pregnancy;
      iv. Assistance from a skilled health professional for any unusual symptom noticed, particularly those that are considered danger signs, such as but not limited to the following:

(1) Vaginal bleeding (minimal to moderate bleeding during pregnancy or moderate to profuse bleeding after pregnancy);
(2) Unusual vaginal discharge;
(3) Poor/decreased fetal movement;
(4) Convulsions/fits;
(5) Severe headaches with blurred vision;
(6) Fever and generalized weakness;
(7) Severe abdominal pain;
(8) Fast breathing or difficulty in breathing;
(9) Swelling of fingers, face and/or legs;
(10) Frequent, mild to intense contractions;

v. Advice on labor and delivery care or EINC and counseling on topics such as but not limited to the following (Department of Health: Administrative Order No. 2021-0034, National Policy on Essential Intrapartum Care at Primary Level Non-Specialist Birthing Centers (2021)):
(1) Timing for hospital admission;
(2) Transport arrangement to the preferred hospital, including cost;
(3) Birth companion of choice;
(4) Comfortable birth position of choice as may be allowed;;
(5) Preferred pain relief measures;
(6) Early labor exercise or mobility restrictions such as the following:
a) May take an upright position;
b) Allowed activities such as moving or walking around the health facility during the early stage and when labor is assessed to be low risk;
(7) Early labor oral intake restrictions:
a) May eat food and drink fluid as advised when labor is assessed to be low risk;
(8) Preferred techniques from the available options to reduce perineal trauma and facilitate spontaneous birth such as supporting self urge to push during labor;
(9) The use of uterotonics for the prevention of postpartum hemorrhage (PPH) during the third stage of labor;
(10) *Unang Yakap* and rooming-in arrangements for the newborn;

vi. Advice on suitable modern family planning methods, including long-acting reversible contraceptives (LARC) that they may access after delivery to delay their next pregnancy or to support them in obtaining their desired reproductive outcomes;
vii. Advice on appropriate infant feeding options with emphasis on breastfeeding; and
viii. Advice on the importance of the expanded newborn screening and newborn hearing test.

b. Avoid smoking, including exposure to secondhand smoke.
c. Avoid consumption of alcohol or any substance with potential for abuse such as heroin, cocaine, marijuana, and tobacco products, among others.

d. Keep and update the Birth Plan for childbirth preparedness, based on healthworker's advice.
e. Undergo screening for syphilis, HIV, Hepatitis B, Hepatitis C (if with history of drug injection) and other mother-to-child transmitted infections in order to help in the Elimination of Mother-to-Child Transmission (EMTCT).
f. Understand the importance of obtaining obstetric care in healthcare facilities and having a facility-based delivery.
g. In the event that the pregnancy is a result of sexual abuse or rape, inform one's guardian or a family member who can be trusted and notify or report to the Local Social Welfare and Development Office, the Women and Children Protection Units or the PNP Women and Children Protection Desk for child protection services (Republic Act No. 8505: "Rape Victim Assistance and Protection Act of 1998. Implementing Rules and Regulations").

6. Adult women who are in their postpartum period are encouraged to adhere to the following postnatal advice (WHO, 2013):
   a. Consult the nearest health center and seek postnatal and newborn care of at least four postnatal visits scheduled as follows:
      i. Within 24 hours of birth or before discharge;
      ii. On day 3;
      iii. Between days 7-14; and
      iv. Six weeks after birth.
   b. Seek advice from a health provider on the most appropriate postpartum family planning services including LARC.
   c. Seek advice in case of weak milk production.
   d. Seek basic mental health and psychosocial support from a primary care provider and obtain a referral for evaluation and management by mental health professionals if experiencing symptoms of postpartum depression.

7. All adults diagnosed with cancers are encouraged to seek access home-based palliative and hospice care which includes non-pharmacologic interventions, counseling, and spiritual care (Republic Act No. 11215 "An Act Institutionalizing A National Integrated Cancer Program And Appropriating Funds Therefor").

8. All adults are encouraged to access the hotlines shown in Table 3, depending on their concerns.

Table 3: List of Hotlines

Hotline	Contact Numbers
National Emergency Hotline (including medical emergencies)	911
Crisis Control Hotlines/ Psychosocial Helplines	National Center for Mental Health (NCMH): Nationwide landline toll-free: 1553 Mobile no.: 09178998727 (0917 899 USAP) OR 09663514518 OR 09086392672 *Regions/ CHDs have their own psychosocial helplines
Suicide Helplines	Hopeline Toll-free for Globe/TM: 2919 Telephone no.: (02) 804-4673 Mobile no.: 09175584673 In Touch Community Services: Telephone no.: 8937603 Mobile no.: 09178001123 OR 09228938944 Tawag Paglaum—Centro Bisaya Mobile no.: 0939937-5433 OR 09276541629
Quitline (for smokers)	1558
Substance Abuse Helpline	1550
Poison Control Centers	Baguio General Hospital and Medical Center Poison Control Unit: (074) 6617910 loc 396 East Avenue Medical Center Toxicology Referral and Training Center: (02) 89211212; (02) 8928-0611 loc 707; 09232711183 Rizal Medical Center Poison Control Unit, Pasig City: (02) 88658400 loc 113; 09661783773 Jose B. Lingad Memorial General Hospital Poison Control Unit, Pampanga: (045) 9632279; 09338746600 Batangas Medical Center Poison Control Center: 09218832633; (043) 7408307 loc 1104 Bicol Medical Center Poison Control Unit: 09165354692; 09480161575 Corazon Locsin Montelibano Memorial Regional Hospital Biomarine and Toxicology Unit, Bacolod: 09178694510 Western Visayas Sanitarium Poison Control Unit, Iloilo: 09194980443 Vicente Sotto Memorial Medical Center Poison Control Center, Cebu: 09228496542

	Eastern Visayas Regional Medical Center Poison Control Center, Leyte: (053) 8320308 Zamboanga City Medical Center Poison Control Center: (062) 9912934, (062) 9920052 Northern Mindanao Medical Center Poison Control Center, Cagayan de Oro City: (088) 7226263, 09058855645 Southern Philippines Medical Center Poison Control and Treatment Institute, Davao City: 09992250208; (082) 2272731 loc 5065 UP National Poison Management and Control Center: (02) 8-524-1078 (Hotline); 0966-718-9904 (Globe); 0922-896-1541 (Sun)
Violence Against Women and Children (VAWC)/ Gender-based Violence (GBC)	PNP Hotline: 177 Aleng Pulis Hotline: 0919 777 7377; 0966-725-5961 PNP Women and Children Protection Center 24/7 AVAWCD Office: (02) 8532-6690
Additional Government Hotlines are available at this link: https://www.gov.ph/hotlines.html Local emergency hotlines are also available.	

H. Supportive Therapy or Symptom Relief

1. In general, all adults are encouraged to seek consultation for their symptoms and regularly follow-up with their healthcare providers for any diagnosed condition.

2. Adults are encouraged to learn about appropriate supportive therapeutic measures or symptom relief measures, under the guidance of their primary care provider, to avoid over-treatment, overdosing, or inappropriate use of over-the-counter (OTC) medications.

3. Adults are encouraged to take necessary precautions and be thoroughly informed by their healthcare provider when using OTC or non-prescription medications for symptom relief or supportive therapy.

4. Adults are encouraged to learn and apply nonpharmacologic supportive therapy appropriate to their condition, such as the following:
   a. Increase water intake/hydration if ill and if without water intake restrictions due to a medical condition (e.g. congestive heart failure, dialysis-requiring chronic kidney disease);
   b. Tepid sponge bath for fever; and
   c. Cold compress within the first 24 hours for contusion/bruises, followed by warm compress.

5. Adults who are in home isolation due to COVID-19, under the guidance of their physician, may take medications for symptom relief or supportive therapy (DOH, 2022b).

6. Adults with symptoms of STI are discouraged from self-medicating.

I. First Aid and Basic Emergency Care

1. All adults are encouraged to learn appropriate first aid and/or basic emergency care, and initiate appropriate steps upon experiencing or witnessing emergencies through the following measures and activities:
    a. Participate in first-aid and basic emergency care training, including lay Basic Life Support (BLS), cardiopulmonary resuscitation (CPR), and basic disaster risk reduction and management.
    b. Prepare and learn to use a first aid kit, which can include the following (National Health Service [NHS], 2021):
        i. First aid manual;
        ii. Plasters, sterile gauze dressings, sterile eye dressings, cotton balls and cotton-tipped swabs, bandages, safety pins, disposable sterile gloves, tweezers, scissors, antiseptic solution, antiseptic cleansing wipes, antiseptic cream, sticky tape, thermometer (preferably digital), painkillers such as paracetamol (or infant paracetamol for children), aspirin (not to be given to children under 16), or ibuprofen, antihistamine cream or tablets, distilled water for cleaning wounds, eyewash, and eye bath;
        iii. Personal or maintenance medications; and
        iv. Epinephrine auto-injector or epinephrine vial with appropriate syringe for individuals who are at risk of anaphylaxis.

2. All adults are encouraged to apply first aid measures for minor injuries such as the following:
    a. Dental injuries:
        i. Rinse avulsed permanent tooth gently in milk, saline, or saliva and care not to touch root surface with fingers, if unable to replant the tooth, place in physiologic storage medium like milk, saliva or saline and seek immediate dental treatment (Levin, et al., 2020).
        ii. Seek immediate medical attention on uncontrolled or profuse bleeding of the extraction site.
    b. Minor closed wounds (e.g. contusion/bruise) (American Red Cross, 2016):
        i. Apply a cold compress or cold pack to the area for at least 10-20 minutes, within the first 24 hours.
        ii. Elevate the injured area to a tolerable level to prevent swelling.
    c. Minor open wounds (e.g. abrasion, superficial laceration) (Merchant et al., 2020; American Red Cross, 2016):
        i. Apply direct pressure while wearing gloves or using properly disinfected hands with soap or alcohol.
        ii. Rinse with running water then wash with soap and water once the bleeding stops.

iii. Apply antibiotic ointment, cream, or gel, as prescribed by a primary care provider.
iv. Cover with a sterile gauze pad or an adhesive bandage.
v. Consult at the nearest health facility if the wound is deep, extensive, persistently bleeding, or at high risk of infection (e.g. puncture wound from a nail).

d. Minor, superficial or first-degree non-chemical burns (American Red Cross, 2016) :
   i. Stop the burning by removing the person from the source or removing the source from the person.
   ii. Cool the burned area with cool or cold water (but not direct ice or ice water application) for at least 10 minutes.
   iii. Avoid removing the cover of the blister to protect the burnt skin.
   iv. Cover with loose sterile dressing.
   v. Apply silver sulfadiazine, as prescribed by a primary care provider, for non-infected burns if without allergy to sulfonamides and if the medication is available.
   vi. Consult at the nearest health facility if the burn is deep, extensive, involves critical areas (hands, feet, groin, head, face, circumferential burns), a dirty wound is sustained, there are signs of infection (e.g. fever, purulent discharge) or there is associated difficulty of breathing.
e. Muscle, bone, or joint injuries (American Red Cross, 2016):
   i. Rest: Limit the use of the injured part.
   ii. Immobilize: Apply a splint or elastic bandage to limit motion.
   iii. Apply cold compress to the area for at least 10-20 mins every 6-8 hours in the first 24 hours after injury.
   iv. Elevate the injured body part to a tolerable level to reduce swelling.
   v. Consult at the nearest health facility if any of the following are present: difficulty of breathing, an open fracture, deformity, abnormal movement or inability to move, coldness or numbness, involvement of the head, neck or spine, or the injury is suspected to be significant due to its cause (e.g. fall, vehicular accident).
f. Poisoning and chemical burns (US CDC, 2020c)
   i. Eye exposure
      (1) Immediately irrigate the affected eye with clear running tap water, occasionally lifting and lowering the lids, then seek medical attention.
      (2) Avoid rubbing the eyes.
   ii. Skin exposure
      (3) Inspect and note all areas of the body that came into contact or have been contaminated by the substance, removing the clothes if necessary.
      (4) Wash or irrigate all contaminated areas with clear running tap water and seek medical attention immediately.
   iii. Inhalation
      (1) Remove the victim from the source of the hazardous substance and bring him/her to an open space with fresh air.
      (2) If the victim vomits, turn him/her to his/her side to avoid choking.

(3) Seek medical attention immediately.

iv. Ingestion

(4) Do not induce vomiting.

(5) Seek medical attention immediately.

g. Warm-blooded animal bites (e.g. dog bites) (DOH, 2018a)

(1) Perform proper wound care, including washing with soap and water.

(2) Seek consultation at the nearest DOH - Certified Animal Bite Treatment Center/Animal Bite Center for safe and effective post-exposure anti-rabies vaccination, anti-tetanus vaccination, antibiotics, and health education.

3. All adults are encouraged to apply basic first aid and emergency skills in the following manner:
   a. Recognize the following emergencies (Merchant, et al., 2020; American Red Cross, 2016):
      i. Cardiac arrest: sudden loss of consciousness and unresponsiveness and absence or abnormal breathing (e.g. gasping), and absence of pulse;
      ii. Possible acute stroke: unilateral weakness of face (e.g. drooping), arm, grip or speech disturbance;
      iii. Possible acute coronary syndrome: acute nontraumatic chest pain;
      iv. Respiratory distress: shortness of breath, gasping, rapid shallow breathing, painful or uncomfortable breathing;
      v. Life-threatening bleeding;
      vi. Shock: drowsiness or altered mental status, excessive thirst, palpitations, difficulty of breathing, weakness, cold extremities, pallor; and
      vii. Drowning.
   b. Always check for the safety of the scene to the self before extending help to others (Panchal, et al., 2020).
   c. Immediately call for help and activate emergency services upon witnessing any of the aforementioned emergencies to facilitate the transport of the victim to the nearest healthcare facility (Panchal, et al., 2020).
   d. If trained, perform lay BLS on victims in cardiac arrest after ensuring that the scene is safe and calling for help (Panchal, et al., 2020).

4. When encountering or witnessing interpersonal violence or abuse, adults are advised to:
   a. Immediately call 911 for help.
   b. Talk to a friend, a family member, a trusted teacher, a doctor, or a counselor.
   c. Notify or report any instance of sexual abuse or rape to the Local Social Welfare and Development Office, the Women and Children Protection Units or the PNP Women and Children Protection Desk for child protection services(Republic Act No. 8505: “Rape Victim Assistance and Protection Act of 1998 Implementing Rules and Regulations”).

5. Adults who are trained in Psychological First Aid (PFA) are encouraged to facilitate and/or coordinate the provision of PFA and other psychosocial services to disaster-affected populations following the key principles of PFA (a sense of safety, calming, a sense of self, and community efficacy, connectedness, and hope, etc.).

II. Screening of Asymptomatic Individuals

Purpose: This section aims to provide guidance to primary care providers about screening services for adults who are well or asymptomatic.

A. Risk Factor Assessment

1. Primary care providers shall screen asymptomatic adults 20 years old and above for risk factors using complete history taking and physical examination at the initial visit, and at regular intervals thereafter depending on the risk level.

2. Primary care providers shall perform comprehensive history taking, including the history of present illness, past medical history, family history, personal, social and occupational history, in order to identify risk factors such as the following:
   a. Risk factors from family history, especially when present among first-degree relatives:
      i. Atherosclerotic Cardiovascular Disease (ASCVD) such as coronary artery disease, cerebral or peripheral vascular disease
         (1) A history of premature ASCVD is identified if ASCVD has occurred in male first-degree relatives <55 years old or in female first-degree relatives <60 years old (Gonzalez-Santos, et al., 2021);
      ii. Diabetes;
      iii. Hypertension;
      iv. Stroke;
      v. Asthma;
      vi. Chronic Obstructive Pulmonary Disease (COPD);
      vii. Liver disease;
      viii. Kidney disease;
      ix. Cancer;
      x. Tuberculosis;
      xi. Leprosy;
      xii. Mental disorders;
   b. Risk factors from personal, social, and occupational history:
      i. Smoking - history of exposure to secondhand smoke, former tobacco user or current tobacco user, vaping, cigarettes consumed per day;
      ii. Alcohol intake - history of alcohol intake of 5 drinks or more for males and 4 drinks or more for females on at least one occasion in the past year, history of binge drinking, chronicity of drinking;
      iii. History of substance use and abuse;
      iv. Physical activity - determine if the patient does at least 2.5 hours a week of moderate-intensity activity or 30 minutes a day for at least 5 days a week;
      v. Nutrition and dietary assessment - determine the consumption of high fat, high salt food (processed fast foods such as instant noodles, burgers, fries, dried fish) and sugar-sweetened food and beverages (e.g. chocolates, cakes, pastries, softdrinks);
      vi. Tuberculosis risk: if the person shared the same enclosed living space as a patient with pulmonary TB during the three months before the diagnosis and treatment (DOH, 2020c);

vii. Leprosy risk: direct contact or exposure with a leprosy case and has been living in the same household with the leprosy case for more than 30 days in the past 2 years (DOH, 2020b);
viii. Malaria risk: special population groups that are possible sources of infection that may lead to reintroduction of malaria in elimination and malaria-free areas (military and police groups, paramilitary, migrant workers/overseas Filipino workers (OFWs), and forest workers) (DOH, 2019b);
ix. Ovulatory and menstrual irregularity, dysmenorrhea, gestational diabetes, hypertension in pregnancy, preeclampsia, and other obstetric and/or gynecologic conditions;
x. Possible exposure to traumatic life events such as violence including intimate partner violence, GBV, maltreatment, neglect, teenage pregnancy, and bullying that affect one's mental health and well-being;
xi. Risky sexual behaviors, and/or drug-injecting practices; and
xii. Occupational risks or hazards: determination of exposures to physical, chemical, and biologic hazards in the workplace by obtaining information on present and previous occupation/employment and tasks and places of work.

3. Primary care providers shall request for additional tests or targeted screening if the risk factors that were identified place an individual at higher risk for developing a specific disease.

4. Primary care providers shall advise follow-up of patients at regular intervals in Rural Health Units, Urban Health Centers, Birthing Centers, Social Hygiene Clinics, and other similar health facilities depending on the individual's risk level**.**

B. Physical Examination

1. Primary care providers shall perform a complete screening physical examination in well or asymptomatic adults. Table 4 summarizes the normal physical examination findings in adults.

2. Primary care providers shall perform additional physical examination maneuvers, if the screening history and physical examination prompt clinical suspicion of various differentials, such as but not limited to the conditions shown in Table 5.

Table 4: Normal Physical Examination Values and Findings in Adults

Category	Component	Method/ Device	Normal Values/Findings
General Survey		Inspection	Conscious, coherent, not in distress
Vital signs	Blood pressure	Validated oscillometric upper arm BP device	Systolic Blood Pressure: 90-120 mmHg Diastolic Blood Pressure: 60-80 mmHg (Unger et al., 2020; Ona et al., 2020; Williams et al., 2018) Note: Elevated BP on screening physical confirmation that prompts suspicion of Hypertension should be **confirmed** through repeat office BP Measurement using a validated oscillometric BP device with an appropriately-sized upper arm cuff, according to the Standard BP Measurement Protocol or through Ambulatory BP Monitoring (ABPM) (see Table 9) (Ona, et al., 2021)
	Respiratory Rate	Inspection, Auscultation	12-20 breaths per minute
	Heart Rate	Auscultation	60-100 beats per minute
	Temperature (Lapum et al., 2017)	Non-mercury thermometer (e.g. digital axillary thermometer, tympanic thermometer, infrared thermometer)	Oral: 35.8–37.3ºC Axillary: 34.8–36.3ºC Tympanic: 36.1–37.9ºC Rectal: 36.8–38.2ºC Infrared: 36.1-37.2 ºC
Anthropometrics	Height	Clinical Stadiometer	
	Weight	Beam Type Adult Weighing Scale (Physician's Platform Scale)	
	For Pregnant: Gestational Weight Gain (GWG) (ACOG, 2020)		28 to 40 lb (12.7 to 18.1 kg) in the pre pregnancy underweight category 25 to 35 lb (11.3 to 15.9 kg) for the normal prepregnancy weight category 15 to 25 lb (6.8 to 11.3 kg) for the prepregnancy overweight category 11 to 20 lb (5 to 9 kg) for the prepregnancy obese category

Category	**Component**	**Method/ Device**	**Normal Values/Findings**
	Body Mass Index (BMI)	Formula: $\frac{\text{(weight in kg)}}{\text{(height in m)}^2}$	*Asia-Pacific Cut-offs:* Underweight <18.5 kg/m^2 Normal 18.5-22.9 kg/m^2 Overweight 23-24.9 kg/m^2 Obese ≥25 kg/m^2 For pregnancy, use pre-pregnancy BMI (U.S. Preventive Services Task Force [USPSTF], 2021)
	Waist Circumference	Non-extensible/non-stretchable tape measure	Females: <80 cm Males: <90cm
Skin (Bickley, et al., 2017)		Inspection, Palpation	● Uniform skin color, no pallor, no jaundice, no rashes or skin lesions, no loss/ decrease in sensation
Head (HEENT) (Bickley, et al., 2017)	Head	Inspection, Palpation, Auscultation, Otoscopy, Fundoscopy as needed	● Normocephalic, no deformities, no depression nor tenderness ● No lesion, bruises and scaling, no signs of hair loss
	Eyes		● Pupils are equally reactive to light and accommodation ● No visual cuts ● Full Extraocular muscle (EOM) range of motion ● No masses, ptosis, lesions; no discharges, excessive lacrimation; no tenderness ● Pink palpebral conjunctiva, anicteric sclera
	Ears		● No discoloration, thickening, perforations, lesions and masses ● No swelling or discharge; no tragal tenderness, ● On otoscopy: No foreign bodies, non-hyperemic external ● auditory canal; Tympanic membrane intact with a good cone of light
	Nose		● Symmetrical without deformities; nasal septum at midline ● Pink nasal mucosa without swelling, bleeding or exudates ● No tenderness over frontal and maxillary sinuses

Category	Component	Method/ Device	Normal Values/Findings
	Throat (includes mouth and oral mucosa)		● Lips are light reddish and moist; oral mucosa is pinkish with no ulcerations; gums are pinkish. ● Tongue is midline ● Palatine tonsils are pinkish without lesions, exudates, erythema, and enlargement ● Uvula is midline
	Neck		● Supple neck; symmetrical, no limitations in range of motion (ROM) ● Trachea is at the midline ● No palpable lymph nodes or masses ● Thyroid gland is barely palpable ● No bruit
Oral		Oral Examination (OE)	● Complete dentition, no caries or cavities, no oral or mucosal lesions or ulcerations
Chest/Lungs (Bickley, et al., 2017)		Usual sequence: Inspection, Palpation, Percussion, Auscultation For the abdomen: the sequence should be inspection, auscultation, percussion, then palpation	● Symmetrical chest expansion ● No inspiratory contraction of the accessory muscles, supraclavicular retraction, or intercostal retractions ● Normal tactile and vocal fremitus ● Bronchovesicular breath sounds ● No crackles
Heart (Bickley, et al., 2017)			● No precordial bulge; adynamic precordium ● Normal Point of Maximal Impulse (PMI), apex beat not displaced ● No thrills and heaves ● Normal heart sounds with a normal rate and regular rhythm, no murmurs
Abdomen (Bickley, et al., 2017)			● Abdomen is flat; no discoloration observed; no visible peristalsis/ pulsation ● Normoactive bowel sounds ● Tympanitic in all four quadrants ● No fluid wave or shifting dullness ● Soft, nontender abdomen with no palpable masses ● Liver edge and spleen non-palpable ● Negative costovertebral angle (CVA) tenderness

Category	**Component**	**Method/ Device**	**Normal Values/Findings**
Extremities (Bickley, et al., 2017)			● Extremities are warm and without edema. ● Full and equal pulses on all four extremities. ● Nails are white with pinkish nail beds ● No clubbing, no cyanosis, no pallor ● No joint swelling, no gross deformities ● Full range of motion observed
External Genitalia	Female Genitalia	Inspection, Palpation	Mons Pubis and Pubic Hair: ● Clear with normal hair distribution; no nits or lice Vulva: ● Labia majora and minora ● Symmetrical; smooth to somewhat wrinkled, unbroken, slightly pigmented skin surface; no ecchymosis, excoriation, nodules, swelling, rash, lesions; no swelling, pain, induration or purulent discharge upon palpation ● In multiparous women: majora are separated and minora more prominent Clitoris: ● Approximately 2 cm in length and 0.5 cm in diameter; no lesions Urethral Meatus: ● Slitlike in appearance; midline; free from discharge, swelling and redness; about the size of a pea; should not cause pain and/or result in any urethral discharge upon palpation Vaginal Introitus ● Pink and moist; patent; without bulging ● Nulliparous with intact hymen ● Multiparous with remaining hymen ● Normal Vaginal Discharge – white and free of foul odor (some white clumps may be seen—mass clamps of epithelial cells) ● Vaginal muscle tone in nulliparous woman: tight and strong ● Vaginal muscle tone in a parous woman: it is diminished Perineum: ● Smooth; slightly darkened ● Upon Palpation: smooth and firm; homogenous in nulliparous woman, thinner in parous woman ● Well-healed episiotomy scar is also within normal limits for parous woman after vaginal delivery

Category	Component	Method/ Device	Normal Values/Findings
	Male Genitalia	Inspection, palpation	General Pubic Region Hair Distribution: ● Diamond shape (triangular form); abundant in the pubic region; sparsely distributed on the scrotum and inner thigh and absent on penis; more coarse than scalp hair; no nits or lice Penis: ● Cylindrical in shape; skin is free from lesions and inflammation; shaft skin appears loose and wrinkled without erection; pink to light brown in whites and light brown to dark brown ● Surface vascularity may be apparent; dorsal vein is sometimes visible ● Upon palpation, pulsations may be present on the dorsal sides of the penis; non-tender; no masses or firm plaques are palpated Glans penis: ● Smooth, pink, bulbous; varies in size and shape, may appear round or broad; without lesions, swelling, and inflammation Foreskin or Prepuce: ● Retracts easily to expose glans and returns to original position with ease; no discharge ● In the uncircumcised: prepuce fold wrinkled, loosely attached to the underlying glans; darker in color than glans; should retract easily; smegma (white, cottage-cheese-like substance) may seen over the glans) ● In the circumcised: prepuce often absent, or small flaps remain at corona; no smegma; *circumcised penises have varying lengths of foreskin remaining Urethra: ● Central; at the distal tip of the glans; opening is glistening, smooth and pink, slit-like; no discharge present; non-tender Scrotum: ● Skin of the scrotum is normally loose; surface may be coarse; size varies, may appear pendulous ● Color often more deeply pigmented than body skin; often reddened in red-haired individuals ● Sac is divided in half by septum ● Left scrotal sac may be longer than right ● Contracts in cold temperature; relaxes in warm temperature ● Deeply pigmented; hairless or with infrequent hair; rugose surface; non-tender; thin loose skin over muscular layer; no pitting

Category	Component	Method/ Device	Normal Values/Findings
			Testicle: ● Present in each sac; left testis may normally lower than the right ● Each testis measures approximately 4x3x2 cm and equal in size ● Mildly sensitive to gentle/moderate compression but not tender; firm but not hard; smooth, rubbery, ovoid in shape, movable; free from swelling and bulges ● Inguinal are free from nodules

Table 5: Additional Physical Examination Maneuvers and Findings

Possible Condition	Physical Examination Maneuver	Abnormal Findings (should trigger further evaluation and/or referral to a specialist)
Abnormal Vision/ Visual impairment (Cataract, Error of Refraction, etc.)	Visual Acuity Testing (using Visual Acuity Charts (e.g. Snellen's Chart, Sloan, HOTV for literate LEA symbols for illiterate)	If VA is 20/40 -20/100 with or without improvement in pinhole or if if VA is 20/200 or worse For near vision, if <J4 using Jaeger chart
Oral Cancer (especially among adults who are smokers and/or alcohol drinkers)	Systematic clinical exam including palpation of the oral cavity (PHEX 1 Task Force, 2021)	Discoloration, masses, persistent nodule or ulcer, which may be red or white patches, swelling or persistent sores, lump in the neck area
Breast cancer	Biennial Clinical Breast Examination (PHEX 1 Task Force, 2021)	Breast asymmetry, skin dimpling, nipple retraction, palpable breast mass, abnormal nipple discharge
Prostate cancer	Digital Rectal Exam (in males 50-64 years old) (PHEX 1 Task Force, 2021)	Palpable mass/nodule, induration
Gastrointestinal bleeding	Digital Rectal Exam	Melena, hematochezia
Diabetic retinopathy	Fundoscopy (ADA Professional Practice Committee, et al., 2022a)	Cotton wool spots, microaneurysm, intraretinal hemorrhages, macular edema, neovascularization, etc.
Hypertensive retinopathy	Fundoscopy (Williams et al., 2018)	Arteriolar constriction, arteriovenous nicking, flame-shaped hemorrhages, cotton wool spots, yellow hard exudates, optic disk edema, etc.
Familial Hypercholesterolemia	Inspection of the cornea, eyelids, extremities (PHEX 2 Task Force, 2022b; Gonzales-Santos, et al. 202; WHO Human Genetics Programme, 1999)	Arcus cornealis in <45 year old individuals Xanthelasma Tendon xanthomata

C. Screening Tests

1. Primary Care Providers shall initiate additional screening appropriate to the patient's condition and the identified risk factors from the history-taking and physical examination.

2. Primary care providers shall use screening questionnaires/tools and laboratory and imaging tests appropriate to the patient's condition, as shown in Tables 6 and 7.

3. Primary care providers may offer additional targeted screening tests to the appropriate patients who belong to special groups (Table 8), provided that the patient and the physician perform shared decision-making with a thorough discussion of risk and benefits of testing.

Table 6: Screening Tools / Questionnaire

Condition to be Screened	**Screening Tool/ Questionnaire**
Tobacco use	PhilPEN Risk Factor Assessment For identified current smoker: Fagerstrom Test to assess for Nicotine Dependence
Unhealthy alcohol use	PhilPEN Risk Factor Assessment For identified binge drinker: AUDIT tool
Alcohol, substance use, and tobacco use	Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) Tool
Cardiovascular Disease (CVD) Risk	CVD Risk Screening and Assessment Tool (WHO), ASCVD Risk Calculator
Mental Health: Mental, Neurologic and Behavioral Disorders; Psychiatric Emergencies	Directed Assessment at Primary Care according to WHO mhGAP Intervention Guide – Version 2.0
High-risk sexual behavior	● Sexual Risk Survey ● Safe Sex Behavior Questionnaire(SSBQ) ● Sexual Health Practices Self-Efficacy Scale ● Sexual Health Practices Self-Efficacy Scale ● Condom use errors/ Problem survey (CUES) ● Correct Condom Use Self Efficacy Scale (CCUSS) ● UCLA Multidimensional Condom Attitudes Scale (MCAS) ● Hypersexual Behavior Inventory (HBI) ● Hypersexual Disorder Screening Inventory (HDSI)
Oral health	Caries Risk Assessment, Oral Cancer Screening Tool
Depression	Patient Health Questionnaire 9 (PHQ-9) Depression, Anxiety and Stress Scale 21 (DASS-21) Self-Reporting Questionnaire (SRQ-25)
Anxiety	Generalized Anxiety Disorder-7 (GAD-7) Scale
Suicide	Columbia-Suicide Severity Rating Scale (C-SSRS)
Obesity	BMI, waist circumference
Hypertension	BP check every visit

Table 7: Screening Laboratory and Imaging Tests for Adults

Patient Population	Screen For (Indications)	Screening Method	Normal Result	Abnormal Findings that should prompt confirmation and/or management
Non-communicable Diseases				
● All adults 20-39 years old with CVD risk of 10% or higher ● All adults 40 years old and above (PHEX 1 Task Force, 2021) ● All adults 20-39 years old who are overweight or obese OR who have 1 or more additional risk factors for diabetes (PHEX 1 Task Force, 2021)	Diabetes Mellitus	Fasting Blood Sugar (FBS) (also called Fasting plasma glucose [FPG]) OR plasma glucose 2 hours after a 75g oral glucose load (75-g OGTT)	● FBS <100 mg/dL (<5.6 mmol/L) OR ● 2-hour plasma glucose <140 mg/dL (<7.8 mmol/L) in a 75-gram OGTT	Diabetes: ● FBS ≥ 126 mg/dL (≥7 mmol/L) OR ● 2-hour plasma glucose ≥ 200 mg/dL (≥11.1 mmol/L) on 75-gram OGTT Prediabetes: ● FBS 100-125 mg/dL (5.6 - 6.9 mmol/L) OR ● 2-hour plasma glucose 140-199 mg/dL (7.8-11 mmol/L) on 75-gram OGTT
● Pregnant Adults	Gestational Diabetes Mellitus (GDM)	2-hour 75 gram oral glucose tolerance test (International Association of Diabetes and Pregnancy Study Groups Consensus Panel et al., 2010; ADA Professional Practice Committee, et al., 2022c)	FPG <92 mg/dL (<5.1 mmol/L)	If ≥1 plasma glucose value is at or above these thresholds: ● FPG: 92 mg/dL (5.1 mmol/L) ● 1 hour plasma glucose: 180 mg/dL (10 mmol/L) ● 2 hour plasma glucose: 153 mg/dL (8.5 mmol/mol)
● All adults 40 years old and above with 1 or more CVD risk factors (e.g. hypertension, diabetes, obesity) (PHEX 1 Task	Dyslipidemia	Lipid Profile (should include total cholesterol, Low Density Lipoprotein (LDL) ,	● Optimal LDL cholesterol < 100 mg/dL ● Near optimal LDL cholesterol 100-129 mg/dL ● HDL cholesterol > 60 mg/dL	● Total cholesterol ≥ 200 mg/dL ● LDL cholesterol ≥130 mg/dL ● HDL Cholesterol <40 mg/dL in men OR <50 mg/dL in women ● Triglycerides ≥150 mg/dL

Patient Population	Screen For (Indications)	Screening Method	Normal Result	Abnormal Findings that should prompt confirmation and/or management
Force, 2021) ● All adults 20-39 years old with CVD risk of 10% or higher ● Adults suspected of having Familial Hypercholesterolemia		High Density Lipoprotein (HDL), triglycerides)	● Total Cholesterol < 200 mg/dL ● Triglycerides <150 mg/dL (Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, 2001)	(Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, 2001)
Women 30-65 years old (PHEX 1 Task Force, 2021; WHO, 2021aa)	Cervical Cancer	Cervical cytology (Pap Smear) every 3 years OR visual inspection with acetic acid (VIA) (as alternative to Pap Smear) every 3 years OR high-risk HPV testing every 5 years	● Cytology: Negative (Normal) ● HPV DNA: Negative ● VIA: Negative (no acetowhite area)	● Cytology: Positive (Abnormal) ● HPV DNA: Positive ● VIA: Positive (positive acetowhite area/s)
Women 50-69 years old (PHEX 1 Task Force, 2021)	Breast Cancer	Biennial clinical breast examination (CBE) Mammography every 1-2 years	● CBE: No nipple discharge, no retractions, symmetric, no dimpling, no palpable mass or nodules(Bickley, et al., 2017) Note: findings should be correlated with the physiologic changes associated with the menstrual cycle ● Mammography: BI-RADS Category 1 (negative)	● CBE: Nipple discharge, nipple retraction, asymmetry, dimpling, pain, palpable mass or nodules (Bickley, et al., 2017) Note: findings should be correlated with the physiologic changes associated with the menstrual cycle ● Mammography: BI-RADS Category 2-6 (findings may be benign or malignant) (Berment, et al., 2014)
Adults at least 45 years old (Caughey, et al., 2021)	Colorectal cancer	Annual Fecal Occult Blood Test	● FOBT or FIT: negative	● FOBT or FIT: positive

Patient Population	Screen For (Indications)	Screening Method	Normal Result	Abnormal Findings that should prompt confirmation and/or management
		(FOBT) OR Fecal Immunochemical Testing (FIT), followed by Colonoscopy if positive (PHEX 1 Task Force, 2021)	● Colonoscopy: Normal	● Colonoscopy: Polyps, masses, precancerous growths, cancer
Adults at risk of developing hepatocellular carcinoma who have or have not progressed to cirrhosis (Risk factors: liver cirrhosis of any etiology, hepatitis B, with a family history of hepatocellular carcinoma) (Department of Health - Rizal Medical Center, 2021)	Hepatocellular carcinoma	Semi-annual Liver ultrasound with or without alpha-fetoprotein (AFP)	● Liver ultrasound: normal ● AFP: AFP level between 10 ng/mL to 20 ng/mL	● Liver ultrasound: masses, enlargement, fatty liver, cirrhosis ● AFP: elevated AFP
Adults who are smokers and/or alcohol drinkers (PHEX 1 Task Force, 2021)	Oral Cancer	Adjunctive techniques may be done in addition to visual examination	● Normal findings	● Discoloration, masses, persistent nodule or ulcer, which may be red or white patches, swelling or persistent sores, lump in the neck area
Communicable Diseases				
Adults	Leprosy	Slit Skin Smear (SSS) (DOH, 2021f)	● Negative	● Positive
All adults consulting health care facilities, or with TB risk factors, or belonging to vulnerable populations	Tuberculosis (disease)	Chest x-ray	● CXR: Not suggestive of TB	● CXR: Suggestive of TB
All adults who:	Tuberculosis	Tuberculin skin test	● TST or IGRA: Negative	● TST or IGRA: Positive

Patient Population	Screen For (Indications)	Screening Method	Normal Result	Abnormal Findings that should prompt confirmation and/or management
● are contacts of bacteriologically confirmed drug-susceptible TB ● have risk factors (on dialysis, preparing for transplant, initiating anti-TNF treatment, with silicosis) (WHO, 2020a; 2020b; 2020c)	Infection	(TST) or Interferon-gamma release assay (IGRA)		
Pregnant and adults belonging to key populations and vulnerable communities (WHO, 2021a)	HIV STI Viral Hepatitis	Rapid diagnostic test (HIV, Hep B and C) Syndromic or Etiologic (STI)	● Non-reactive	● Reactive
Pregnant and adults belonging to key populations and vulnerable communities	Syphilis	RDT	● Non reactive	● Reactive

Table 8: Targeted Screening Tests For Special Groups

Patient Population	Screen For (Indications)	Screening Method
Adults with a first-degree relative with known nasopharyngeal cancer (PHEX 1 Task Force, 2021)	Nasopharyngeal cancer	EBV DNA test and/or nasopharyngoscopy
Adult males 50-64 years old (PHEX 1 Task Force, 2021)	Prostate cancer	Digital rectal exam and prostate specific antigen (PSA)
Adults with high risk for lung cancer (e.g. smokers) (PHEX 1 Task Force, 2021)	Lung cancer	Annual low-dose CT scan
Adults with high risk for gastric cancer (PHEX 1 Task Force, 2021)	Gastric cancer	Upper gastrointestinal series or upper endoscopy

III. Diagnosis of Symptomatic Individuals

Purpose: This section aims to provide guidance to primary care providers about diagnostic services for sick or symptomatic adults.

A. Diagnostic Tests

1. Primary care providers shall request diagnostic tests appropriate to the individual's presentation and clinical impression, such as but not limited to those shown in Table 9.

2. Primary care providers shall request diagnostic tests in a rational manner and interpret their results promptly and accurately, particularly when those tests are available at the primary care level, in order to create an accurate clinical impression of the patient's condition and initiate timely and appropriate management.

3. Primary care providers shall refer to higher-level facilities for more specialized tests, as necessary and as appropriate for the patient's condition.

Table 9: Diagnostic Tests for Various Conditions Presenting at Primary Care

Condition	Minimum Tests at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional tests at Higher Levels of Care
Noncommunicable Diseases				
Acute Neurologic Symptoms (Suspected Stroke)	Basic Emergency Assessment (Airway, Breathing, Circulation, Disability, Exposure [ABCDE]) (WHO-ICRC, 2018) FAST (Face Arm Speech Test) for rapid assessment Capillary blood glucose to check for hypoglycemia (U.K. National Institutes of Health and Care Excellence [UK NICE], 2019a)	Computed Tomography (CT) of the brain	Not Applicable (N/A) (Immediately transfer to the nearest hospital)	At the Emergency Department (ED)/referral hospital: CT of the brain, Complete blood count (CBC), prothrombin time (PT), partial thromboplastin time (PTT), glucose, HbA1c, Creatinine, Lipid profile, and other tests as necessary (Kleindorfer et al., 2021)
Mental Disorders	Directed Assessment at Primary Care according to WHO mental health gap action program (mhGAP) Intervention Guide – Version 2.0 (WHO, 2016b)	Detailed psychiatric evaluation; DSM-5	N/A	Detailed psychiatric evaluation; DSM-5
Common Eye Problems	Basic eye examination (DOH, 2019a)	Depends on the eye condition	N/A	Detailed ophthalmologic examination by an ophthalmologist
Oro-dental disorders	Oral Examination (OE)	Panoramic and intraoral radiographs	Hot and cold water test for pulp vitality; percussion test using mouth mirror handle, palpation	Temporomandibular joint (TMJ) series, Cone Beam Computed Tomography (CBCT) scan
Hypertension	Office BP Measurement using a validated oscillometric BP device with an appropriately-sized upper arm cuff, according to the Standard BP Measurement	Ambulatory BP Monitoring (ABPM)	12-lead Electrocardiogram (ECG); FBS; lipid profile; serum creatinine, eGFR, sodium, potassium; dipstick urine test or urinary	ABPM Other tests if Hypertension-Mediated Organ Damage (HMOD) is suspected: Renal Ultrasound (US), Echocardiography, Brain Imaging, Ankle Brachial Index (ABI), Carotid Imaging, Retinal

Condition	Minimum Tests at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional tests at Higher Levels of Care
	Protocol (Ona, et al., 2021)		albumin/ creatinine ratio (Ona, et al., 2021) Fundoscopy to check for hypertensive retinopathy Home BP monitoring (HBPM) if possible	Exam (Williams, et al., 2018)
Gestational Hypertension, preeclampsia, or Chronic Hypertension with Superimposed in Pregnant Women	Office BP Measurement using a a manual sphygmomanometer with appropriately-sized upper arm cuff, according to the Standard BP Measurement Protocol (Ona, et al., 2021) An oscillometric BP measurement device may be used if it is validated for pregnancy.	ABPM	12-lead Electrocardiogram (ECG); FBS; lipid profile; serum creatinine, eGFR, sodium, potassium; dipstick urine test or urinary albumin/ creatinine ratio (Ona, et al., 2021) Fundoscopy to check for hypertensive retinopathy in women with chronic hypertension. Home BP monitoring (HBPM) if possible	ABPM Other tests if preeclampsia and/or Hypertension-Mediated Organ Damage (HMOD) is suspected: Renal function tests, liver function tests, CBC with platelet count, Renal Ultrasound (US), Echocardiography, Brain Imaging, Ankle Brachial Index (ABI), Carotid Imaging, Retinal Exam, etc. (Williams, et al., 2018) For fetal status: Ultrasonography to determine fetal growth every 3–4 weeks of gestation; amniotic fluid volume assessment at least once weekly (WHO, 2022a)
Dyslipidemia	Lipid Profile (should include total cholesterol, LDL, HDL, and triglycerides) (Gonzales-Santos et al., 2021)	Lipid Profile (total cholesterol, LDL, HDL, triglycerides) (Gonzales-Santos et al., 2021)	Aspartate Aminotransferase (AST), Alanine Aminotransferase (ALT) prior to initiation of statins in individuals with cirrhosis or at risk of developing liver injury (Gonzales-Santos et al., 2021) Additional diagnostics to be requested based on	Other tests for causes of Dyslipidemia (e.g. metabolic disorders, genetic disorders) Possible genetic testing for patients suspected of having Familial Hypercholesterolemia (FH)

Condition	Minimum Tests at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional tests at Higher Levels of Care
			suspected or known comorbidities	
Stable Ischemic Heart Disease/ Chronic Stable Angina Pectoris	12-L ECG (UK NICE, 2016a; 2016b)	Invasive coronary angiography	Hypertension, Diabetes and Dyslipidemia Screening (UK NICE, 2016a; 2016b) Exercise Testing, Cardiac Imaging may be requested if clinically warranted (UK NICE, 2016a; 2016b)	Exercise testing (UK NICE, 2016a; 2016b) Non-invasive cardiac imaging Functional cardiac testing Invasive coronary angiography
Acute Chest Pain (Suspected Acute Coronary Syndrome)	Basic Emergency Assessment (ABCDE) (WHO-ICRC, 2018) 12 L- ECG within 10 minutes of presentation, provided it does not delay transfer to the nearest ED (UK NICE, 2016a)	Invasive coronary angiography	Not Applicable	Cardiac biomarkers; Invasive coronary angiography; non-invasive cardiac imaging (e.g. echocardiography); functional cardiac testing; tests for suspected or known comorbidities (UK NICE, 2016a; Gulati, et al., 2021)
Type 2 Diabetes	FBS OR 75 g OGTT (confirmatory) (ADA Professional Practice Committee, 2022) In a patient with unequivocal hyperglycemia (e.g. with classic symptoms of hyperglycemia or hyperglycemic crisis) Random Plasma Glucose (RPG) ≥200 mg/dL (11.1 mmol/L) (ADA Professional Practice Committee, 2022)	FBS OR 75 g OGTT (confirmatory) OR Glycated Hemoglobin A1c Test (HbA1c or A1c) (ADA Professional Practice Committee, 2022)	Lipid profile, Serum Creatinine, estimated Glomerular Filtration Rate (eGFR), potassium, Dipstick Urine test or urinary albumin/creatinine ratio (ADA Professional Practice Committee, et al., 2022a) HbA1c at least two times a year to check for glycemic control (ADA Professional Practice Committee, 2022)	Dilated -pupil retinal exam by an ophthalmologist to check for diabetic retinopathy (ADA Professional Practice Committee, et al., 2022)

Condition	Minimum Tests at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional tests at Higher Levels of Care
	Comprehensive foot examination (visual inspection, pulse assessment, assessment of loss of protective sensation (LOPS) (pressure, vibration, 10 g monofilament) (ADA Professional Practice Committee, et al., 2022a)			
Gestational Diabetes Mellitus (GDM) in Pregnant Women	2-hour 75-g oral glucose tolerance test (OGTT) at 24 to 28 weeks Age of Gestation (AOG)	2-hour 75-g oral glucose tolerance test (OGTT) at 24 to 28 weeks (AOG) (International Association of Diabetes and Pregnancy Study Groups Consensus Panel et al., 2010; ADA Professional Practice Committee, et al., 2022c)	Lipid profile, Serum Creatinine, estimated Glomerular Filtration Rate (eGFR), potassium, Dipstick Urine test or urinary albumin/creatinine ratio, ECG (ADA Professional Practice Committee, et al., 2022a)	Lipid profile, Serum Creatinine, estimated Glomerular Filtration Rate (eGFR), potassium, Dipstick Urine test or urinary albumin/creatinine ratio, ECG (ADA Professional Practice Committee, et al., 2022a)
Obesity	Weight, height, BMI, waist circumference	Weight, height, BMI, waist circumference	Additional diagnostics to be requested based on suspected or known comorbidities	Additional tests to work-up causes of obesity if not responding to recommended lifestyle modifications (e.g. hypothyroidism, Cushing syndrome, etc.)
Asthma	Spirometry preferred If spirometry is not available, peak expiratory flow rate (PEFR) using a peak flow meter (GINA, 2022)	Spirometry	Chest Xray (CXR) if the diagnosis is in doubt or considering other etiologies of cough and wheezing (e.g. Pulmonary Tuberculosis [PTB]) (GINA, 2022)	Spirometry

Condition	Minimum Tests at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional tests at Higher Levels of Care
COPD	Spirometry preferred If spirometry is not available, PEFR using a peak flow meter (GOLD, 2022)	Spirometry	CXR to detect causes of exacerbation, rule out other illnesses (GOLD, 2022)	Spirometry
Chronic Kidney Disease (CKD)	Clinical risk assessment, urinalysis, FBS,CBC creatinine, eGFR; CKD Risk Assessment Tool	Renal biopsy	Dipstick Urine test or urinary albumin/creatinine ratio	Electrolytes, acid- base workup using arterial blood gas (ABG), renal biopsy, renal US, CT angiogram, urodynamic studies, ureteroscopy; renal biopsy with electron microscopy (EM) and immunofluorescence microscopy (IF) assessment
Breast Cancer	Clinical breast examination, diagnostic mammography	Biopsy, histopathologic examination	Breast Ultrasound	Biopsy (e.g. core needle, sentinel node), Tumor Markers (e.g. Epidermal Growth Factor Receptor [EGFR], Estrogen Receptor [ER], Progesterone Receptor [PR], Human Epidermal Growth Factor Receptor 2 [HER2/neu], etc) Metastatic work-up (e.g. CXR, CT-scan, Positron Emission Tomography [PET] Scan) Other tests relevant to staging and therapeutic goals
Lung Cancer	CXR	Biopsy, histopathologic examination	N/A	Chest CT Scan with contrast Biopsy, Bronchoscopy, Video-assisted thoracoscopy (VATS) Metastatic work-up Other diagnostic tests relevant to staging and therapeutic goals
Colorectal Cancer	FOBT or FIT	Biopsy, histopathologic examination	N/A	Colonoscopy, Biopsy, Tumor markers (e.g. Carcinoembryonic antigen [CEA], Alpha-fetoprotein [AFP]) Whole Abdominal CT Scan, Metastatic work-up

Condition	Minimum Tests at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional tests at Higher Levels of Care
Cervical Cancer	Cervical Cytology (Pap smear), VIA, HPV DNA Test	Biopsy, histopathologic examination	N/A	Colposcopy, Biopsy, Tumor Markers (e.g. Cancer Antigen - 125 [CA-125]), Metastatic work-up (e.g. CT Scan, PET Scan) Other diagnostic tests relevant to staging and therapeutic goals
Iron-deficiency Anemia (IDA)	Clinical diagnosis Hemoglobin Hematocrit CBC with RBC indices (WHO, 2017c)	Bone marrow examination (if indicated)	Peripheral blood smear, RDW (red cell distribution width) Reticulocyte count Ferritin	Additional test if indicated: Serum iron concentration, Total iron binding capacity, transferrin saturation Colonoscopy if GI bleeding is suspected as the cause of IDA
Communicable Diseases				
Anthrax (US CDC, 2021a)	Clinical diagnosis, Chest x-ray	Bacterial culture followed by confirmatory tests–including phage and penicillin sensitivity, and PCR to detect genes specific to *B. anthracis*	N/A	Gram stain and culture of blood, pleural fluid, cerebrospinal fluid (CSF), discharge from skin lesions; tissue biopsy specimens; and Reverse Transcriptase- Polymerase Chain Reaction (RT-PCR) testing (if available)
Ebola Hemorrhagic Fever (US CDC, 2019b)	Clinical diagnosis	RT-PCR	N/A	RT-PCR, Antibody-capture Enzyme-linked Immunosorbent Assay (ELISA) or Antigen-capture detection tests
Highly Pathogenic Avian Influenza A(H5N1) (DOH, 2022d)	Clinical diagnosis	Viral culture	N/A	Real-time RT PCR, Genome Sequencing, Serological Methods
Leptospirosis	Clinical diagnosis	Culture and isolation	N/A	Culture and isolation, RT-PCR, microagglutination

Condition	Minimum Tests at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional tests at Higher Levels of Care
(PSMID, 2010)				Test (MAT), specific IgM Rapid Diagnostic Tests (RDT), nonspecific RDT, rapid diagnostic tests
Meningococcemia (US CDC, 2022c)	Clinical diagnosis	Culture of blood and CSF	N/A	Gram stain and culture of blood and CSF, CSF qualitative and quantitative analysis and quantitative analysis, RT-PCR of CSF
MERS-CoV (US CDC, 2019a)	Clinical diagnosis	RT-PCR	N/A	RT-PCR
2009 H1N1 (US CDC, 2009)	Clinical diagnosis	Real-time RT-PCR	N/A	Real-time RT-PCR, viral culture and/ or four-fold rise in Influenza H1N1 virus specific neutralizing antibodies
Hand, Foot and Mouth Disease (DOH, 2020a)	Clinical diagnosis	Viral culture	N/A	Routine diagnostics plus ancillary tests Samples for virological investigation: Throat swab, Vesicle swab, Rectal swab/stool and CSF
Leprosy (DOH, 2018b; 2021f)	Slit Skin Smear (SSS), complete blood count and chest x-ray	Slit Skin Smear, Skin biopsy	AST, ALT and renal function tests, and sputum smear microscopy	Glucose-6-phosphate dehydrogenase deficiency (G6PD) deficiency screening prior to treatment and pathological examination of skin biopsies. Electrocardiogram and lipid profile
Community-acquired Pneumonia (CAP)	Clinical diagnosis	Culture or serologic tests (depends on suspected etiology)	Consider a chest X-ray, if other differentials are being considered or patient is not improving with empiric antibiotics	Culture, serologic testing, other laboratory and imaging tests as necessary
Tuberculosis (DOH, 2020c; WHO, 2019a)	Molecular rapid diagnostic test (mRDT) with Drug Susceptibility Test (DST) as primary test; Secondary options: Smear microscopy or loop-mediated	TB culture	CXR (if RDT, smear microscopy or LAMP are negative or not available)	Drug susceptibility testing (if with initial resistance in RDT): Line probe assay or Extensively Drug-Resistant TB RDT (XDR-TB RDT), and TB culture/phenotypic DST

Condition	Minimum Tests at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional tests at Higher Levels of Care
	isothermal amplification (TB-LAMP)			
Malaria (DOH, 2019b)	Malaria microscopy or malaria RDT	Malaria microscopy	CBC with platelet count	Additional tests depending on the presence of severe disease (e.g. Liver function tests, kidney function tests)
Dengue (US CDC, 2020b)	Dengue NS1 Rapid Diagnostic Test; Dengue IgM/ IgG Rapid Diagnostic Test; Total White Blood Cell (WBC) count, Platelet, Hematocrit	Nucleic acid amplification tests (NAATs); RT-PCR	N/A	Nucleic acid amplification tests (NAATs); RT-PCR
Filariasis	Blood smear microscopy [Nocturnal Blood Exam (NBE)]; Filaria Test Strip - RDT (FTS-RDT)	NBE; RT-PCR	N/A	RT-PCR
Candidiasis, Bacterial Vaginosis, Trichomoniasis	Wet mount, Gram stain	Culture		Culture
Chlamydial and Gonococcal infections	Nucleic acid amplification testing (NAAT)	NAAT		NAAT
Syphilis	Rapid plasma reagin (RPR) and Treponema Pallidum Hemagglutination Assay (TPHA)	Treponema Pallidum Hemagglutination Assay (TPHA)	Rapid syphilis test using immunochromatography (ICT) RPR-quantitative, when RPR-qualitative test is Reactive	Confirmatory treponema test (TPHA or TPPA) is recommended whenever the RPR-qualitative is reactive
Hepatitis B	Hep B Rapid diagnostic test	Serum HBV DNA	Liver function tests (AST,	Serologic markers, serum HBV, DNA assays

Condition	Minimum Tests at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional tests at Higher Levels of Care
	(RDT)	assays	ALT), Platelet count to determine AST to Platelet Ratio Index (APRI) Score	
HIV (WHO, 2021a)	HIV Rapid diagnostic test (RDT)	Nucleic acid amplification tests (PCR)	Rapid HIV diagnostic algorithm (rHIVda), CD4, Viral load testing	Rapid HIV diagnostic algorithm (rHIVda), CD4 count, Viral load testing
Soil-transmitted Helminths (STH)	Fecalysis/Stool Microscopy	Kato Katz Technique	N/A	Kato Katz Technique
Schistosomiasis	Fecalysis/Stool Microscopy	Kato Katz Technique	Ultrasound; Kato Katz Technique	Hepatobiliary Ultrasound; Histopathology-Biopsy; Kato Katz Technique
Diarrhea	Fecalysis; Cholera RDT	Stool Culture, PCR depending on etiology	N/A	Stool Culture, PCR depending on etiology

IV. Management

Purpose: This section aims to provide guidance to primary care providers about the management of common diseases or presenting conditions in adults.

A. Medications

1. Primary care physicians shall prescribe medications appropriate to the individual's presentation and the clinical impression. Common conditions encountered in primary care and the corresponding first-line and second-line medications are shown in Table 10.

Table 10. Recommended Non-pharmacological and Pharmacological Management for Conditions in Primary Care

Condition	First Line (Drug of choice)	Second Line (additional or alternative drugs)
Noncommunicable Diseases		
Blepharitis	Warm compress, lid massage, proper hygiene (Amescua et al., 2019)	Topical and/or systemic antibiotics for moderate to severe blepharitis (e.g erythromycin eye ointment or tobramycin eye drop)
Hordeolum	Warm compress, lid massage, proper hygiene (Lindsley et al., 2017)	Give oral antibiotics and/or apply erythromycin eye ointment or tobramycin eye drop.
Dental Caries	Fluoride Application, Pits and Fissure Sealants, Silver Diamine Fluoride, Glass Ionomer Fillings	Glass Ionomer Fillings, Permanent Restorations (Composites)
Hypertension - Uncomplicated	Renin-Angiotensin-Aldosterone System (RAAS) blockers [Angiotensin-converting enzyme inhibitors (ACEIs) OR Angiotensin-receptor blockers (ARBs)] OR calcium channel blockers (CCBs) OR thiazide/thiazide-like diuretics, **singly or in combination (**Ona, et al., 2020) Prioritize RAAS blocker + CCB *OR* RAAS blocker + thiazide/thiazide-like diuretics when using combination therapy **(**Ona, et al., 2020)	Sequential addition of first-line drugs to achieve BP target. Additional drugs can be given if with resistant hypertension: e.g. alpha blockers, central agonists

Condition	First Line (Drug of choice)	Second Line (additional or alternative drugs)
Type 2 Diabetes without ASCVD	Metformin for blood glucose control (ADA Professional Practice Committee, 2022) Moderate intensity statin for primary prevention (Gonzales-Santos, et al., 2022)	Sulfonylurea(eg. gliclazide), Human Insulin Other glucose-lowering drugs: sodium glucose co-transporter 2 (SGLT)-inhibitors, dipeptidyl peptidase 4 (DPP4)-inhibitors
Type 2 Diabetes with ASCVD	1st line / 2nd line drug as mentioned above (ADA Professional Practice Committee, 2022) High-intensity statin therapy for secondary prevention (Gonzales-Santos, et al., 2022)	Sulfonylurea(eg. gliclazide) human insulin Other glucose-lowering drugs: SGLT-inhibitors, DPP4-inhibitors
Type 1 Diabetes Mellitus	Human Insulin	
Asthma	Inhaled Corticosteroids (ICS) + Long-acting β2-Agonists (LABA) combination (e.g. ICS-Formoterol) Note: Short-acting β2-Agonists (SABA(such as salbutamol alone is no longer recommended for asthma treatment (GINA, 2022)	ICS + as-needed SABA (SABA use should always be accompanied by ICS) Leukotriene Receptor Antagonists (LTRA)\ Long-acting Muscarinic Antagonist (LAMA) Note: Combinations and add-on therapy should be given according to level of asthma control (GINA, 2022)
COPD	Initial pharmacologic treatment depends on the individualized assessment of symptoms and exacerbation risk: Mild symptoms with low-risk of exacerbation (GOLD A): as needed inhaled SABA More symptomatic, with increased risk of exacerbations, or both (GOLD B, C, D): inhaled long-acting muscarinic antagonists (LAMA) (GOLD, 2022; Philippine College of Chest Physicians - Council on COPD and Pulmonary Rehabilitation, 2021)	Mild symptoms with low-risk of exacerbation: oral methylxanthines More symptomatic, with increased risk of exacerbations, or both (GOLD B, C, D): Combined inhaled long-acting muscarinic antagonist with long-acting beta-2-agonist (LAMA+LABA) or oral methylxanthines; specialist referral (GOLD, 2022; Philippine College of Chest Physicians - Council on COPD and Pulmonary Rehabilitation, 2021)
Acute Coronary Syndrome	Sublingual nitroglycerin or intravenous opioids (e.g. Morphine) + loading dose of Aspirin 300 mg (Gulati, et al., 2021)	Not Applicable Patient should be transported to ED

Condition	First Line (Drug of choice)	Second Line (additional or alternative drugs)
Ischemic heart disease	Beta blockers or calcium channel blockers Antiplatelet Statin (UK NICE, 2016a; 2016b)	Nitrates, Ranolazine, Nicorandil,Trimetazidine, OR Ivabradine
Anxiety Disorders (Panic Disorder, Generalized Anxiety Disorder (GAD), Social Anxiety Disorder)	Selective Serotonin Reuptake Inhibitors (SSRIs): Sertraline, Fluoxetine, Escitalopram	Atypical Antipsychotic: Quetiapine *For Panic Disorders, Quetiapine is not recommended as a second line. May be used as Third Line as per DOH Administrative Order 2021-0012 "Implementing Guidelines on the Medicine Access Program for Mental Health (MAP-MH)"
Psychosis	Atypical Antipsychotic: Risperidone (Tablet or ODT), Olanzapine (Tablet or ODT), Quetiapine	Typical Antipsychotic: Haloperidol, Chlorpromazine, OR Clozapine (for treatment-resistant or for substantial risk for suicide, suicide attempts or at risk for aggressive behavior)
Major Depressive Disorder	Escitalopram, Fluoxetine, Sertraline	Quetiapine, Tricyclic Antidepressants (TCAs)
Bipolar I Disorder	Mood Stabilizers + Antipsychotics: Divalproex Sodium ER Tablet + Risperidone + Olanzapine Note: Consider Divalproex Sodium if clinical or laboratory monitoring for lithium is not available or if a specialist is not available to supervise lithium prescription Risperidone can be used as an alternative to haloperidol in individuals with bipolar mania if availability can be assured, and cost is not a constraint. Consider risperidone if no clinical or laboratory monitoring is available to start lithium or valproate (WHO, 2016b).	Lithium Carbonate + Haloperidol, +Chlorpromazine NOTE: Lithium is the first-line treatment only *if clinical and laboratory monitoring are available, and prescribed only under specialist supervision.* Consider haloperidol if no clinical or laboratory monitoring is available to start lithium or valproate (WHO, 2016b).

Condition	First Line (Drug of choice)	Second Line (additional or alternative drugs)
Bipolar II Disorder	Quetiapine	Lamotrigine, Sertraline, Lithium, Venlafaxine
Alzheimer's Disease and Vascular Dementia	Acetylcholinesterase Inhibitors (combination therapy with Acetylcholinesterase Inhibitors and Memantine is likewise recommended): a. Early Stage: Donepezil (Monitor for cardiac dysrhythmias) b. Middle Stage: Memantine (Use with caution in patients with impaired kidney function) c. Late Stage: may consider discontinuation if the patient is no longer communicative and completely Stage dependent.	
Mentally Ill Chemical Abuse	Antidepressants, Mood Stabilizers , Typical and Atypical Antipsychotics	
Extrapyramidal Symptoms (EPS)	Anticholinergic: Biperiden OR Diphenhydramine	
Focal Onset Seizure with or without Evolution to Bilateral Tonic, Clonic-Tonic-clonic Seizures	Oxcarbazepine	Levetiracetam, Valproic acid
Generalized Onset Seizures	Valproic acid	Levetiracetam
Unknown Onset Seizure	Valproic acid	Levetiracetam
Rolandic Epilepsy	Oxcarbazepine	Levetiracetam
Communicable Diseases		
Viral Conjunctivitis	Frequent handwashing and avoid hand-to-eye contact, symptomatic relief; consider topical corticosteroids in severe adenoviral conjunctivitis (Varu, et al., 2019)	Erythromycin eye ointment or tobramycin eye drop if with suspicion of superimposed bacterial conjunctivitis
Bacterial conjunctivitis	Eye hygiene (Varu, et al., 2019)	Antibiotic depending on bacterial etiology

Condition	First Line (Drug of choice)	Second Line (additional or alternative drugs)
Odontogenic infections (cellulitis)	Incision and drainage, tooth extraction, Amoxicillin; or Amoxicillin with Clavulanate; or Clarithromycin; or Azithromycin	N/A Referto higher levels of care
Oral fungal infection (oral candidiasis)	Topical antifungal medication	Fluconazole
Oral viral infection (herpes simplex)	Topical antiviral medication	Acyclovir Oral route
Community Acquired Pneumonia (Low Risk) (PSMID, 2020)	For **Low Risk CAP without comorbidities:** Amoxicillin **Low Risk CAP with stable comorbidities:** B-lactam with β-lactamase inhibitor combinations (BLIC e.g. Co-amoxiclav) with or without extended macrolides (Azithromycin OR clarithromycin)	For **Low Risk CAP without comorbidities:** Clarithromycin OR Azithromycin **Low Risk CAP with stable comorbidities:** Second generation cephalosporins (e.g. Cefurozime) with or without extended macrolides (Azithromycin OR clarithromycin)
Tuberculosis (WHO, 2019a)	For drug-susceptible TB (WHO, 2017): ● Regimen 1: 2HRZE (Isoniazid-Rifampicin-Pyrazinamide-Ethambutol)/4HR ● Regimen 2: 2HRZE/10HR (for EPTB of CNS, bones, joints) ● *4-PHZMx (Rifapentine- Isoniazid-Pyrazinamide- Moxifloxacin) as an alternative to the 6-month regimen once available programmatically** For TB Preventive Treatment (WHO, 2020): ● Weekly Isoniazid/Rifapentine for 12 weeks ● Daily Isoniazid for 6 months ● Daily Isoniazid/Rifampicin for 3 months ● Daily Rifampicin for 4 months	For Drug-resistant TB (WHO 2020): ● Regimen 3: Standard Short All-Oral Regimen Levofloxacin (Lfx)-Bedaquiline (Bdq)-Clofazimine (Cfz)-Prothionamide (Pto)-Ethambutol (E)-Pyrazinamide (Z)-High dose isoniazid (HdH) ● Regimen 4: Standard Long All-Oral Regimen for FQ-Susceptible (Lfx-Bdq-Lzd-Cfz) ● Regimen 5: Standard Long All-Oral Regimen for FQ-Resistant Delamanid (Dlm)-Cycloserine (Cs)-Bdq-Lzd-Cfz) ● Individualized Treatment Regimen ● *New regimens: 6-BPaL (Bedaquiline-Pretomanid-Linezolid) or 6-BPaLM (Bedaquiline-Pretomanid-Linezolid-Moxifloxacin) once available programmatically**
Infectious Diarrhea	Oral rehydration salt (ORS)	
If suspected or confirmed Cholera:	Azithromycin	Ciprofloxacin OR Doxycycline

Condition	First Line (Drug of choice)	Second Line (additional or alternative drugs)
If suspected or confirmed Shigellosis:	Azithromycin	Ceftriaxone OR Ciprofloxacin
If suspected or confirmed non-typhoidal Salmonella dysentery	Ciprofloxacin	Ceftriaxone
If confirmed Amebiasis:	Metronidazole	Tinidazole OR Secnidazole
Leprosy (DOH, 2021a; 2021f) Multi-drug treatment (MDT) Paucibacillary (PB) Leprosy Multibacillary (MB) Leprosy	PB - 6 blister packs of Rifampicin, Dapsone and Clofazimine MB - 12 blister packs of Rifampicin, Dapsone and Clofazimine For Leprae reaction: Corticosteroid Prednisolone	Leprosy with confirmed rifampicin resistance: Clarithromycin, Minocycline or a Quinolone (Ofloxacin, Levofloxacin or Moxifloxacin), Plus Clofazimine Leprosy with resistance to both Rifampicin and Ofloxacin: Clarithromycin Minocycline and Clofazimine
Malaria (DOH, 2019b) Uncomplicated Malaria Severe malaria patients should be referred to a higher level of care	For all species (*P. falciparum, P. vivax, P. malariae, P. ovale, P. knowlesi*), regardless if it is single species infection or a mixed type: Artemisinin-based combination therapy (ACT) (e.g. Artemether + Lumefantrine (AL) and Primaquine (PQ) (WHO, 2022b) **Pregnant Women** in their first trimester with *P. falciparum* malaria: Quinine (QN) + Clindamycin * Pregnant women in the second or third trimesters can be treated with ACT	For *P. falciparum* and/or *P. malariae:* Quinine (QN) + Clindamycin + PQ For *P. vivax* and/or *P. ovale*: Chloroquine (CQ) + PQ *2nd line anti-malarials may be considered in the events such as: 1st line treatment failure, hypersensitivity to the 1st line, and if access to the 1st line drug is not possible.
Leptospirosis (US CDC, 2021d; PSMID, 2010)	For Mild leptospirosis: Doxycycline OR Penicillin For severe leptospirosis (higher level care): intravenous antibiotics (e.g. Ceftriaxone)	For mild leptospirosis: Amoxicillin or Azithromycin

Condition	First Line (Drug of choice)	Second Line (additional or alternative drugs)
Rabies (DOH, 2018)	Post exposure prophylaxis - Purified Vero Cell Rabies Vaccines - Purified Chick Embryo Cell Rabies Vaccines - Equine Rabies Immunoglobulin	
Lymphatic Filariasis	Diethylcarbamazine(DEC) + Albendazole	
Schistosomiasis	Praziquantel	
Soil-transmitted Helminthiasis	Albendazole	
Uncomplicated Gonococcal infections of the cervix, urethra, and rectum;	Ceftriaxone PLUS Azithromycin	Cefixime PLUS Azithromycin
Cervicitis caused by chlamydial infection	Azithromycin OR Doxycycline **Pregnant Women:** Azithromycin	Erythromycin Base OR Erythromycin Ethylsuccinate OR Levofloxacin **Pregnant Women:** Amoxicillin OR Erythromycin Base OR Erythromycin base OR Erythromycin Ethylsuccinate
Bacterial vaginosis (not a sexually-transmitted disease)	Metronidazole (avoided in 1st trimester of pregnancy)	Clindamycin
Trichomoniasis	Metronidazole	
Candidiasis	Fluconazole	Clotrimazole or Miconazole
Syphilis	Benzathine penicillin **Pregnant Women:** Benzathine penicillin	For patients allergic to Penicillin, the recommended second-line medication is: Doxycycline OR Tetracycline **Pregnant Women:** If the patient is allergic to penicillin, desensitization in an appropriate center is recommended. If the woman is allergic to penicillin and desensitization cannot be done, alternate treatment is: Erythromycin
HIV (WHO, 2021a)	Tenofovir (TDF) + Lamivudine (3TC) + Dolutegravir	From Nucleoside Reverse Transcriptase Inhibitor (NRTI):

Condition	First Line (Drug of choice)	Second Line (additional or alternative drugs)
	(DTG) Alternative: Tenofovir (TDF) + Lamivudine (3TC) + Efavirenz (EFV) Tenofovir (TDF) + Lamivufdine (3TC) + Rilpivirine (RPV)	Tenofovir (TDF) or Abacavir (ABC) + Lamivudine (3TC) to Zidovudine (AZT) + Lamivudine (3TC) Zidovudine (AZT) + Lamivudine (3TC) to Tenofovir (TDF) or Abacavir (ABC) + Lamivudine (3TC) From 2 Nucleoside Reverse Transcriptase Inhibitor (NRTI) + Dolutegravir (DTG) to 2 NRTI + Lopinavir/ritonavir (LPV/r) From 2 Nucleoside Reverse Transcriptase Inhibitor (NRTI) + Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) or Protease Inhibitor (PI) to 2 NRTI + Dolutegravir (DTG) (using optimal formulations)
Non-purulent Cellulitis	Clindamycin	Cotrimoxazole PLUS Penicillin VK or Cephalexin
Purulent Cellulitis	Clindamycin	Cotrimoxazole OR Doxycycline
Dirty wounds (e.g. Puncture wound)	Cloxacillin OR Cephalexin Clindamycin if with suspicion of MRSA or anaerobic infection	Co-amoxiclav if with suspected gram-negative infection
Rheumatic Heart Disease (for secondary prevention of recurrent rheumatic fever)	Monthly intramuscular Penicillin G injection OR oral Penicillin V (for secondary prevention)	Erythromycin if allergic to Penicillin (PhilHealth, 2019)
Other Emerging and Re-emerging Infectious Diseases		
Anthrax (US CDC, 2015; US CDC, 2020a)	For post-exposure prophylaxis: Doxycycline, Ciprofloxacin For treatment of systemic anthrax: admit and give intravenous antibiotics (e.g. Ciprofloxacin PLUS Meropenem PLUS Linezolid)	Alternative regimens for intravenous antibiotics: Levofloxacin + Imipenem + Clindamycin Moxifloxacin + Doripenem + Rifamipin or Chloramphenicol For Penicillin Susceptible strains: Penicillin G or Ampicillin

Condition	First Line (Drug of choice)	Second Line (additional or alternative drugs)
Ebola (US CDC, 2021c)	Supportive care	If available: Atoltivimab, maftivimab, and odesivimab-ebgn (Imvaneb); Ansuvimab-zykl (Ebanga) Ebola suspect patients with secondary bacterial infection and all severely ill patients, given risk of bacterial sepsis, should be given the appropriate intravenous antibiotics
Highly Pathogenic Avian Influenza A(H5N1) (DOH, 2022d)	Oseltamivir or Zanamivir	
Meningococcemia (US CDC, 2021e; 2022c; Royal Children's Hospital, 2020)	Intravenous antibiotics (Ceftriaxone; Penicillin if susceptible)	
MERS-CoV (US CDC, 2019c)	Supportive Care Treat with antibiotics if with secondary bacterial infection	
2009 H1N1 (US CDC, 2009)	Oseltamivir or Zanamivir	
Hand, Foot and Mouth Disease (DOH, 2020a)	Symptomatic treatment	

[1] Abbreviations of drugs for drug-susceptible TB: H- Isoniazid, R- Rifampicin, Z- Pyrazinamide, E- Ethambutol, P- Rifapentine
[2] Abbreviations of drugs for drug-resistant TB: Lfx - Levofloxacin, Bdq- Bedaquiline, Cfz- Clofazimine, Pto- Prothionamide, E- Ethambutol, Z-Pyrazinamide, HdH- high dose Isoniazid, FQ- Fluoroquinolone, Lzd- Linezolid, Dlm- Delamanid, Cs- Cycloserine, BPaL - Bedaquiline, Pretomanid, Linezolid, BPaLM- Bedaquiline, Pretomanid, Linezolid, Moxifloxacin

Note: Additional information on the medications listed in this table can be found in the Philippine National Formulary, 8th edition (DOH, 2019c) and the National Antibiotic Guidelines (DOH, 2018c). Rational antibiotic use is recommended to prevent the development of antimicrobial resistance (AMR).

B. Chemoprophylaxis

1. Primary care providers shall offer chemoprophylaxis to exposed individuals or individuals-at-risk, as appropriate to the patient's exposures and risk factors. Infectious diseases for which chemoprophylaxis is proven effective are listed in Table 11.

Table 11: Chemoprophylactic Agents

Indication	Chemoprophylactic Agent
1. Highly Pathogenic Avian Influenza A(H5N1) (DOH, 2022d)	● Oseltamivir OR Zanamivir
2. Leprosy (DOH 2018b, 2020b, 2021a)	● Single Dose Rifampicin (adults and children 2 years and above) after excluding leprosy and tuberculosis disease and in the absence of other contraindications
3. Leptospirosis (PSMID, 2010)	● Doxycycline (dosing and schedule depends on exposure risk(
4. Meningococcemia (US CDC, 2021e)	● Rifampin OR Ceftriaxone OR Ciprofloxacin
5. 2009 H1N1 (US CDC, 2009)	● Oseltamivir OR Zanamivir
6. Tuberculosis (for household contacts, close contacts, persons living with HIV, clinical high risk groups)	● Any of the available TB Preventive Treatment (TPT) Regimens: Weekly Isoniazid/Rifapentine for 12 weeks, Daily Isoniazid for 6 months, Daily Isoniazid/Rifampicin for 3 months, OR Daily Rifampicin for 4 months (WHO, 2020a).
7. HIV (WHO, 2021a)	● Tenofovir Disoproxil Fumarate + Emtricitabine fixed dose combination (FDC)
8. Rabies (Post exposure prophylaxis)	● Purified Vero Cell Rabies Vaccines Purified Chick Embryo Cell Rabies Vaccines + Equine Rabies Immunoglobulin
9. Tetanus prophylaxis	For clean and minor wound: ● If with <3 doses of tetanus toxoid or unknown prior vaccination status: Tetanus toxoid-containing vaccine + Human tetanus immunoglobulin ● If with at least 3 previous doses of tetanus toxoid and last dose given ≥5 years prior: Tetanus toxoid-containing vaccine only For all other wounds including dirty wounds (e.g. (e.g. wounds contaminated with dirt, feces, soil, or saliva; puncture wounds; avulsions; or wounds resulting from missiles, crushing, burns, or frostbite) ● If with <3 doses of tetanus toxoid or unknown prior vaccination status: Tetanus toxoid-containing vaccine + Human tetanus immunoglobulin ● If with at least 3 previous doses of tetanus toxoid and last dose given ≥ 10 years prior: Tetanus toxoid-containing vaccine only
Note: Additional information on the medications listed in this table can be found in the Philippine National Formulary, 8th edition (DOH, 2019c) and the National Antibiotic Guidelines (DOH, 2018c).	

C. Supportive Therapy

1. Primary care providers shall educate patients about supportive therapy for symptomatic relief, including nonpharmacologic interventions and pharmacologic interventions, their right dosing, and their possible side effects/adverse effects. Common medications for symptomatic relief are shown in Table 12.

Table 12: Medications for Supportive Therapy

Indication	Medication	Examples with Dosage	Precautions	Contra indications	Side Effects/ Adverse Events
Fever or chills or mild pain	Antipyretics	Paracetamol 500 mg to 1 gram every 4-6 hours **(maximum, 4 g daily)**	**Avoid large doses (>4 grams/day).** Observe precautions or decrease dosing in patients with phenylketonuria; alcohol dependence; overdosage; G6PD deficiency; hepatic impairment; renal impairment.	Known hypersensitivity to paracetamol or any component of the formulation; severe active liver disease; prolonged or repeated administration in patients with anemia, or cardiac, pulmonary, hepatic and renal disease.	Common: Increased aminotransferases. Rare: Acute hepatitis, drug fever, hepatocellular necrosis, hypersensitivity reactions, hypotension, mucosal lesions, leukopenia, neutropenia, pancytopenia, renal tubular necrosis, thrombocytopenia, urticarial or erythematous rash.
Pain relief	Non-steroidal anti-inflammatory drugs (NSAIDs)	Ibuprofen 1.2-1.8 g daily in 3-4 divided doses Mefenamic acid 500 mg 3 times a day.	Should be used with **caution** in patients who have CVD or with increased CVD risk (e.g. MI, stroke); in patients with a history of gastrointestinal bleeding or disease; in patients with renal impairment or CKD, hepatic impairment, elderly, in allergic disorders; cardiac disease; and in patients with coagulation defects.	Known hypersensitivity to ibuprofen and other NSAIDs, or any of the components of the formulation; should not be given to patients with active peptic ulceration; should preferably not be used in those with a history of the disease	Common: Diarrhea, dizziness, dyspepsia, GI ulceration or bleeding, headache, hemorrhage, hypertension, nausea, raised liver enzymes, salt and fluid retention, vomiting.
Cough	Antitussive/ Cough suppressants (e.g. Dextromethorphan, Butamirate citrate,	Butamirate 10-20 mg every 4 hours or 30 mg every 6-8 hours	Use in the first trimester of pregnancy is **not recommended** (during the rest of pregnancy, use it only if drug therapy is essential); may affect the ability to	Known hypersensitivity to butamirate or any component of the formulation; diabetes mellitus.	Rare: Diarrhea, dizziness, GI discomfort, nausea, skin rash, somnolence, urticaria.

	Levodropropizine)		drive, or operate machinery (butamirate may cause somnolence; caution while driving or performing other tasks which require alertness).		
	Expectorant (e.g. Guaifenesin, Lagundi*)	Lagundi 600 mg tablet, 1 tablet 3–4 times daily; as 300 mg/5 mL syrup, 2 tsp 3-4 times per day;	Patients with known allergy to lagundi plants.	Patients with severe allergy to Vitex negundo or any of its components	Mild adverse effects have been observed, such as itchiness, nausea, vomiting and diarrhea.
Nasal itching or sneezing, itching or pruritus	Antihistamines (e.g. first generation antihistamines such as Chlorpheniramine maleate; second generation antihistamines such as Cetirizine, Loratadine)	Cetirizine 10 mg once daily or 5 mg twice daily (may be increased as necessary to the maximum recommended daily dose of 20 mg);	May cause CNS depression which may impair physical or mental abilities; patients should be cautioned about performing tasks that require mental alertness, such as operating machinery or driving. Use with caution in children and the elderly (risk of sedation and anticholinergic effects are increased); renal impairment; hepatic impairment Excess alcohol intake, and use of other sedative drugs should be avoided	Known hypersensitivity reactions to cetirizine, levocetirizine or hydroxyzine (cetirizine is hydroxyzine's active metabolite) or any component of the formulation; severe renal impairment.	Common: Dizziness, drowsiness, dryness of mouth, fatigue, headache, insomnia, malaise, nausea, pharyngitis, somnolence.
		Diphenhydramine 25-50 mg every 6-8 hours (not to exceed 400 mg/day)	May cause sedation; serious adverse drug interactions are quite common, potentially fatal in some; antihistamines can cause hypersensitivity reactions themselves	Known hypersensitivity to diphenhydramine or any component of the formulation; acute asthma; neonates or premature infants (increased susceptibility to	Common: Anxiety, blurred vision, constipation, cough, diarrhea, dizziness, dryness of mouth, nose and throat, epigastric discomfort, euphoria, incoordination, insomnia, nausea, nervousness,

				antimuscarinic effects); breastfeeding; use of the parenteral form as a local anesthetic.	psychomotor impairment, sedation secretions, tinnitus, tremor, vomiting.
Congested or runny nose	Saline nasal spray Decongestants (e.g. Drugs containing Phenylephrine, Phenylpropanolamine) Note:		Use decongestants with caution in individuals with elevated blood pressure or hypertension		
Sore throat	Throat lozenges, Gargle and mouthwash (e.g. Hexetidine, Povidone-Iodine gargle)	Povidone-Iodine Oral hygiene, by mouth, ADULT and CHILD >6 years, gargle with 10 mL 0.1% solution, undiluted or diluted with an equal amount of warm water for 30 seconds 4 times daily for 14 days. Oral candidiasis, by mouth, ADULT, gargle using the 1% solution.	May interfere with thyroid function tests (due to systemic effects); broken skin (see notes below); renal impairment (avoid regular application to inflamed or broken mucosa)	prolonged use in patients with thyroid disorders or on lithium therapy; premature neonates or neonates weighing	Rare: Hypersensitivity reactions, local irritation of the skin and mucous membranes.
Nausea or vomiting	Antiemetics (e.g. Bismuth subsalicylate, Metoclopramide)	Metoclopramide 10 mg 3 times daily	Can cause tardive dyskinesia (TD). Avoid treatment >12 weeks unless the therapeutic benefit is thought to outweigh the risk of developing TD. In the elderly (more sensitive	Pheochromocytoma; GI obstruction; 3 to 4 days after GI surgery; perforation or hemorrhage; convulsive disorders.	Common: Akathisia, dizziness, drowsiness, fatigue, headache, somnolence. Less common: Bronchospasm, constipation, depression, diarrhea, edema, Extrapyramidal Syndrome (EPS), hyperprolactinemia leading to galactorrhea, hypertension,

			to adverse effects; avoid high doses and prolonged use); young adults and children (avoid high doses; increased risk of EPS, particularly acute dystonia); May mask underlying disorders May impair the mental and/or physical abilities required for the performance of hazardous tasks, such as operating machinery or driving a motor vehicle.		hypotension, pruritus, rash, restlessness, urticaria.
Diarrhea	Anti-diarrheals (e.g. Loperamide)	Loperamide initially 4 mg, followed by 2 mg after each loose stool (maximum, 16 mg daily, the usual dose is 6-8 mg)	If diarrhea lasts longer than 2 days, symptoms worsen, or abdominal swelling or bulging develops, discontinue use and consult a healthcare provider	Hypersensitivity to loperamide or any component of the formulation; abdominal pain without diarrhea; children <2 years.	Common: Dizziness, constipation, abdominal cramping, nausea.
Note: Additional information on the medications listed in this table and additional medications for symptom relief can be found in the Philippine National Formulary, 8th edition (DOH, 2019c).					

D. Procedures (Dental, Medical, and Surgical Procedures)

1. Primary care providers shall offer dental, medical or surgical procedures appropriate to the patient's condition. Procedures that can be done at primary care facilities are shown in Table 13.

Table 13: Primary Care Procedures

Condition	Primary Care Procedures
Dental caries	Atraumatic Restorative Treatment (ART) using fluoride releasing restorative material (Glass Ionomers)
(Dental) root caries	Topical application of Silver Diamine Fluoride
"White spot lesion" (White opacities seen on tooth/teeth)	Topical application of Fluoride Varnish
Gingivitis	Oral Prophylaxis
Periodontitis	Deep scaling, root planing and debridement, referral to higher levels of care (if necessary)
Oral Urgent Treatment (OUT)	relief of pain, removal of unsavable tooth, referral of complicated cases to higher levels of care
Foreign Body	Foreign body removal
Animal Bite	Wound Care, including tetanus vaccination (according to immunization status)
Non-bite Traumatic Wound	Wound Care ● Debridement and/or suturing, as needed ● tetanus vaccination (according to immunization status)
Musculoskeletal Injuries	Immobilization with bandage or splint
Dengue	Supportive care-rehydration with oral or intravenous fluids
Food water borne Diseases	Supportive care-rehydration with oral or intravenous fluids
Respiratory symptoms/ Hypoxia	Supplemental oxygenation; Bag-valve mask ventilation
Various Vaccine-Preventable Conditions	Immunization
Known Rheumatic Heart Disease	Monthly intramuscular injections of Penicillin G prophylaxis

E. Maternal Care

1. Primary care providers shall offer appropriate and timely maternal services to all adult pregnant women. Antenatal, intrapartum, and postnatal services that can be delivered at the primary care level are shown in Table 14.

Table 14. Maternal Services During the Antenatal, Intrapartum and Postnatal Periods

Antenatal Care (DOH Administrative Order 2016-0035; Administrative Order 2019-0055; WHO, 2016a; UK NICE, 2019b)			
For each antenatal check-up	**First Trimester**	**Second trimester**	**Third trimester**
● Assess for significant signs and symptoms ● Complete general and obstetrical examination ● Obtain vital signs ● Monitor weight gain based on pre-pregnant weight ● Oral health check-up and prophylaxis ● Screen for Cigarette Smoking, Alcohol Use, Substance Abuse, Psychosocial risk factors, depression and exposure to violence ● Provide *Mother and Child Book* and health information ● Assist in developing a written Birth Plan and modify as necessary Classify women according to low-risk pregnancy and high-risk pregnancy ● Provide information and instructions on danger signs and on healthy lifestyle ● Manage according to identified risks and health concerns.	Assess for the following: ● Confirm pregnancy and calculate expected date of delivery (EDD) ● Compute for BMI ● Nutritional assessment ● Syndromic assessment for STI ● Diabetes mellitus risk factor evaluation Request for the following tests as appropriate: ● Pregnancy test ● Complete blood count/Hgb count ● Blood typing ● Tuberculosis screening ● Test for syphilis, HIV and hepatitis B, hepatitis C (if with history of drug injection) ● Urinalysis ● Fecalysis ● Acetic acid wash Provide the following the Preventive measures: ● Iron with folic acid supplementation ● Immunizations safe for pregnancy (see Table 1) ● Calcium carbonate to prevent	Request and/or refer to an appropriate health facility to undergo the following tests, as necessary: ● Screen for gestational diabetes (75g-OGTT) at 24-28 weeks AOG ● Screen for gestational hypertension as early as the 20th week AOG (UK NICE, 2019b) ● Complete blood count/Hgb count at 26 weeks ● Urinalysis at 26 weeks AOH ● Etiologic tests for STI ● HIV (if the status is still unknown), Pap smear, Urinalysis ● Ultrasound at 24 weeks AOG to confirm normal anatomy, fetal growth and presentation and sex of the baby. (WHO, 2022a) ● Routine retinal assessment for those with pre-existing diabetes mellitus Provide the following the Preventive measures: ● Iron with folic acid supplementation ● Immunizations safe for pregnancy (see Table 1) ● Calcium carbonate to prevent preeclampsia ● Intermittent treatment for malaria (IPTp) in endemic areas	Request and/or refer to an appropriate health facility to undergo the following tests, as necessary: ● Urinalysis at 34 weeks AOG ● Complete blood count/Hgb count and/or Blood/RH group at 36 weeks Provide the following the Preventive measures: ● Iron with folic acid supplementation ● Calcium carbonate to prevent preeclampsia ● Intermittent treatment for malaria (IPTp) in endemic areas Refer to a CEmONC (comprehensive emergency obstetric and newborn care) provider hospital as necessary.

<table>
<tr><td></td><td>preeclampsia</td><td>● Deworming</td><td></td></tr>
<tr><td colspan="4">Intrapartum Care (Administrative Order 2021-0034)</td></tr>
<tr><td>General care</td><td>Active phase of the first stage of labor</td><td>Second stage of labor</td><td>Third stage of labor</td></tr>
<tr><td>● Monitor pregnant women presenting with spontaneous labor using the partograph.
● Maternal and fetal assessment shall be done by a medical doctor on admission and throughout labor
● Normal spontaneous vaginal deliveries shall be done by a medical doctor guided by the Essential Intrapartum and Newborn Care protocol for Primary Level at Non-Specialist Birthing Centers (AO 2021-0034) and Essential Newborn Care (AO 2009-0025).</td><td>● Routine assessment by digital vaginal examination at an interval of 4 hours.</td><td>● Reassess the patient within 1 hour when 2nd stage is reached.
● Fetal monitoring.</td><td>Active Management</td></tr>
<tr><td colspan="4">Postnatal Care (WHO, 2013)</td></tr>
<tr><td colspan="2">Immediate Postpartum- After 24 hours</td><td colspan="2">Day 3 and each subsequent check-ups between day 7 and 14, 6 weeks after birth</td></tr>
<tr><td>For the mother:
● Regular assessment for vaginal bleeding, uterine tone, fundal height and vital signs: blood pressure, heart rate, body temperature, respiratory rate:
- Every 15 minutes for the first 2 hours
- Every hour for the next 2 hours
- Every 6 hours thereafter until discharge.
● Mental Health Screening for</td><td>For the Newborn:
● Monitor vital signs: heart rate, respiratory rate and body temperature:
- Every 15 minutes during the first hour and
- Every 30 minutes thereafter until discharge.
● Preterm and low-birth-weight babies should be identified as soon as possible</td><td>For the Mother:
● Assess general well-being: Micturition and urinary incontinence, bowel function, healing of any perineal wound, headache, fatigue, back pain, perineal pain, breast pain, uterine tenderness, and lochia.
● Assess breastfeeding progress and maternal nutrition
● Advice on proper hygiene including perineal, hand and oral</td><td>For the Newborn:
● Complete general status assessment.
● Assess for key clinical signs of severe illness and referred as needed
● Continue to promote early and exclusive breastfeeding (EBF)</td></tr>
</table>

postpartum depression ● Nutrition Counseling ● Lactation management services to support breastfeeding initiation and exclusive breastfeeding.		hygiene ● Check emotional well-being and resolution of postpartum depression ● Observe risks, signs and symptoms of domestic abuse ● If there are any issues of concern at any postnatal contact, the woman should be managed and/or referred ● Inform about birth spacing and family planning including postpartum contraception	

F. Sexual and Reproductive Health Care

1. Family Planning (FP)-trained providers shall provide the following services to eligible adults:
    a. Complete, accurate, age- and development- appropriate information and education on reproductive health to help adults make informed decisions about their fertility and achieve their reproductive health goals in a non-judgmental and respectful manner. In particular, the various FP methods available, their benefits and common side-effects, and advice in case of adverse reactions shall be emphasized (DOH, 2011, 2014);
    b. Client assessment to determine the health status, FP needs, and eligibility of the adult patient for contraceptive use guided by the WHO Medical Eligibility Criteria (WHO Medical Eligibility Criteria for Contraceptive use 5th Edition (2015);
    c. Laboratory examination (e.g., Hgb determination) as needed (DOH, 2011, 2014);
    d. Prevention, identification and management of reproductive tract infections, HIV and AIDS and other STIs (DOH, 2011, 2014);
    e. Management of gynecologic conditions and disorders (DOH, 2011, 2014); and
    f. Addressing GBV through 4Rs (Recognizing, Recording, Reporting and Referring) (DOH, 2011, 2014).
2. Trained FP providers shall provide medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies such as the following::
    a. Long-acting reversible contraceptives:
        i. Subdermal Implant Insertion [ie. Etonogestrel Subdermal Implant (Implanon NXT)];
        ii. Intrauterine Device (IUD) Insertion [ie. TCu380A (Copper T), Hormonal IUD];
    b. Short-acting contraceptives:
        i. Progestin-only Injectable contraceptives: [ie. Depot medroxyprogesterone acetate (DMPA)];
        ii. Oral contraceptives (ie. Combined oral contraceptives, Progestin-only-Pills);
        iii. Male condoms.
    c. Fertility awareness-based (FAB) methods (e.g. cervical mucus method/Billings ovulation method (CMM/BOM), basal body temperature (BBT), sympto-thermal method (STM), standard days method (SDM)) (DOH, 2011, 2014);
    d. Permanent Methods (to be provided with caution)
        i. Female sterilization (ie. bilateral tubal ligation); and
        ii. Male sterilization (ie. non scalpel vasectomy).

G. Emergency Care (at the Primary Care Facility)

1. Primary care facilities shall establish a triage system that facilitates the classification of patients according to their condition and effectively matches the facility's resources to each patient's needs (WHO-ICRC, 2018).

2. Primary care facilities shall ensure the availability of the following medications and associated resources, such as PPE, first aid supplies, and basic life support (BLS) and cardiopulmonary resuscitation (CPR) equipment, to enable the delivery of basic emergency care.

3. Primary care providers shall ensure that safety protocols are followed before, during, and after the delivery of basic emergency care (e.g. use of appropriate PPE, decontamination, disinfection protocols) (WHO-ICRC, 2018).

4. Primary care providers shall coordinate and facilitate the transfer of patients needing emergency and specialized care to the nearest appropriate health facility within the HCPN.

5. Primary care providers shall be prepared to deliver basic emergency care while facilitating transfer to higher levels of care for conditions in adults, such as but not limited to the following listed in Table 15.

Table 15. First Line Medications and Procedures for Emergencies in Primary Care
(WHO - ICRC, 2018)

Condition	First Line Medication	First Line Procedures
Cardiac Arrest	• Epinephrine, intravenous (IV) fluids	• BLS/CPR, including bag-valve ventilation (WHO-ICRC, 2018) • Refer to higher level care
Acute potentially life-threatening conditions		
Trauma	• IV fluids if bleeding or in shock (WHO, 2018)	• Rapid assessment (ABCDE) and basic emergency care, proper immobilization (e.g. cervical spine immobilization) • If with profuse or life-threatening bleeding - Direct manual pressure application if a manufactured tourniquet is not immediately available or fails to stop bleeding; tourniquet application with a manufactured tourniquet is available (Pellegrino et al., 2020) • Refer to higher level care
Difficulty of breathing (DOB)	• Oxygen Support • Other medications depending on suspected cause of difficulty of breathing (e.g. Epinephrine for anaphylaxis, short-acting beta-agonist (SABA) for asthma exacerbation, aspirin for suspected ACS, naloxone for opioid overdose) (WHO-ICRC, 2018)	• Rapid assessment (ABCDE), quick focused history taking and PE, basic emergency care (including bag-valve-mask ventilation if unconscious) (WHO-ICRC, 2018) • Refer to higher level care
Shock	• IV fluids appropriate for the patient's age and condition (Ringer's lactate if with normal nutritional status) (WHO-ICRC, 2018) • Hydration via nasogastric tube if no IV fluid available • Oxygen support • Other medications depending on the cause of shock (e.g. oxytocin for postpartum hemorrhage, aspirin for suspected heart attack, epinephrine for anaphylaxis)	• Rapid assessment (ABCDE), quick focused history taking and PE, basic emergency care including IV access and fluid resuscitation(WHO-ICRC, 2018) • Refer to higher level care
Altered Mental Status	• Oxygen support	• Rapid assessment (ABCDE), AVPU assessment to check

Condition	First Line Medication	First Line Procedures
	● IV fluids ● IV glucose for hypoglycemia ● Other medications depending on the cause of altered mental status (e.g. naloxone for opioid overdose, benzodiazepine for active seizure/convulsion, magnesium sulfate for suspected eclampsia, glucose and benzodiazepine for alcohol withdrawal)(WHO-ICRC, 2018)	level of consciousness, GCS to check trauma patients, quick focused history taking and PE, capillary blood glucose measurement, basic emergency care (WHO-ICRC, 2018) ● Refer to higher level care
Other potentially life- or limb-threatening conditions		
Anaphylaxis	● Epinephrine (WHO-ICRC, 2018)	● IV Access, Basic Emergency Care for shock, airway obstruction/ respiratory distress, cardiac arrest (WHO-ICRC, 2018) ● Refer to higher level care
Poisoning *(includes chemicals, snakebites and toxins)* (DOH, 2021)	● Antidote if available ● IV fluids and oxygen support as needed	● Basic Emergency Care, Decontamination ● Refer to higher level care
Acute Neurologic Symptoms due to hypoglycemia	● Intravenous glucose (Dextrose 50% solution) (WHO-ICRC, 2018)	● IV Access ● Refer to higher level care
Possible Stroke	● Not applicable at primary care	● Basic emergency care (WHO-ICRC, 2018) ● Refer to higher level care
Suspected Opioid Overdose	● Naloxone (WHO-ICRC, 2018) ● Oxygen supplementation	● If unconscious: bag-valve-mask ventilation; basic emergency care (WHO-ICRC, 2018) ● Refer to higher level care
Emergency labor	Administer a loading dose of life saving drugs, as applicable, prior to transport to a Referral Hospital such as: ● Oxytocin, ● Magnesium sulfate, ● Antibiotics,	● IV Access ● Immediately transfer to CEmONC facility

Condition	First Line Medication	First Line Procedures
	● Maternal steroids *DOH Administrative Order No. 2015-0020 : Guidelines in the Administration of Life-Saving Drugs During Maternal Care Emergencies* by Nurses *and Midwives in Birthing Centers*.	
Eclamptic Seizure	● Magnesium sulfate Solution (for intravenous and intramuscular administration) (WHO-ICRC, 2018) ● Supplemental oxygen	● IV access ● Place patient in lateral position, if possible ● Immediately transfer to CEmONC facility
Other Non-eclamptic Seizure	● Benzodiazepine (e.g. Midazolam, Diazepam) (WHO-ICRC, 2018)	● IV access ● Airway protection (WHO-ICRC, 2018) ● Refer to higher level care
Possible Acute Coronary Syndrome	● Aspirin loading dose ● Statin ● Sublingual nitroglycerin or nitrate (e.g. isosorbide dinitrate [ISDN]) for pain relief. Note: the absence or presence of response to nitroglycerin or nitrate administration should not be used to diagnose the absence or presence of acute coronary syndrome (UK NICE, 2016a)	● Basic Emergency Care (WHO-ICRC, 2018) ● Refer to higher level care
Hypertensive Emergency/ Hypertensive Crisis (severe BP elevation accompanied by new or worsening target organ damage or dysfunction)	● Intravenous Nicardipine or Labetalol (Whelton et al., 2018)	● IV Access ● Refer to higher level care
Asthma Exacerbation	● SABA: 4-10 puffs by pMDI + spacer, repeat every 20 minutes for 1 hour ● Prednisolone: adults 40-50 mg ● Controlled oxygen (if available): target saturation 93-95% ● *Continue treatment with SABA as needed. Assess response at 1 hour (or earlier)	● While waiting for transfer, give: ● Give medications and oxygen as indicated (GINA, 2022) ● Refer to higher level care/acute care facility

Condition	First Line Medication	First Line Procedures
	(GINA, 2022)	
COPD Exacerbation	● Give nebulized SABA + SAMA 1 nebule every 20 minutes for 1 hour, or via metered-dose inhaler with spacer, 4 puffs every 20 mins. for 1 hour. ● Give oxygen by face mask, if available ● Continue previous COPD medications ● Alternative option: Oral Methylxanthine (GOLD, 2022)	● While waiting for transfer, give: ● Give medications and oxygen as indicated (Philippine College of Chest Physicians - Council on COPD and Pulmonary Rehabilitation, 2021) ● Insert IV line ● Refer immediately to at least a Level 2 health facility, preferably with ICU
Traumatic dental injuries	● Pain reliever (e.g. Non-steroidal anti-inflammatory drugs like Mefenamic acid, Ibuprofen) and antibiotics ● For avulsed teeth (permanent) at the place of accident: Find the tooth; avoid touching the root portion; transfer it in a suitable & convenient storage medium with milk, HBSS or saliva; and urgently bring the medium with the patient to the clinic the soonest for higher chance of reimplantation. (American Academy of Pediatric Dentistry [AAPD], 2020)	● Tooth splint and referral to dentist, dental professional or to higher levels of care (orthodontist, oral and maxillofacial surgeon)
Uncontrolled or profuse bleeding after tooth extraction	● Tranexamic acid	● Suturing of the extraction site
Active gastrointestinal bleeding (hematochezia/ hematemesis)	● Intravenous proton pump inhibitor (e.g. Omeprazole)	● Fluid resuscitation ● NGT insertion (for decompression) ● Refer to higher level care
Acute gastroenteritis with severe dehydration	● ORS	● NGT insertion if unable to tolerate oral intake ● IV access and hydration if unable to tolerate NGT ● Refer to higher level care
Profuse bleeding from a musculoskeletal injury	● Tranexamic acid	● Fluid resuscitation ● If with profuse or life-threatening bleeding - Direct

Condition	First Line Medication	First Line Procedures
		manual pressure application if a manufactured tourniquet is not immediately available or fails to stop bleeding; tourniquet application with a manufactured tourniquet is available (Pellegrino et al., 2020)
Closed Fracture	● Pain reliever	● Splint/Immobilization ● Refer to higher level care
Behavioral/Psychiatric Emergencies		
Medically Serious Act of Self Harm/ Imminent Risk of Self-Harm / Suicide	● Refer to the Medications section for pharmacological interventions in the management of concurrent Mental Health conditions	● Place the person in a secure and supportive environment (do not leave them alone) ● Remove access to means of self-harm ● Ensure continuity of care ● Include the carers if the person wants their support during assessment and treatment ● Refer to mental health specialist or to higher level of care (WHO, 2016b)
Aggressive or agitated behavior	● No specific first line medication. Medication is provided as necessary (e.g. sedation to prevent injury or agitation due to psychosis)	● Evaluate for possible underlying causes and rule out other possible causes: 1. Check blood glucose. If low, give glucose 2. Check vital signs, including temperature and oxygen saturation. Give oxygen if needed. 3. Rule out delirium, medical causes including poisoning, drug and alcohol use, and agitation due to psychosis or manic episodes in bipolar disorder. 4. Sedate as appropriate to prevent injury. a. For agitation due to psychosis or mania, consider use of Haloperidol 2 mg PO/IM hourly up to 5 doses (maximum 10 mg). Cautiously check for dystonic reactions from high doses of Haloperidol. Biperiden may be used to treat acute reactions. b. For agitation due to ingestion of substances, such as alcohol/ sedative withdrawal or stimulant intoxication, use Diazepam 10-20 mg PO and repeat as needed.

Condition	First Line Medication	First Line Procedures
		c. In case of extreme violence, seek help from police or staff, use Haloperidol 5 mg IM, repeat in 15-30 mins if needed (maximum 15 mg), and consult a specialist (WHO, 2016b). ● Refer to higher level care
Epilepsy	● Antiepileptic Drugs: Carbamazepine, Phenobarbital, Phenytoin, Sodium Valproate (WHO, 2016b)	● Initiate antiepileptic medications ● Refer to a neurologist or to higher level of care Additional interventions once acute problem is resolved: ● Provide psychoeducation to the person and carers ● Promote functioning in daily activities
Disorders due to Substance Use: Alcohol intoxication, Opioid Overdose, Alcohol or Sedative Withdrawal, Stimulant Intoxication, Delirium Associated with Substance Use	● Naloxone if with suspected opioid overdose ● Benzodiazepine (e.g Diazepam) if with suspected alcohol, Benzodiazepine or other sedative withdrawal. ● Thiamine 100 mg daily for five days if with suspected alcohol withdrawal ● Diazepam for acute stimulant intoxication; Haloperidol if not responding to Diazepam ● Haloperidol if with suspected alcohol or sedative withdrawal and delirium ● Methadone or Buprenorphine for opioid withdrawal; if either is not available - use another opioid e.g. Morphine Sulphate or an alpha agonist e.g. Clonidine or Lofexidine (WHO, 2016b)	● If with sedative intoxication (e.g. alcohol, opioids, other sedatives), drug overdose, or withdrawal - Check Airway, Breathing, Circulation (ABC), provide initial respiratory support, give oxygen, provide basic emergency care as needed. (WHO - ICRC, 2018) ● Refer to a higher level of care Additional interventions once acute problem is resolved: ● Psychoeducation ● Motivational Interviewing ● Strategies for Reducing and Stopping Use: ● Identify triggers for use and ways to avoid them ● Identify emotional cues for use and ways to cope with them ● Encourage the person not to keep substances at home
Other conditions		
Hypertensive Urgency (severe BP elevation in a stable patient WITHOUT acute organ damage or change in baseline target	● Adjust/intensify **maintenance medications**, ensure adherence to therapy, and arrange follow-up within a short period (Whelton et al., 2018)	● Not applicable

Condition	First Line Medication	First Line Procedures
organ damage or dysfunction)		
Minor Wound	● Topical antiseptic ● Pain reliever	● Wound Care; Rest, immobilize, apply cold compress, and elevate injured part (RICE)
Minor Thermal Burn	● Pain reliever (eg. Paracetamol or NSAIDs) ● Silver sulfadiazine ointment or cream (in patients without sulfonamide allergy)	● Apply cool water or saline-soaked gauze. ● Clean using mild soap and water. ● Avoid removing the cover of the blister to protect the burnt skin. ● Cover loosely with a sterile dressing (American Red Cross, 2016)
Minor Chemical burns	● Pain reliever (eg. Paracetamol or NSAID)	● Flush the area thoroughly with large amounts of cool water for at least 15 minutes (American Red Cross, 2016)

H. Rehabilitation

1. All primary care providers shall coordinate with rehabilitation providers, including rehabilitation medicine specialists, physical, occupational, and speech therapists, within the HCPN, to ensure the seamless transition from specialized to primary care and reintegration into the community of patients, such as, but not limited to the following:
   a. Patients who suffered a stroke (post-stroke rehabilitation);
   b. Patients who suffered a heart attack (cardiac rehabilitation);
   c. Patients with musculoskeletal diseases (e.g. chronic low back pain);
   d. Patients who are bedbound;
   e. Patients who have disfiguring conditions (e.g. leprosy); and
   f. Patients who are suffering from physical deconditioning due to infectious diseases, including emerging and reemerging infectious diseases (EREID).
2. All primary care providers shall offer referral to higher levels of care to patients with signs, symptoms, or concerns needing specialty care and rehabilitation, such as but not limited to the following:
   1. Ophthalmology for significant eye pathology;
   2. Dermatology for diagnosis of difficult skin conditions;
   3. Physiotherapy;
   4. Podiatry for the feet and footwear;
   5. Occupational therapy;
   6. Occupational therapy for rehabilitation and adaptation;
   7. Reconstructive and plastic surgery;
   8. Fabrication of partial denture or complete denture for edentulous cases;
   9. Fabrication of orthotics and prosthetics;
   10. Nutrition rehabilitation or nutritional counseling; and
   11. Psychosocial rehabilitation or counseling.

I. Palliation

1. All primary care providers shall incorporate the principles of palliative care in primary care management, by preventing and relieving the most common and severe types of suffering associated with serious or complex health problems, such as the following:
   a. Cancers;
   b. Complicated Tuberculosis;
   c. HIV-AIDS;
   d. Other debilitating infections;
   e. Chronic debilitating non-communicable diseases;
   f. Any other end-stage disease; and
   g. Advanced age (WHO, 2018).

2. Primary care providers shall offer palliative care measures such as but not limited to the following (Republic Act No. 11215: "An Act Institutionalizing A National Integrated Cancer Program And Appropriating Funds Therefor"; WHO, 2018; DOH, 2015):

a. Medications that help relieve specific symptoms or types of suffering (e.g. morphine for severe pain; haloperidol for nausea, vomiting, agitation, delirium and anxiety; fluoxetine for depressed mood or persistent anxiety, etc.);
b. Non-pharmacologic interventions to help alleviate suffering and improve quality of life such as:
    i. Applying dressings on chronic wounds (e.g. pressure sores) and advising the purchase of appropriate mattresses/beddings;
    ii. Inserting nasogastric tubes for vomiting refractory to medicines and for the administration of medicines or fluids; and
    iii. Inserting urinary catheters (to manage bladder dysfunction or outlet obstruction).

3. Primary care providers shall coordinate with the LGU, community support groups, or partner/advocacy organizations regarding the provision of basic needs, in-kind support, psychosocial support, and spiritual support to patients.
4. Primary care providers shall advise patients properly about home-based palliative and hospice care (DOH, 2015; Republic Act No. 11215: "An Act Institutionalizing A National Integrated Cancer Program And Appropriating Funds Therefor") and shall refer to palliative care specialists or palliative care teams as needed.
5. Primary care providers shall observe the proper legal procedures in securing advanced directives.

J. General Advice

1. Primary care providers shall advise and/or counsel adult patients to:
    a. Adhere to the treatment regimen; and
    b. Observe and immediately report signs and/or symptoms of adverse drug reactions.
2. Primary care providers shall encourage adult patients to ensure that the supply of physician-prescribed medications, especially maintenance medications, is uninterrupted and available at home.
3. Primary care providers shall encourage adult patients to participate in the development and formulation of psychosocial care or clinical treatment plan and give informed consent before receiving treatment or care, and uphold the right to withdraw such consent.
4. Primary care providers shall encourage adult patients to designate or appoint a person of legal age to act as their own legal representative, in the event of loss of decision-making capacity.

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