OMNIBUS HEALTH GUIDELINES FOR THE ELDERLY

2022

Table of Contents

List of Tables

I. Self and Household Care

Purpose: This section aims to provide guidance to individuals and households about recommended lifestyle and 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. Senior citizens, also called older persons or the elderly, are individuals aged 60 years and older.
2. All senior citizens are encouraged to be aware of their rights, to include their right to health, autonomy and self-determination, confidentiality, and informed consent.
3. All senior citizens are encouraged to be responsible for their health, actively seek medical advice, and be involved in shared decision-making with their respective healthcare providers.
4. All senior citizens requiring home care or long term care should receive a range of high quality service to support the maintenance of the optimum quality of life and allow the individual to remain in the community for as long as possible.

A. Healthy Lifestyle Practices

1. All senior citizens, including those requiring assistance from their caregivers, are strongly encouraged to observe the following healthy lifestyle practices:
   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, including soft drinks, fruit juices, and sweets;
   b. Perform a moderate to vigorous aerobic physical activities at least 150 minutes per week of accumulated moderate-intensity physical activity or 75 minutes per week of vigorous-intensity physical activity, unless contraindicated (World Health Organization, 2020d) and replacement of sedentary time with age-appropriate physical activity of any intensity (including light intensity). For senior citizens with limited mobility, a multimodal exercise programme may be requested and tailored to suit the individual capacity and needs. A multimodal exercise program for people with limited mobility may include balance, stability, and flexibility exercises, among others (World Health Organization, 2020).
   c. Maintain a healthy weight and Body Mass Index (BMI) of 18.5-22.9 kg/m^2 (Department of Health [DOH], 2016).
   d. Attain good-quality sleep lasting 7-9 hours on a regular basis (Ross, et al., 2020).

2. All senior citizens are strongly encouraged to avoid the initiation of or stop the following substance-related 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 senior citizens are strongly encouraged to engage in the following activities to promote and protect mental health:
   a. Engage in meditation, stress management, engagement in 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 senior citizens are encouraged to adhere to protective measures against infectious diseases, such as the following:
   a. Observe proper personal hygiene including:
      i. Hand hygiene:
         (1) Perform proper handwashing with soap and water after use of the toilet and before eating or handling food.
         (2) Disinfect 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 and avoiding rinsing with water after toothbrushing to optimize the preventive effects of fluoride (Administrative Order No. 2007-0007 “Guidelines in the Implementation of Oral Health Program for Public Health Services” (2007).
         (2) Perform flossing or interdental brush, or even a sewing thread in marginalized settings once daily to remove food debris and interproximal dental plaque (Australian Dental Association, 2020; & American Academy of Pediatric Dentistry, 2021).
         (3) Replace toothbrush every three months.
         (4) Visit a dentist every 3 to 6 months for proper management of oral health (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 of 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) such as, but not limited, to gloves, masks, face shield, and goggles, as needed based on exposure risk and recommendations from health authorities (e.g. masking for droplet and airborne pathogens).

5. Senior citizens 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 senior citizens are encouraged to observe injury prevention measures such as the following:
   a. Physically active senior citizens who engage in sports are encouraged to wear the appropriate protective gears in order to prevent injury from sports-related accidents.
   b. Senior citizens are encouraged to 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 safety measure as a driver, as a passenger, and as a pedestrian by keeping oneself aware of traffic signs and strictly following traffic rules and regulations. This involves simple and practical measures such as following traffic lights rule, use of 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*").
      ii. Use age-appropriate restraints and protective gears in both non-motor (e.g. bicycles) and motor vehicles, including the use of helmets and seatbelts (RA No. 8750 "*Seat Belts Use Act of 1999*"; Republic Act 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. Senior citizens are encouraged to learn and practice water safety skills, including proper swimming techniques, avoiding underwater hazards, and wearing life jackets whenever aboard boats, ships and similar water vessels (United States Centers for Disease Control and Prevention [US CDC], 2021b).

d. Senior citizens are encouraged to prevent fireworks-related injuries through the following measures (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), EO No. 28 series of 2017 "*Providing for the Regulation and Control of the Use of Firecrackers and Other Pyrotechnic Devices*"):
    i. Avoiding using firecrackers outside the designated fireworks zones; and
    ii. Properly supervising children and adolescents regarding the safe use of fireworks.

7. All senior citizens are encouraged to observe safe and responsible sexual and reproductive health (SRH) practices such as the following (RA No. 10354 "*The Responsible Parenthood and Reproductive Health Act of 2012*"; World Health Organization [WHO], 2017a; 2019a):
    a. Practice responsible sexual behavior and safer sex, including abstinence, avoidance of having multiple sexual partners, and using contraceptives properly (e.g. proper use of condoms and water-based lubricants, etc.) to prevent unplanned pregnancy and sexually transmitted infections (STIs).
    b. Observe other responsible sexual behavior and practices such as but not limited to the following:
        i. Assert one's personal rights, practice healthy 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, such as sharing of sensitive personal information including photographs or videos (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 actively seek information on the topics such as 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 programme;
        viii. Psychosocial education;

B. Household Practices

1. All households are strongly encouraged to foster a nurturing, supportive, and respectful environment by doing the following (Presidential Decree [PD] No. 603 "The Child and Youth Welfare Code"; Department Order [DO] 2014-0169 "Implementing the Child Protection Policy in the Department of Health"; WHO, 2017b; AAP, 2018):
    a. Spend time talking about or processing each other's interests and experiences.
    b. Use appropriate words and offer praise to show family members they care.
    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.
        ii. Avoiding violence at all times.
    d. Ensure open communication lines where household members feel safe to express their opinions and emotions.
    e. Encourage household members to develop, determine, and express their gender identity, and to 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 them to breastfeed during 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. Senior citizens in the household who are involved in child-rearing are encouraged to practice positive parenting or caregiving interventions by (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 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, spend quality 'one-on-one time' with the adolescent to strengthen the relationship and understand their feelings.
    c. Spending time together with children and adolescents in the household to talk about their interests, experiences, and plans, and make mutual decisions.
    d. Seeking 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 household members are encouraged to be responsive caregivers to the senior citizens by being aware of and understanding their specific medical needs and performing necessary steps to take care of their physical and mental health, including the following:

a. Facilitate regular wellness visits or follow-up visits of older persons of the family with their healthcare providers.
b. Facilitate their access to necessary medications or non-pharmacologic treatments.
c. Discuss crisis situations using honest language to ease anxiety and fear.
d. 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, or abuse, etc).
e. 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.
f. Ensure the safety of the home environment for the senior citizen by removing fall hazards (e.g. loose rugs, electrical cords that could lead to tripping, slipping, and falling).
g. Ensure their registration in Philhealth and facilitate their access to services covered by Philhealth for senior citizens, as mandated by RA No. 10645 "Act Providing for the Mandatory Philhealth Coverage for All Senior Citizens".

4. All households are strongly encouraged to observe sanitary and hygienic practices, such as the following:
    a. Do proper handwashing.
    b. Use sanitary toilets and abandon open defecation practices.
    c. Observe 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)
            (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; and
                b) Household healthcare waste -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;

iii. Maintain household sanitation through regular cleaning and pest control, including rodent and vermin control.
iv. Eliminate 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 (RA 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 No. 9711 "Food and Drug Administration 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").
   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 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 any exposed household member 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 conducted 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, 2022).

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 products (e.g. acids, gas, petroleum, etc) to prevent accidents and injuries.

2. All households are encouraged to consider the following investments in order to reduce the risk of falls, particularly of senior citizen household members (US CDC, 2005; National Institute of Aging [NIA], 2017):
   a. Install a ramp with handrails to the front door.
   b. Provide anti-slip products such as rubber and carpet, proper lighting, handrails and adaptive/assistive equipment as necessary, particularly for staircase and walkways.
   c. Paint the top edge of all steps or stairs in contrasting colors .
   d. Place no-slip strips or non-skid mats on tile and wood floors or surfaces that may get wet.
   e. Install handrails or grab bars and anti-slip floor/floor mats, especially in the toilets or shower to prevent accidental falls and slips.
   f. Replace handles on doors or faucets with ones that are comfortable to use.
   g. Ensure electrical extensions are safely secured and located in a manner to prevent accidental tripping and/or electrocution.
   h. Check that all carpets are fixed firmly to the floor and avoid using area rugs.

D. Community Activities

1. All senior citizens 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 senior citizen health clubs based on risk factors or known diseases.
   b. Engagement in community support groups (e.g. senior citizen 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 senior citizens belonging to special populations (e.g. farmers, military, paramilitary personnel, etc), particularly for senior citizens living in Schistosomiasis-endemic and 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 (RA 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:
   (1) "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;
   (2) Rabies and animal bite prevention;
   (3) Preventive chemotherapy for endemic infections including filariasis;
   (4) 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;
   (5) Government immunization initiatives against vaccine-preventable diseases, including during public health emergencies (PHE) such as 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 senior citizens 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 age and condition as shown in Table 1.

2. All senior citizens are encouraged to avail of additional vaccines appropriate for their risk factors and comorbidities, as advised by their primary care providers.

3. All senior citizens and their caregivers are encouraged to maintain updated immunization records.

Table 1. Recommended Vaccines

Population group	**Recommended vaccines**
≥ 60 y/o	Inactivated Influenza vaccine (RA No. 9994; PHEX Task Force 2, 2022)
60-64 y/o	PCV13 (RA No. 9994; PHEX Task Force 2, 2022)
≥ 65 y/o	PPSV23 (RA No. 9994; PHEX Task Force 2, 2022)
≥ 60 y/o without prior history of herpes zoster	Adjuvanted Recombinant Zoster Virus (RZV)
All senior citizens, especially those with comorbidities	COVID-19 vaccine
Note: **Influenza and pneumococcal vaccines are available for indigent senior citizens in primary care facilities.** **COVID-19 vaccines, which are available in COVID-19 vaccination sites, should be 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".

F. Self-Monitoring and Self-Testing

1. All senior citizens and their caregivers 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, 2022c; GOLD, 2022)
    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 Senior Citizens

Vital Sign	Device/Method for Home Use	Normal Values
Blood Pressure	Validated oscillometric upper arm BP device	Systolic Blood Pressure: 90-120 mmHg Diastolic Blood Pressure: 60-80 mmHg (Ona, et al., 2021; ESC, 2020; ISH, 2018)
Pulse Rate	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 (Loscalzo, et al., 2022)
Peripheral Oxygen Saturation	Pulse Oximeter	95%-100%.
Weight and Body Mass Index (BMI)BMI	Accurate weighing scale 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

2. Senior citizens with certain conditions and their caregivers are encouraged to learn how to do other self-monitoring or self-testing measures, as advised 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. Older women should observe breast self-awareness (BSE), including familiarization with the normal appearance and feel of one's breasts, and 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)
    c. Senior citizens belonging to HIV key populations may perform HIV self-testing as an option (WHO, 2021b).
    d. 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. Senior citizens 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 senior citizens are encouraged to develop appropriate health seeking behaviour, such as the following:
    a. All senior citizens are encouraged to do annual well visits with their primary care provider.
    b. All senior citizens are encouraged to visit their dentist every 3-6 months or as advised by a dental professional.
    c. All asymptomatic senior citizens who had relevant exposures to various infectious diseases, such as leptospirosis, leprosy, tuberculosis and HIV, are encouraged to immediately avail of appropriate chemoprophylaxis from their primary care providers.

2. In general, all senior citizens with symptoms are encouraged to consult a health care provider at the nearest Primary Care Facility (World Health Organization and the International Committee of the Red Cross (WHO - ICRC), 2018).
    a. The following conditions that may become limb- or life-threatening should prompt immediate consultation at the nearest healthcare facility:
        i. Inhalation, ingestion and/or exposure to harmful substances
        ii. Trauma and associated injuries or symptoms such as:
            (3) Loss of consciousness, altered mental status, or seizures
            (4) Difficulty of breathing
            (5) Profuse bleeding, expanding hematoma, or signs of shock (e.g. pallor, cold extremities)
            (6) 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)
(7) 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, facial asymmetry, slurring of speech, and new onset new-onset weakness or loss of sensation, seizure or convulsions
(2) Agitated and/or aggressive behaviour
(3) Acute vision loss
(4) Eye injury/foreign body
(5) Acute chest pain
(6) Acute dental pain
(7) Difficulty in breathing
(8) Chest retractions
(9) Poor appetite
(10) Generalized weakness
(11) Decreased function
(12) Depression
(13) Signs of abuse
(14) Signs of frailty
(15) Dementia/memory loss
(16) Any severe pain

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 wound

v. Upon observing for the 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; or
(3) Positive slit-skin smear upon screening

vi. Any of the following TB signs and symptoms of at least 2 weeks duration (DOH, 2020g):

(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:
a) presence of foul odor
b) persistent pruritus
c) burning sensation during urination
d) greenish (pus-like) appearance
(2) Painful intercourse (dyspareunia)
(3) Post-coital bleeding
(4) Painful or painless genital sores
(5) Oral viral and fungal infections (leukoplakia, candidiasis, herpes zoster)

3. All senior citizens are strongly encouraged to seek medical advice about sexual and reproductive health services, such as but not limited to the following:
a. 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
b. 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
(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
vi. Counseling service on STI and HIV risk reduction and treatment adherence given by trained service providers

c. 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.
d. HIV-reactive senior citizens 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 senior citizens who belong to key populations are encouraged to access the following:
   a. Reliable sources of information, education, and counseling on HIV, AIDS, and other STIs including their signs and symptoms, mode of transmission and prevention
   b. Available services such as STI and HIV combination prevention (i.e., condom and lubricant use, pre-exposure prophylaxis, etc.), testing and treatment
   c. Targeted educational campaigns (i.e., Undetectable = Untransmissible or U=U) and treatment as preventive measures
   d. Information on performing self risk assessment in the context of HIV testing.
   e. Directory for appropriate STI and HIV services
   f. Directory for appropriate STI and HIV services
   g. Viral Hepatitis, STI, and HIV combination prevention (i.e., condom and lubricant use, pre-exposure prophylaxis or PREP, etc.), screening, testing and treatment, including:
      i. Available community-based screening for HIV
      ii. FDA-approved HIV self-testing kits
      iii. 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
   h. Counseling service on STI and HIV risk reduction and treatment adherence given by trained service providers

5. All senior citizens 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 they are experiencing symptoms of dementia, depression, and anxiety or having thoughts of self-harm.

6. Senior citizens diagnosed with cancer are encouraged to 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”);

7. All senior citizens are encouraged to access the following hotlines, depending on their concerns.

Table 3. List of Hotlines

Hotline	**Contact Numbers**
National Emergency Hotline	911

(including medical emergencies)	
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.	

G. Supportive Therapy or Symptom Relief

1. In general, senior citizens, including those requiring assistance, are highly encouraged to consult and see their health-care provider first instead of self-medicating.

2. Senior citizens and their caregivers shall observe the necessary precautions when using over-the-counter (OTC) medications, especially because older age is often associated with comorbidities which affect the pharmacodynamics and pharmacokinetics of drugs and the concurrent intake of OTC drugs and medications for comorbidities may lead to drug-drug interactions.

3. All senior citizens, including those requiring assistance through their caregivers, are encouraged to learn and apply the following non-pharmacologic supportive therapies, if deemed necessary:
   a. Increased 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
   c. Cold compress within the first 24 hours for contusion/bruises, followed by warm compress

4. Senior citizens 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).

5. Senior citizens with symptoms of STI are discouraged from self-medicating.

H. First Aid and Basic Emergency Care

1. All senior citizens, including those requiring assistance through their caregivers, are encouraged to learn appropriate first aid or basic emergency care, and initiate appropriate steps upon experiencing or witnessing emergencies:
   a. Participate in first-aid and basic emergency care training, including lay Basic Life Support (BLS) and cardiopulmonary resuscitation (CPR) if able;
   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, aspirin, or ibuprofen, antihistamine cream or tablets, distilled water for cleaning wounds, eye wash and eye bath
iii. Personal or maintenance medications
iv. Epinephrine autoinjector in individuals who are at risk of anaphylaxis

2. All senior citizens and their caregivers 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 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 cold compress or cold pack on the area for at least 10-20 minute.
      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.
      ii. Rinse with running water then wash with soap and water once bleeding stops;
      iii. Apply antibiotic ointment, cream, or gel, as prescribed by a primary care provider.
      iv. Cover with 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).
      vi. For bedridden and fully dependent senior citizens, caregivers are encouraged to learn how to properly prevent and manage pressure ulcers or sores.
   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.
      i. 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. Cold compress or cold pack application for at least 10-20 mins every 6-8 hours in the first 24 hours after injury.
   iv. Elevate 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 plenty of running water, occasionally lifting and lowering the lids, then seek medical attention.
      (2) Avoid rubbing the eyes.
   ii. Skin exposure
      (1) Inspect and note all areas of the body that came into contact or have been contaminated by the substance, removing the clothes if necessary.
      (2) Wash or irrigate all contaminated areas with plenty of running 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 place with fresh air.
      (2) If the victim vomits, turn him/her to one side to avoid choking.
      (3) Seek medical consultation immediately.
   iv. Ingestion
      (1) Do not induce vomiting.
      (2) Seek medical attention.
g. Warm-blooded animal bites (e.g. dog bites) (DOH, 2018a)
   i. Perform proper wound care, including washing with soap and water.
   ii. 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 senior citizens who are able are encouraged to apply basic emergency skills in the following manner:
   a. Recognize the following medical 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)
      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
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/or activate emergency services upon witnessing or experiencing any of the aforementioned emergencies to facilitate transport of victim/s to the nearest healthcare facility (Panchal, et al., 2020).

4. When encountering or witnessing interpersonal violence or abuse, senior citizens 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.

II. Screening of Asymptomatic Individuals

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

A. Risk Factor Assessment

1. All senior citizens shall be screened for risk factors at the initial visit and at regular intervals thereafter depending on the risk level.

2. Primary care providers shall perform comprehensive history taking in order to identify risk factors such as, but not limited to the following
   a. Risk factors from family history, especially when present among first-degree relatives:
      i. Obesity;
      ii. Hypertension;
      iii. Atherosclerotic Cardiovascular Diseases (ASCVD);
      iv. Diabetes Mellitus Type 2;
      v. Bronchial Asthma ;
      vi. Chronic Obstructive Pulmonary Disease (COPD);
      vii. Tuberculosis;
      viii. Cancers;
      ix. Osteoporosis;
      x. Disability;
      xi. Allergies;
      xii. Thyroid disease;
      xiii. Renal disease;
      xiv. Arthritis;
      xv. Seizure disorder;
      xvi. Mental illness, suicide;
      xvii. Alcohol or drug addiction;
      xviii. Dementia;
   b. Risk factors from personal, social, and occupational history:

i. Smoking: All senior citizens (tobacco and non-tobacco users) shall be screened by documenting cigarette smoking during history taking in all patient visits, regardless of the reason for the consultation;
ii. Drugs and alcohol use/intake;
iii. 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;
iv. Nutritional, dietary, and medication history;
v. Risky sexual behaviors, and/or drug-injecting practices and consequent referral (with adolescent consent as necessary) for HIV, hepatitis B, hepatitis C, syphilis, and other sexually transmitted infections screening;
vi. Mental health: Senior citizens shall be screened on the first visit or at least in the succeeding visits on mental health;
vii. Present and past environmental and occupational history: determine 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;
viii. 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, 2020g);
ix. 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, 2020i);
x. 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, 2019g);
xi. Possible exposure to traumatic life events such as violence including intimate partner violence, GBV, maltreatment, neglect, and bullying that affect one's mental health and well-being;
xii. Falls: Healthcare providers shall routinely ask whether the senior citizens have fallen in the past year and ask about the frequency, context, and characteristic of fall/s. Healthcare providers shall assess senior citizens reporting a fall or considered at risk for balance and gait deficits;
xiii. Dementia**:** Healthcare providers may screen willing senior citizens for dementia using the Dementia Screening Flowchart;

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, 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 senior citizens. Table 4 summarizes the normal physical examination findings in senior citizens.

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

Table 4. Normal Values and Findings during Physical Examination

Category	Component	Method	Normal Value
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)	
	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
	Waist Circumference	Non-extensible/non-	Females: <80 cm

		stretchable tape measure	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
	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)		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
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 parrous 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
	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 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 individuals 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)	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

Screen For (Indications)	Method
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	WHO Cardiovascular Risk Non-Laboratory Based Chart (Non Diagnostic) if without laboratory tests yet WHO Cardiovascular Risk Laboratory Based Chart if already with laboratory tests Other tools may be used e.g. ASCVD Risk Calculator
Memory, depression, polypharmacy, urinary incontinence, physical functional capacity, fall, nutrition, hearing, vision	Geriatric Screening for Senior Citizens
Declines in intrinsic capacity	ICOPE Screening Tool (WHO, 2019)
Obesity	BMI, waist circumference
Hypertension	BP check every visit
Oral health	Caries Risk Assessment, Oral Cancer Screening Tool

Table 7. Screening Laboratory and Imaging Tests

Patient Population	Screen For (Indications)	Screening Method	Normal Result	Abnormal Findings that should prompt confirmation and/or management
Non-communicable Diseases				
Senior Citizens	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
Senior citizens with 1 or more CVD risk factors (e.g. hypertension, diabetes, obesity) until 75 years old (PHEX 1 Task Force, 2021)	Dyslipidemia	Lipid Profile (should include total cholesterol, Low Density Lipoprotein (LDL) , High Density Lipoprotein (HDL), triglycerides)	● Optimal LDL cholesterol < 100 mg/dL ● Near optimal LDL cholesterol 100-129 mg/dL ● HDL cholesterol > 60 mg/dL ● Total Cholesterol < 200 mg/dL ● Triglycerides <150 mg/dL (Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, 2001)	● LDL cholesterol ≥130 mg/dL ● HDL Cholesterol <40 mg/dL in men OR <50 mg/dL in women ● Triglycerides ≥150 mg/dL (Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, 2001)
Female senior citizens until 69 years old (PHEX 2 Task Force 2022)	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	● 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

Patient Population	Screen For (Indications)	Screening Method	Normal Result	Abnormal Findings that should prompt confirmation and/or management
			physiologic changes associated with the menstrual cycle ● Mammography: BI-RADS Category 1 (negative)	● Mammography: BI-RADS Category 2-6 (findings may be benign or malignant) (Berment, et al., 2014)
Female senior citizens until 65 years old (PHEX 1 Task Force, 2021)	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)
All senior citizens	Colorectal cancer	Annual Fecal Occult Blood Test (FOBT) OR Fecal Immunochemical Testing (FIT), followed by Colonoscopy if positive (PHEX 1 Task Force, 2021)	● FOBT or FIT: negative ● Colonoscopy: Normal	● FOBT or FIT: positive ● Colonoscopy: Polyps, masses, precancerous growths, cancer
Senior citizens 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	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

Patient Population	Screen For (Indications)	Screening Method	Normal Result	Abnormal Findings that should prompt confirmation and/or management
history of hepatocellular carcinoma) (Department of Health - Rizal Medical Center, 2021)				
Senior citizens 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				
Senior citizens	Leprosy	Slit Skin Smear (SSS) (DOH, 2021q)	● Negative	● Positive
Senior citizens 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 senior citizens who: ● are contacts of bacteriologically confirmed drug-susceptible TB ● have risk factors (on dialysis, preparing for transplant, initiating anti-TNF treatment, with silicosis) (WHO, 2020a; 2020d; 2020e)	Tuberculosis Infection	Tuberculin skin test (TST) or Interferon-gamma release assay (IGRA)	● 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
Senior citizens belonging to key populations and vulnerable communities (WHO, 2021b)	HIV STI Viral Hepatitis	Rapid diagnostic test (HIV, Hep B and C) Syndromic or Etiologic (STI)	● Non-reactive	● Reactive
Senior citizens 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)	Method
All senior citizens with a first degree relative with a known nasopharyngeal cancer (PHEX 1 Task Force, 2021)	Nasopharyngeal cancer	EBV DNA test or nasopharyngoscopy
All senior citizens with high risk for lung cancer (PHEX 1 Task Force, 2021)	Lung cancer	Annual low-dose CT-scan
All senior citizens with high risk for gastric cancer (PHEX 1 Task Force, 2021)	Gastric cancer	Upper endoscopy or upper gastrointestinal series
Senior citizen males 60-64 years old (PHEX 1 Task Force, 2021)	Prostate cancer	Digital rectal exam and prostate specific antigen (PSA)

III. Diagnosis of Symptomatic Individuals

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

A. Diagnostic Tests

1. Primary care providers shall request diagnostic tests appropriate to a senior citizen'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 senior citizens to higher-level facilities for more specialized tests, as necessary and as appropriate for their condition.

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

Condition	Minimum at primary care	Gold Standard	Additional Tests at Primary care level	Additional tests at higher level
Non-communicable Conditions				
Cognitive Decline	Montreal Cognitive Assessment – Philippines (MOCA-P) Mini-Mental State Examination-Philippines (MMSE-P)	Neurologic assessment	N/A	Neurologic assessment
Hearing loss	Tympanometry; Whisper voice test	Pure tone audiometry, speech audiometry	Pure tone audiometry, speech audiometry	Pure tone audiometry, speech audiometry
Visual impairment	Visual acuity test	Detailed eye examination including dilated retinal examination by an ophthalmologist	Assess or screen for commonly associated conditions with visual impairment, such as but not limited to: Hypertension, Diabetes Mellitus, Steroid use	Detailed eye examination including dilated retinal examination by an ophthalmologist; other ophthalmologic tests and imaging
Malnutrition	Mini nutritional assessment *Health care providers may consider referral to a nutritionist-dietitian or specialist for full nutritional assessment which may require additional knowledge and blood tests.		Seniors in the community risk evaluation for eating nutrition questionnaire; Short nutritional assessment questionnaire 65+ (SNAQ65+)	Blood tests (e.g. serum albumin, electrolytes, etc.) Tests for various causes of malnutrition in older persons (e.g. endocrine disorders, end-organ disease such as heart failure or kidney failure, malignancies, etc.)
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

ANNEX D. OMNIBUS HEALTH GUIDELINES FOR THE ELDERLY

Condition	Minimum at primary care	Gold Standard	Additional Tests at Primary care level	Additional tests at higher level
Depression (conditional recommendation)	Patient Health Questionnaire 9 (PHQ-9)	Formal psychiatric evaluation		Formal psychiatric evaluation
Limited mobility (WHO, 2017b) (UK NICE, 2017)	Short Physical Performance Battery (SPPB)		Assessment of persistent paint, impairments in joint functions, bone fracture, and safety risks. Presence of the above mentioned conditions may warrant referral to specialized care.	Bone densitometry for Osteoporosis (UK NICE, 2017) Other tests for rheumatologic or musculoskeletal conditions affecting mobility (e.g. rheumatologic arthritis, osteoarthritis, etc.)
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, 2019c)	Depends on the eye condition	N/A	Detailed ophthalmologic examination by a specialist

Condition	Minimum at primary care	Gold Standard	Additional Tests at Primary care level	Additional tests at higher level
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 Protocol (Ona, et al., 2021)	Ambulatory BP Monitoring (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 Home BP monitoring (HBPM) if possible	ABPM Other tests if Hypertension-Mediated Organ Damage (HMOD) is suspected: Renal Ultrasound (US), Echocardiography, Brain Imaging, Ankle Brachial Index (ABI), Carotid Imaging, Retinal Exam (Ona, et al., 2021; Williams, et al., 2018)
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 suspected or known comorbidities	Other tests for causes of Dyslipidemia (e.g. metabolic disorders, genetic disorders)
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	Basic Emergency	Invasive coronary	Not Applicable	Cardiac biomarkers; Invasive coronary

ANNEX D. OMNIBUS HEALTH GUIDELINES FOR THE ELDERLY

Condition	Minimum at primary care	Gold Standard	Additional Tests at Primary care level	Additional tests at higher level
(Suspected Acute Coronary Syndrome)	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)	angiography		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) 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)	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)

ANNEX D. OMNIBUS HEALTH GUIDELINES FOR THE ELDERLY

Condition	Minimum at primary care	Gold Standard	Additional Tests at Primary care level	Additional tests at higher level
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
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
Cervical Cancer	Cervical Cytology (Pap	Biopsy, histopathologic	N/A	Colposcopy, Biopsy, Tumor Markers (e.g. Cancer

Condition	Minimum at primary care	Gold Standard	Additional Tests at Primary care level	Additional tests at higher level
	smear), VIA, HPV DNA Test	examination		Antigen - 125 [CA-125]), Metastatic work-up (e.g. CT Scan, PET Scan) 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
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
Communicable Conditions				
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, 2022f)	Clinical diagnosis	Viral culture	N/A	Real-time RT PCR, Genome Sequencing, Serological Methods
Leptospirosis (PSMID,	Clinical diagnosis	Culture and isolation	N/A	Culture and isolation, RT-PCR,

Condition	Minimum at primary care	Gold Standard	Additional Tests at Primary care level	Additional tests at higher level
2010)				microagglutination Test (MAT), specific IgM Rapid Diagnostic Tests (RDT), nonspecific RDT, rapid diagnostic tests
Meningococcemia (US CDC, 2021e)	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, 2020e)	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; 2021q)	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, 2020g; WHO, 2019a)	Molecular rapid diagnostic test (mRDT) with Drug Susceptibility Test (DST) as primary test; Secondary options: Smear	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 at primary care	Gold Standard	Additional Tests at Primary care level	Additional tests at higher level
	microscopy or loop-mediated isothermal amplification (TB-LAMP)			
Malaria (DOH, 2019g)	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 treponemal test (TPHA or TPPA) is recommended whenever the RPR-qualitative is reactive
Hepatitis B	Hep B Rapid diagnostic test (RDT)	Serum HBV DNA assays	Liver function tests (AST, ALT), Platelet count to determine AST to Platelet Ratio Index (APRI)	Serologic markers, serum HBV, DNA assays

Condition	Minimum at primary care	Gold Standard	Additional Tests at Primary care level	Additional tests at higher level
			Score	
HIV (WHO, 2021b)	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 in senior citizens.

A. Medications

1. Primary care physicians shall prescribe medications appropriate to the senior citizen's presentation and the clinical impression. Common conditions encountered among senior citizens in primary care and the corresponding first-line and second-line pharmacologic and nonpharmacologic management are shown in Table 10.

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

Condition	First line	Second line or Alternative Management
Non-Communicable Conditions		
Alzheimer's Disease and Vascular Dementia	Acetylcholinesterase (ACE) Inhibitors Monotherapy 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.	Combination therapy with ACE Inhibitors and Memantine is likewise recommended
Extrapyramidal Symptoms (EPS)	Anticholinergic: Biperiden OR Diphenhydramine	
Limited mobility associated with persistent pain (WHO, 2017)	Parecetamol	Non-steroidal anti-inflammatory drugs (NSAIDs), gabapentin, opioids
Malnutrition	Nutritional intervention: (1) Standard dietary advice (a) Healthy diet (b) Protein intake of 1.0-1.2 g per kg body of weight, A person recovering from weight loss or an acute illness or injury may need up to 1.5 g per kg of body weight. (2) Oral supplementation (a) Oral nutritional supplements (ONS) should be prescribed only when a person cannot consume sufficient calorie- and nutrient dense regular foods	
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**	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

	combination (Ona, et al., 2020) Prioritize RAAS blocker + CCB *OR* RAAS blocker + thiazide/thiazide-like diuretics when using combination therapy **(**Ona, et al., 2020)	
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 (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 Leukotriene Receptor Antagonists (LTRA)\ Long-acting Muscarinic Antagonist (LAMA) Note: combinations and add-on therapy should be given according to level of asthma control
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): e 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
Ischemic heart disease	Beta blockers or calcium channel blockers Antiplatelet Statin (UK NICE, 2016a; 2016b)	Nitrates Ranolazine Nicorandil Trimetazidine Ivabradine
Anxiety Disorders	Panic Disorder First Line: Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline	Panic Disorder Second Line: Benzodiazepine (Alprazolam, Clonazepam, Diazepam), Mirtazapine

	Generalized Anxiety Disorder First Line: Escitalopram, Paroxetine, Sertraline, Duloxetine, Pregabalin Social Anxiety Disorder First Line: Escitalopram, Fluvoxamine, Paroxetine, Pregabalin, Sertraline	Generalized Anxiety Disorder Second Line: Benzodiazepine (Alprazolam, Clonazepam, Diazepam), Hydroxyzine, Quetiapine XR Social Anxiety Disorder Second Line: Benzodiazepine (Alprazolam, Bromazepam, Clonazepam), Gabapentin
Psychosis	Antipsychotics (Atypical or Typical) EXCEPT Clozapine	Clozapine (for treatment- resistant or for substantial risk for suicide or suicide attempts or at risk for aggressive behavior)
Major Depressive Disorder	Duloxetine, Mirtazapine, Sertraline, Venlafaxine, Vortioxetine, and Escitalopram	Combine with Aripiprazole, Lithium or Methylphenidate
Bipolar I Disorder - Acute Mania	Monotherapy: Mood stabilizers (Lithium, Divalproex Na) Atypical antipsychotics (Quetiapine, Risperidone, Aripiprazole, Paliperidone) Combination: Lithium or Divalproex Na PLUS an atypical antipsychotic (Quetiapine or Risperidone or Aripiprazole)	Monotherapy: Mood stabilizer: Carbamazepine Antipsychotics: Haloperidol, Olanzapine Combination: Lithium PLUS Divalproex Sodium Lithium or Divalproex Sodium PLUS Olanzapine
Bipolar I Disorder - Acute Depression	Monotherapy: Lithium, Lamotrigine, Quetiapine	Monotherapy: Divalproex Sodium
Bipolar II Disorder	Acute Depression: Quetiapine	Acute Depression: Lithium, Lamotrigine, Sertraline OR Venlafaxine
Mentally Ill Chemical Abuse	Antidepressants, Mood Stabilizers, Typical and Atypical Antipsychotics	
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 Conditions		
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
Oral fungal infection (oral candidiasis)	Topical antifungal medication	Fluconazole
Oral viral infection (herpes simplex)	Topical antiviral medication	Acyclovir Oral route
Odontogenic infections (cellulitis)	Incision and drainage, tooth extraction, Amoxicillin; or Amoxicillin with Clavulanate; or Clarithromycin; or Azithromycin	N/A Referto higher levels of care
Community Acquired Pneumonia (Low-Risk) (Philippine Society for Microbiology and Infectious Diseases [PSMID], 2016)	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, 2017a): ● 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
If suspected or confirmed Shigellosis:	Azithromycin	Ceftriaxone ORCiprofloxacin
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: Artemether Lumefantrine (AL) and Primaquine (PQ)	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
Rabies	Post exposure prophylaxis - Purified Vero Cell Rabies Vaccines - Purified Chick Embryo Cell Rabies Vaccines - Equine Rabies Immunoglobulin	
Lymphatic Filariasis	Diethylcarbamazine and 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	Erythromycin Base OR Erythromycin Ethylsuccinate OR Levofloxacin
Bacterial vaginosis	Metronidazole (avoided in 1st trimester of pregnancy)	Clindamycin
Trichomoniasis	Metronidazole	

Candidiasis	Fluconazole	Clotrimazole or Miconazole
Syphilis	Benzathine penicillin	For patients allergic to Penicillin, the recommended second-line medication is: Doxycycline OR Tetracycline
HIV	Tenofovir (TDF) + Lamivudine (3TC) + Dolutegravir (DTG) Alternative: Tenofovir (TDF) + Lamivudine (3TC) + Efavirenz (EFV) Tenofovir (TDF) + Lamivufdine (3TC) + Rilpivirine (RPV)	From Nucleoside Reverse Transcriptase Inhibitor (NRTI): 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
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
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, 2022f)	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, 2020e)	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 (DOH, 2019h) and the National Antibiotic Guidelines (DOH, 2018d). Rational antibiotic use is recommended to prevent the development of antimicrobial resistance (AMR).

B. Chemoprophylaxis

1. Primary care providers shall offer chemoprophylaxis to exposed senior citizens or individuals-at-risk, as appropriate to their 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, 2022f)	● Oseltamivir OR Zanamivir
2. Leprosy (DOH 2020i, 2021a, 2021b, 2021d, 2021p, 2021q)	● Single Dose Rifampicin 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	● 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, 2019h) and the National Antibiotic Guidelines (DOH, 2018d).	

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	Frequency/ Maximum Dosage	Precautions	Side Effects/ Adverse Events
Mild-to-moderate pain and tension headache; pain relief in osteoarthritis and soft tissue lesions; acute migraine attacks; pyrexia	Paracetamol	Oral: 500-1000 mg every 4-6 hours as needed(maximum 4000 mg daily)	Massive overdose may cause hepatic necrosis and, less frequently, renal damage. Lesser overdoses can frequently cause reversible jaundice	Common: Increased aminotransferases
Acute pain and inflammation in rheumatic diseases and other musculoskeletal disorders; mild to moderate pain, including headache; acute migraine attack	Non-steroidal anti-inflammatory drugs (NSAIDs)	Ibuprofen: 1200 -1800 mg daily in 2-4 doses as needed, increased if necessary, to maximum 2400 mg daily (3200 mg in inflammatory disease); maintenance dose of 600-1200 mg daily may be sufficient	Associated with increased risk of adverse cardiovascular thrombotic events, including fatal MI and stroke	Common: diarrhea, dizziness, dyspepsia, GI ulceration or bleeding, headache, hemorrhage, hypertension, nausea, raised liver enzymes, salt and fluid retention, vomiting
Symptomatic relief of acute pain and inflammation; for muscular, traumatic and dental pain		Mefenamic Acid 500 mg 3 times daily as needed	Cardiovascular risks: NSAIDs are associated with increased risk of adverse cardiovascular thrombotic events, including fatal MI and stroke. Gastrointestinal events: NSAIDs may increase risk of GI irritation, inflammation, ulceration, bleeding and perforation.	Common: Diarrhea, dizziness, dyspepsia, GI ulceration or bleeding, headache, hemorrhage, hypertension, nausea, raised liver enzymes, salt and fluid retention, vomiting
Rheumatoid arthritis; osteoarthritis; ankylosing spondylitis; for the relief of signs and symptoms of tendonitis and bursitis; acute gout; management of pain due to inflammation; inflammatory joint pain		Naproxen 500 mg every 12 hours as needed		Common: Abdominal pain, bleeding time increased, constipation, diaphoresis, diarrhea, dizziness, drowsiness, dyspepsia, edema, flatulence, fluid retention; gross bleeding or perforation; headache, heartburn
Mild to moderate cough due to common colds and flu	Cough relief or antitussive	Lagundi 300 mg and 600 mg per table, 1 tablet 3-4 times daily	Patients with known allergy to lagundi plants	Mild adverse effects have been observed such as itchiness, nausea, vomiting and diarrhea
		Butamirate 10-20 mg every 4 hours or 30 mg every 6-8 hours	Effects on the ability to drive, or operate machinery (butamirate may cause somnolence; caution while	Rare: Diarrhea, dizziness, GI discomfort, nausea, skin rash, somnolence, urticaria

			driving or performing other tasks which require alertness).	
Itching/Pruritus/ Allergies	Antihistamines (e.g. Cetirizine, Diphenhydramine)	Cetirizine 10 mg once daily or 5 mg twice daily (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	Common: Dizziness, dryness of mouth, fatigue, headache, insomnia, malaise, nausea, pharyngitis, somnolence
Replacement of fluid and electrolyte losses in mild to moderate dehydration due to acute diarrhea or vomiting; replacement of continuing loss from vomiting or diarrhea	Oral rehydration Salt	ORS, 200-400 mL solution after every loose bowel movement	Renal impairment; Severe dehydration should be treated with IV electrolyte solutions	Rare: Hypernatremia, vomiting
Nutritional supplementation	Vitamin C	Male: 90 mg or 100 mg once or twice daily; Female: 75 mg once daily or 100 mg once or twice daily	Heart failure (do not administer concurrently with deferoxamine without the approval of their health care professional); Renal impairment	Common: Renal tubular obstruction (oxalate, urate, or cystine renal stones), lower back pain (costovertebral), flushing, headache, nausea, vomiting, abdominal cramps, diarrhea, flatulence, heartburn, dental caries, fatigue
Dietary supplementation	Multivitamins	1 tablet or capsule daily	Avoid taking similar vitamin products	
Note: Additional information on the medications listed in this table can be found in the Philippine National Formulary, 8th edition (DOH, 2019h)				

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

1. Primary care providers shall offer dental, medical or surgical procedures appropriate to the senior citizen'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"	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, rabies vaccination, 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 and 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
Tuberculosis (WHO, 2020a; DOH, 2020g)	Treatment adherence counseling Follow-up bacteriologic testing (smear microscopy, TB culture and DST), as indicated Baseline and follow-up laboratory examinations, as indicated Management of Adverse Drug reactions

E. Emergency Care (at the Primary Level)

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 senior citizens, such as but not limited to the following listed in Table 14.

.

Table 14. First Line Medications and Procedures for Emergencies in Primary Care

Condition	First Line Medications	First Line Procedures
Minor open wounds	● Antiseptics ● Pain medications	● Wound care
Minor Thermal Burn	● Pain reliever (eg. Paracetamol or NSAIDs)	● 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)
Major trauma wounds	● IV fluids if bleeding or in shock	● 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, AHA ARC 2020)
Closed Fracture	● Pain medications	● Splint/Immobilization ● Refer to higher level care
Cardiac Arrest	● Epinephrine, intravenous (IV) fluids	● BLS/CPR, including bag-valve ventilation (WHO-ICRC, 2018) ● 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 ● 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)	● Rapid assessment (ABCDE), AVPU assessment to check 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
Anaphylaxis	● Epinephrine	● Basic emergency care ● Refer to higher level care
Snake bite	● Antidote if available ● IV fluids and oxygen support as needed	● Basic Emergency Care, Decontamination ● Refer to higher level care
Chemical poisoning	● Antidote if available ● IV fluids and oxygen support as needed	● Basic Emergency Care, Decontamination ● Refer to higher level care
Acute Coronary Syndrome	● Aspirin loading dose ● Statin ● Sublingual nitroglycerin or nitrate (e.g. isosorbide dinitrate or 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	● Basic emergency care ● Refer to higher level care
Possible Stroke	NA	● Basic emergency care (WHO, 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
Hypertensive Urgency (severe BP elevation in a stable patient WITHOUT acute organ damage or change in baseline target organ damage or dysfunction)	● Adjust/intensify maintenance medications, ensure adherence to therapy, and arrange follow-up within a short period (Whelton et al., 2018)	● Not applicable ● Refer to higher level care
Asthma Exacerbation	● SABA: 4-10 puffs by pMDI + spacer, repeat every 20 minutes for 1 hour	● While *waiting for transfer*, give: ● Give medications and oxygen as indicated

	● Prednisolone: 40-50 mg ● Controlled oxygen (if available): target saturation 93-95% ● *Continue treatment with SABA as needed. Assess response at 1 hour (or earlier) (GINA, 2022)	(GINA, 2022) ● Refer to higher level care/acute care facility
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 ● Insert IV line ● Refer immediately to at least a Level 2 health facility, preferably with ICU (Philippine College of Chest Physicians - Council on COPD and Pulmonary Rehabilitation, 2021)
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
Uncontrolled or profuse bleeding after tooth extraction	● Tranexamic acid	● Suturing of the extraction site
Traumatic dental injuries	● Pain reliever and antibiotics	● Tooth splint ● Refer to higher level care
Behavioral 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 a mental health specialist or to higher level of care (WHO, 2016)
Aggressive or agitated behavior (WHO, 2016)	● 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 2mg 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. 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. ● Refer to higher level care
Epilepsy	● Antiepileptic Drugs: Carbamazepine, Phenobarbital, Phenytoin, Sodium Valproate (WHO, 2016)	● 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

F. 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 senior citizens, 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);
   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 senior citizens with signs, symptoms, or concerns needing specialty care and rehabilitation, such as but not limited to the following:
   a. Ophthalmology for significant eye pathology;
   b. Dermatology for diagnosis of difficult skin conditions;
   c. Physiotherapy;
   d. Podiatry for the feet and footwear;
   e. Occupational therapy;
   f. Occupational therapy for rehabilitation and adaptation;
   g. Reconstructive and plastic surgery;
   h. Fabrication of partial denture or complete denture for edentulous cases;
   i. Fabrication of orthotics and prosthetics;
   j. Nutrition rehabilitation or nutritional counseling;
   k. Psychosocial rehabilitation or counseling;

3. Primary care providers shall ensure that senior citizens are provided with the opportunity to be referred to a rehabilitation medicine specialist for better prognosis of mobility and prevention of further disability. Health providers shall also consider referral to rehabilitation medicine specialists if significant declines in physical or mental capacity or comorbidities make exercise prescriptions more complex and specialist knowledge may be needed to devise a suitable exercise programme (WHO, 2017b).

4. Primary care providers shall offer older people with limitations in mobility assistive devices such as canes, crutches, walkers, wheelchairs, and prosthetic or orthotic devices.

5. Primary care providers shall offer eye rehabilitation and assistive vision devices such as but not limited to a desk and mobile magnifiers to senior citizens with visual impairment may be offered.

6. Primary care providers shall deal with people with dementia in the following ways (WHO, 2018):
   a. Do not use too many words.
   b. Use culturally appropriate body language to convey affection (e.g. smiles, hugs, touching hands).

c. Reassure them that everything is going to be okay.

7. Primary care providers shall talk to the family member(s) or carer(s) of dementia patients in the following ways:
   a. Balance involvement of the family with the privacy of the person with dementia.
   b. Speak to family members alone at least once.
   c. Find out about family relationships and dynamics.

8. Primary care providers shall listen to stories and narratives told by the person with dementia and their family members in the following ways:
   a. Listen attentively by facing the person who is talking.
   b. Show proper respect that is appropriate for your culture.
   c. Do not show any impatience even if the person is repetitive or you have heard these stories before.

G. 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;
   g. Advanced age;

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"; DOH, 2015e):
   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.
      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 psychosocial support (e.g. basic needs, in-kind support) and spiritual support to patients.

4. Primary care providers shall advise patients properly about home-based palliative and hospice care (Republic Act No. 11215: "An Act Institutionalizing A National Integrated Cancer Program And Appropriating Funds Therefor"; DOH, 2015e) and shall refer to palliative care specialists as needed.

5. Primary care providers shall observe the proper legal procedures in securing advanced directives from patients.

H. General Advice

1. Primary care providers shall advise and/or counsel senior citizens and their caregivers to:
   a. Adhere to the treatment regimen.
   b. Observe and immediately report signs and/or symptoms of adverse drug reactions.

2. Primary care providers shall encourage senior citizens and their caregivers to ensure that the supply of physician-prescribed medications, especially maintenance medications, is uninterrupted and available at home.

3. Primary care providers shall encourage senior citizens, if able, to participate in the development and formulation of psychosocial care or clinical treatment plan and give informed consent before receiving treatment or care, including the right to withdraw such consent.

4. Primary care providers shall work together with the older patients and his or her children or caregivers to address the following factors that lead to decreased intrinsic capacity:
   a. *Polypharmacy*. Primary care providers shall take due care when prescribing certain drugs that can impair intrinsic capacity and eliminate unnecessary, ineffective medications with duplicative effects to reduce polypharmacy. Some of these drugs include, but are not limited to, the following:
      i. Anticonvulsants;
      ii. Benzodiazepines;
      iii. Non-benzodiazepine hypnotics;
      iv. Antidepressants;
      v. Antipsychotics;
      vi. Opioids;
   b. Primary care providers shall consider referral to an appropriate specialist care for complex medications.
   c. *Cognitive decline.* A psychologist or mental health specialist shall conduct cognitive stimulation therapy for people with cognitive decline who may benefit from cognitive stimulation. It may be offered to an individual or in a group. The standard group approach shall involve at most 14 themed sessions held twice a week.
   d. *Limited mobility.* Primary care providers shall refer senior citizens with limited mobility to a rehabilitation medicine specialist for better prognosis of mobility and prevention of further disability. Health providers shall also consider referral to rehabilitation medicine specialists if significant declines in physical or mental capacity or comorbidities make exercise prescriptions more complex

and specialist knowledge may be needed to devise a suitable exercise programme.

e. Primary care providers shall tailor multimodal exercise programs for older people with limited mobility to suit the individual capacity and needs. A multimodal exercise programme for people with limited mobility may include:
   i. Strength/resistance training;
   ii. Aerobic/cardiovascular training;
   iii. Balance training;
   iv. Flexibility training;
f. Primary care providers shall formulate a pain management plan to address musculoskeletal conditions that impair mobility due to persistent pain. Interventions for pain include but are not limited to:
   i. Self-management;
   ii. Exercises and other physical activity;
   iii. Medications ranging from paracetamol and nonsteroidal anti-inflammatory drugs to gabapentin and opioids;
   iv. Manual therapy such as massage, joint manipulation and joint mobilization;
   v. Psychological therapy and cognitive behavioral therapy (may need referral to a specialist);
   vi. Acupuncture (may need referral to a specialist);
   vii. Spinal injections/epidural injections (may need referral to a specialist);
   viii. Radio-frequency denervation (may need referral to a specialist);
g. Primary care providers shall assess the physical environment of senior citizens at home to reduce the risk of falls.
h. Primary care providers shall inform the senior citizen at risk of malnutrition and his or her family members and caregivers about the following nutrition advice and action points:
   i. Encourage healthy diet.
   ii. Help people to identify specific foods that are available locally and that provide adequate energy (carbohydrates), protein and micronutrients such as vitamins and minerals. Advise on the adequate amounts of these foods.
   iii. Because protein absorption decreases with age, advise older people to eat plenty of it. Protein intake of 1.0-1.2 g per kg of body weight is recommended for healthy senior citizens. A person recovering from weight loss or an acute illness or injury may need up to 1.5 g per kg of body weight. Renal function needs to be monitored as high-protein intake may affect kidney functions.
   iv. Advise physical activity, which enables protein to be incorporated into muscle and builds an appetite
   v. Encourage exposure to sunlight to make the skin produce vitamin D.
   vi. Suggest family-style meals and social dining, particularly for older people living alone or who are socially isolated.
i. *Hearing loss.* Health providers shall reinforce and give advice on caring for ears for senior citizens with normal hearing capacity, such as but not limited to:
   i. Do not put dirty fingers in ears or forget to wash hands.
   ii. Always wash hands after going to the toilet.
   iii. Do not swim or wash in dirty water.

iv. Do not put anything in the ears.

j. *Health* providers shall evaluate eligibility for hearing aids for senior citizens with moderate to severe hearing loss and deafness and may refer to specialized levels of care.

k. *Care and maintenance of partial and complete dentures.* Health providers shall advise senior citizens with dentures on how to care and maintain cleanliness of their dentures.
   i. Dentures should be cleaned daily by soaking and brushing with an effective, nonabrasive denture cleanser.
   ii. Denture cleansers should ONLY be used to clean dentures outside of the mouth.
   iii. Dentures should always be thoroughly rinsed after soaking and brushing with denture-cleansing solutions prior to reinsertion into the oral cavity.

5. Primary care providers shall encourage senior citizens 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.

- END -

References

American Dental Association and American Association of Periodontology (2021). Recommendation

American Diabetes Association. (2022a). *Introduction: Standards of Medical Care in Diabetes—2022. Diabetes Care (Vol. 45, Issue Supplement_1, pp. S1–S2).* https://doi.org/10.2337/dc22-sint

American Diabetes Association [ADA] Professional Practice Committee (2022). 2. Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes-2022. *Diabetes care*, *45*(Suppl 1), S17–S38. https://doi.org/10.2337/dc22-S002

American Diabetes Association [ADA] Professional Practice Committee, Draznin, B., Aroda, V. R., Bakris, G., Benson, G., Brown, F. M., Freeman, R., Green, J., Huang, E., Isaacs, D., Kahan, S., Leon, J., Lyons, S. K., Peters, A. L., Prahalad, P., Reusch, J., & Young-Hyman, D. (2022a). 4. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Medical Care in Diabetes-2022. *Diabetes care*, *45*(Suppl 1), S46–S59. https://doi.org/10.2337/dc22-S004

American Diabetes Association Professional Practice Committee, Draznin, B., Aroda, V. R., Bakris, G., Benson, G., Brown, F. M., Freeman, R., Green, J., Huang, E., Isaacs, D., Kahan, S., Leon, J., Lyons, S. K., Peters, A. L., Prahalad, P., Reusch, J., & Young-Hyman, D. (2022b). 7. Diabetes Technology: Standards of Medical Care in Diabetes-2022. *Diabetes care*, *45*(Suppl 1), S97–S112. https://doi.org/10.2337/dc22-S007.

American Red Cross. (2016.). *Focused Update for First Aid; American Red Cross First Aid/CPR/AED Participant's Manual.* http://cdn1.thprd.org/pdfs2/document4085.pdf

American Red Cross. (n.d.). *Make a first aid kit*. Supplies & Contents | American Red Cross. Retrieved April 22, 2022, from https://www.redcross.org/get-help/how-to-prepare-for-emergencies/anatomy-of-a-first-aid-kit.html

Arnett, D. K., Blumenthal, R. S., Albert, M. A., Buroker, A. B., Goldberger, Z. D., Hahn, E. J., Himmelfarb, C. D., Khera, A., Lloyd-Jones, D., McEvoy, J. W., Michos, E. D., Miedema, M. D., Muñoz, D., Smith, S. C., Jr, Virani, S. S., Williams, K. A., Sr, Yeboah, J., & Ziaeian, B. (2019). 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Journal of the American College of Cardiology*, *74*(10), e177–e232. https://doi.org/10.1016/j.jacc.2019.03.010

https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

Department of Health (n.d.). *Emerging and Re-Emerging Infectious Diseases (EREID) Risk Communication Manual*

Department of Health (1997). *Administrative Order No. 26-A s. 1997 "Guidelines on Elimination of Leprosy as Public Health Problem" (1997)*

Department of Health (2003a). *Administrative Order No. 24 "Guidelines on labeling and advertisements of cigarettes" (2003)*

Department of Health (2003b). *Administrative Order No. 2003-0122 "A Smoking Cessation Program to Support the National Tobacco Control and Healthy Lifestyle Program" (2003)*

Department of Health (2003c). *Administrative Order No. 2007-0004 "National Tobacco Prevention and Control Program" (2007)*

Department of Health (2007). *Administrative Order No. 2007-0007 "Guidelines in the Implementation of Oral Health Program for Public Health Services"* (2007)

Department of Health (2009a). *Administrative Order No. 2009-0010 "Rules and Regulations Promoting a 100% Smoke Free Environment" (2009)*

Department of Health (2009b). *Department Memorandum No. 2009-0250 "Interim Guidelines on the Prevention of Leptospirosis through the Use of Prophylaxis in Areas affected by Floods" (2009)*

Department of Health (2010). *Administrative Order No. 2010-0013: Requiring Graphic Health Information on Tobacco Product Packages, Adopting Measures to Ensure that Tobacco Product Packaging and Labeling Do Not Promote Tobacco by Any Means That Are False, Misleading, Deceptive or Likely to Create an Erroneous Impression, and Matters Related Thereto. (2013)*

Department of Health (2010). *Department Memorandum No. 2010-0126 "Protection of the DOH, including all of its Agencies, Regional Offices, Bureaus or Specialized/Attached Offices/Units Against Tobacco Industry Interference" (2010)*

Department of Health (2011). *Administrative Order No. 10, s. 2011 (DOH-DA-DENR) "Creating the Philippine Inter-Agency Committee on Zoonosis, Defining Its Powers, Functions, Responsibilities, Other Related Matters and Providing Funds Thereof" (2011)*

Department of Health (2012). *Administrative Order No. 2012-0019 "Guidelines in the Prevention and Control of Malaria in Special Population Groups".* (2012)

Department of Health (2013a). *Administrative Order No. 2013-0005-A "Amendment of the National Policy on the Unified Registry Systems of the Department of Health (Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities and Violence Against Women and Children Registry System)" (2019)*

Department of Health (2013b). *Administrative Order No. 2013-0005-B "Amendment of the National Policy on the Unified Registry Systems of the Department of Health (Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities and Violence Against Women and Children Registry System)"*

Department of Health (2013c). *Administrative Order No. 2013-0008 "National Policy on the Unified Registry Systems of the Department of Health (Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities and Violence Against Women and Children Registry System)" (2013)*

Department of Health (2014a). *Administrative Order No. 2014-0037 "Rules and Regulations on Electronic Nicotine Delivery System (ENDS) or Electronic Cigarettes" (2014)*

Department of Health (2014b). *Department Memorandum No. 2014-0386 "Interim Guidelines on the Management of Patients with Ebola Virus Disease" (2014)*

Department of Health (2014c). *Department Memorandum No. 2014-0257 "Interim Guidelines on Prevention and Control of Ebola Virus Disease" (2014)*

Department of Health (2014d). *Department Order No. 2014-0181 "DOH Monitoring and Evaluation Framework on Sin Tax Reform Law" (2014)*

Department of Health (2014e). *Interim Guidelines for Preparedness and Response to MERS-CoV*

Department of Health (2015a). *Administrative Order No. 2015-0039 "Guidelines for Managing Tuberculosis Control Program During Emergencies and Disasters"*

Department of Health (2015b). *Administrative Order No. 2015-0004 "Revised National Policy on Strengthening the Health and Wellness Program for Persons with Disabilities" (2004)*

Department of Health (2015c). *Administrative Order No. 2015-0004 "Manual of Operation and Procedure of Health and Wellness Program for Persons with Disabilities".* (2015)

Department of Health (2015d). *Administrative Order No. 2015-0009 "National Policy on the Health and Wellness Program for Senior Citizens"*

Department of Health (2015e). *Administrative Order No. 2015-0052 "National Policy on Palliative and Hospice Care in the Philippines"* (2015)

Department of Health (2015f). *Administrative Order No. 2015-0032 "Revised Technical Guidelines for Implementing DOTS Strategies in Jails and Prisons"*

Department of Health (2015g). *Department Memorandum No. 2015-0240 "Reiteration of the Daily Conduct of "ALA Stress" (2015)*

Department of Health (2016). *Training Manual on PhilPEN, 2016*

Department of Health (2017a). *Administrative Order No. 2017-0001 "Policy Guidelines on the Standards of Care for Older Persons in All Healthcare Settings"*

Department of Health (2017b). *Administrative Order No. 2017-0008 "Implementing Guidelines of Republic Act 10754, otherwise known as "An Act Expanding the Benefits and Privileges of Persons with Disability", for the Provision of Medical and Health-related Discounts and Special Privileges" (2017)*

Department of Health (2017c). *Administrative Order No. 2017-0008-A "Amendment to Administrative Order No. 2017-0008 dated June 1, 2017 entitled "Implementing Guidelines of Republic Act 10754, otherwise known as 'An Act Expanding the Benefits and Privileges of Persons with Disability', for the Provision of Medical and Health-related Discounts and Special Privileges" (2020)*

Department of Health (2017d). *Administrative Order No. 2017-0023 "Guidelines in the Effective Implementation and Enforcement of Executive Order (EO) No. 26: Providing for the Establishment of Smoke Free Environments in Public and Enclosed Places" (2017)*

Department of Health (2017e). *Department Memorandum No. 2017-0294 "Designation of Lung Center of the Philippines (LCP) as the Collaborating Center on Treatment of Tobacco Dependence" (2017)*

Department of Health (2017f). *Emerging and Re-Emerging Infectious Diseases (EREID) Program - Manual of Operations and Procedures (Preparedness and Response).*

Department of Health. (2018a). *Administrative Order 2018-0013 "Revised Guidelines on the Management of Rabies Exposures"*

Department of Health (2018b). *Department Circular No. 2018-0268 "Adoption of the National Leprosy Control Program (NLCP) Manual of Procedures (MOP)" (2018)*

Department of Health (2018c). *Department Memorandum No. 2018-0232 "Reiteration of the CSC-DOH Joint Memo Circular No. 2010-01 on the Protection of the Bureaucracy against Tobacco Industry Interference" (2018)*

Department of Health. (2018d). *National Antibiotic Guidelines.* https://pharma.doh.gov.ph/the-national-antibiotic-guidelines/

Department of Health (2018e). *National Leprosy Control Program - Manual of Procedures.*

Department of Health (2019a). *Administrative Order No. 2019-0007 "Revised Rules and Regulations on Electronic Nicotine and Non-Nicotine Delivery System" (2019)*

Department of Health (2019b). *Administrative Order No. 2019-0009 "Third Set of Graphic Health Warning Templates pursuant to RA No. 10643 - 2019" (2019)*

Department of Health (2019c). *Administrative Order No. 2019-0055 "National Policy on the Prevention of Blindness Program (PBP)"*

Department of Health (2019d). *Department Memorandum No. 2019-0349 "Provisional Guidelines on the Establishment of a Regional Tobacco Control Network" (2019)*

Department of Health (2019e). *Department Memorandum No. 2019-0349-A "Amendment to Provisional Guidelines on the Establishment of a Regional Tobacco Control Network" (2019)*

Department of Health (2019f). *Department Order No. 2019-0112 "Roles of DOH Offices in the Implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC)" (2019)*

Department of Health. (2019g). *Malaria Manual of Operation, 2019*

Department of Health. (2019h). *The Philippine National Formulary, 8th Edition*. https://pharma.doh.gov.ph/the-philippine-national-formulary/

Department of Health (2020a). *Administrative Order No. 2020-0026 "Guidelines on Integrating Existing Protocols on Tuberculosis (TB) and Diabetes Mellitus (DM) Case Finding and Management Activities" (2020)*

Department of Health (2020b). *Administrative Order No. 2020-0040 "Guidelines on the Classification of Individual-based and Population-based Primary Care Service Packages" (2020)*

Department of Health (2020c). *Administrative Order No. 2020-0058 "Guidelines on the Transformation of the Health Promotion and Communication Service (HPCS) to the Health Promotion Bureau (HPB)"*

Department of Health (2020d). *Administrative Order No. 2020-0059 "The National Policy Framework on the Prevention, Control and Management of Acute Stroke in the Philippines" (2020)*

Department of Health (2020e). *Department Memorandum No. 2020-0097 "Guidelines on the Implementation of Hand, Foot and Mouth Disease Surveillance, Clinical Management and Preventive Measure" (2020)*

Department of Health (2020f). *Department Memorandum No. 2020-0246 "Interim Guidelines on Tobacco Control in Light of the COVID-19 Pandemic" (2020)*

Department of Health (2020g). *National Tuberculosis Control Program, Manual of Procedures, 6th edition.*

Department of Health (2020i). *Leprosy Post Exposure Prophylaxis Operation Manual*

Department of Health (2021a). *Administrative Order No. 2021-0004 "Updated Guidelines on the Treatment and Prevention of Leprosy in the Philippines".* (2021)

Department of Health (2021b). *Administrative Order No. 2021-0004-A "Amendment to the AO No. 2021-0004 dated January 12, 2021 on the Updated Guidelines on the Treatment and Prevention of Leprosy in the Philippines" (2021)*

Department of Health (2021c). *Administrative Order No. 2021-0010: Implementing Guidelines on the Institutionalization of the Chronic Kidney Disease Prevention and Control under the Department of Health*

Department of Health (2021d). *Administrative Order No. 2021-0023 "Guidelines on the Institutionalization of the Leprosy Alert and Response Network System (LEARNS) of the National Leprosy Control Program" (2021)*

Department of Health (2021e). *Administrative Order No. 2021-0031 "Guidelines on the Implementation of Unified and Standardized Tobacco Cessation Services at All Levels of Care"*

Department of Health (2021f). *Administrative Order No. 2021-0039 "National Policy on the Elimination of Industrially-Produced Trans-Fatty Acids for the Prevention and Control of Non-Communicable Diseases" (2021)*

Department of Health (2021g). *Administrative Order No. 2021-0041 "Guidelines on the Implementation of the Pediatric Access to Liver Transplantation (PAsLiT) Hub Project Pursuant to the Memorandum of Agreement (MOA) of the Liver Transplant Consortium Among the Department of Health, Philippine Children's Medical Center, and Professional Services, Inc. (Doing Business as "The Medical City")"*

Department of Health (2021h). *Administrative Order No. 2021-0059 "Guidelines on Ethical Organ Donation and Transplantation from Living Donors"*

Department of Health (2021i). *Administrative Order No. 2021-0063 "Health Promotion Framework Strategy 2030"*

Department of Health (2021j). *Emerging and Re-emerging Infectious Diseases Program Strategic Investment Plan 5 year (2019-2023)*

Department of Health (2021k). *Joint Administrative Order 2021-0002 "National Policy Framework on the Promotion and Recognition of Health Communities"*

Department of Health (2021l). *Department Memorandum No. 2021-0056 "Guidelines on the Implementation of the DOH Online Training Program on Brief Tobacco Intervention (BTI) for Primary Care Providers" (2021)*

Department of Health (2021m). *Department Memorandum No. 2021-0189 "COVID-19 Workplace Standards in the Department of Health Central Office"*

Department of Health (2021n). *Department Memorandum No. 2021-0242 "Inclusion of Nicotine Replacement Therapy (NRT) and Varenicline in the Primary Care Formulary" (2021)*

Department of Health (2021o). *Department Order No. 2021-0001 "Designation of Selected DOH Hospitals as Specialty Centers for Brain and Spine Care, Burn Care, Cancer Care, Cardiovascular Care, Dermatology Care, Eye Care, Geriatric Care, Infectious Disease and Tropical Medicine, Lung Care, Mental Health, Neonatal Care, Orthopedic Care, Physical Rehabilitation Medicine, Renal Care and Kidney Transplant, Toxicology, and Trauma Care"*

Department of Health (2021p). *National Leprosy Control Program Clinical Pathways 2021*

Department of Health (2021q). *National Leprosy Control Program Clinical Practice Guidelines 2021*

Department of Health (2022a). *Administrative Order No. 2022-0004 "Guidelines for Ethical and Responsible Reporting and Portrayal of Suicide in the Media, Audiovisual and Films* (2022)"

Department of Health. (2022b). *Administrative Order 2022-0005 "Omnibus Guidelines on the Implementation of the National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines"*

Department of Health. (2022c). *Department Circular 2022-0002 "Advisory on COVID-19 Protocols for Quarantine and Isolation"*

Department of Health (2022d). *Department Circular No. 2022-0029 "National Palliative and Hospice Care Manual of Procedures"* (2022)

Department of Health (2022e). *Department Memorandum No. 2022-0033 "Guidelines on the Use of Self-Administered Antigen Testing for COVID-19"* (2022)

Department of Health (2022f). *Department Memorandum No. 2022-0134 "Interim Technical Guidelines for the Implementation of Enhanced Human Avian Flu Surveillance, Management, and Infection Control" (2022)*

Department of Social Welfare and Development (2010a). *Administrative Order No. 2010-04 "Guidelines on the Home Care Support Services for Senior Citizens"*

Department of Social Welfare and Development (2010b). *Administrative Order No. 2010-05 "Long Term Care Program for Senior Citizens (LTCSC) General Implementing Guidelines"*

Department of Labor and Employment (2005). *Department Order No. 73-05 Series of 2005 "Guidelines for the Implementation of Policy and Program on Tuberculosis Prevention and Control in the Workplace"*

Executive Order No. 168 "Creating the Inter-Agency Task Force for the Management of Emerging Infectious Diseases in the Philippines". (2014)

Food and Nutrition Research Institute. (2016). Pinggang Pinoy. https://www.fnri.dost.gov.ph/index.php/tools-and-standard/pinggang-pinoy

Global Initiative for Asthma [GINA]. (2022). *Global Strategy for Asthma Management and Prevention, updated 2022*. https://ginasthma.org

Global Initiative for Chronic Lung Disease, Inc [GOLD]. (2022). *Global Strategy for the Diagnosis, Prevention, and Management of Chronic Obstructive Pulmonary Disease (2022 Report)*. https://goldcopd.org/2022-gold-reports-2/

Gonzalez-Santos, L. E., Oliva, R., Jimeno, C., Gonzales, E., Margarita Balabagno, M., Ona, D., Cinco, J. E., Baston, A., Caole-Ang, I., Fojas, M., Hernandez, R. F.,

Macrohon-Valdez, M. C., Theresa Rosqueta, M., Punzalan, F. E., & Llanes, E. J. (2021). Executive Summary of the 2020 Clinical Practice Guidelines for the Management of Dyslipidemia in the Philippines. *Journal of the ASEAN Federation of Endocrine Societies*, 36(1), 5–11. https://doi.org/10.15605/jafes.036.01.01

Guidelines for treatment of drug-susceptible tuberculosis and patient care, 2017 update. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Gulati, M., Levy, P. D., Mukherjee, D., Amsterdam, E., Bhatt, D. L., Birtcher, K. K., Blankstein, R., Boyd, J., Bullock-Palmer, R. P., Conejo, T., Diercks, D. B., Gentile, F., Greenwood, J. P., Hess, E. P., Hollenberg, S. M., Jaber, W. A., Jneid, H., Joglar, J. A., Morrow, D. A., O'Connor, R. E., Shaw, L. J. (2021). 2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*, *144*(22), e368–e454. https://doi.org/10.1161/CIR.0000000000001029

Implementing Rules and Regulations of Republic Act No. 10767 *"Comprehensive Tuberculosis Elimination Plan Act of 2016"*

Joint DOH-DA-DENR Administrative Order No. 2020-02 "Guidelines to Operationalize the Philippine Inter-Agency Committee on Zoonoses (PhilCZ)" (2020)

Kalalinia F, Amiri N, Mehrvarzian N, Fazly Bazzaz BS, Iranshahi M, Shahroodi A, Arabzadeh S, Abbaspour MR, Badiee Aaval Sh, Movaffagh J. (2020). Topical green tea formulation with anti-hemorrhagic and antibacterial effects. *Iran J Basic Med Sci*. 23:1085-1090. doi: 10.22038/ ijbms.2020.41397.9782

Kleindorfer DO, Towfighi A, Chaturvedi S, et al. (2021) *Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association*. Stroke. 2021;52(7):e364-e467. https://www.ahajournals.org/doi/10.1161/STR.0000000000000375

Levin, L., Day, P. F., Hicks, L., O'Connell, A., Fouad, A. F., Bourguignon, C., & Abbott, P. V. (2020). International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: General introduction. *Dental traumatology : official publication of International Association for Dental Traumatology*, *36*(4), 309–313. https://doi.org/10.1111/edt.12574

Mayo Foundation for Medical Education and Research. (2020). *First-aid kits: Stock supplies that can save lives*. Mayo Clinic. Retrieved April 22, 2022, from https://www.mayoclinic.org/first-aid/first-aid-kits/basics/art-20056673

United Kingdom National Institute for Health and Care Excellence [UK NICE]. (2016a). *Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis Clinical guideline.* https://www.nice.org.uk/guidance/cg95

United Kingdom National Institute for Health and Care Excellence. (2016b). *Stable angina: management clinical guideline.* https://www.nice.org.uk/guidance/cg126

United Kingdom National Institute for Health and Care Excellence [UK NICE]. (2017). *Osteoporosis: assessing the risk of fragility fracture.* https://www.nice.org.uk/guidance/cg146

United Kingdom National Institute for Health and Care Excellence [UK NICE]. (2019). *Stroke and transient ischaemic attack in over 16s: diagnosis and initial management.* https://www.nice.org.uk/guidance/NG128

National Institute of Aging (2017). *Fall-Proofing Your Home.* https://www.nia.nih.gov/health/fall-proofing-your-home

National Institutes of Health (2022a). *Updating the Philippine Guidelines on Periodic Health Examination Phase 1*

National Institutes of Health (2022b). *Updated of the Philippine Guidelines on Periodic Health Examination Phase 2*

National Health Service (NHS). (2021). *What should I keep in my first aid kit?* NHS. Retrieved April 22, 2022, from https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-keep-in-my-first-aid-kit/

Ona, D., Jimeno, C. A., Jasul, G. V., Jr, Bunyi, M., Oliva, R., Gonzalez-Santos, L. E., Mercado-Asis, L. B., Luz, V. A., Leus, A. G., Diaz, A., Santos, M. I., Belen, A. A., Bonzon, D. D., Bote-Nunez, J., Cawed-Mende, R., Chua, A. S., Javier, A., Juangco, D., Madrigal-Dy, C., Manicad, M. B., … Villanueva, N. J. (2021). Executive summary of the 2020 clinical practice guidelines for the management of hypertension in the Philippines. *Journal of clinical hypertension (Greenwich, Conn.)*, *23*(9), 1637–1650. https://doi.org/10.1111/jch.14335

Panchal, A. R., Bartos, J. A., Cabañas, J. G., Donnino, M. W., Drennan, I. R., Hirsch, K. G., Kudenchuk, P. J., Kurz, M. C., Lavonas, E. J., Morley, P. T., O'Neil, B. J., Peberdy, M. A., Rittenberger, J. C., Rodriguez, A. J., Sawyer, K. N., Berg, K. M., & Adult Basic and Advanced Life Support Writing Group (2020). Part 3: Adult Basic and Advanced Life Support: 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*, *142*(16_suppl_2), S366–S468. https://doi.org/10.1161/CIR.0000000000000916

Pellegrino, Jeffrey L.; Charlton, Nathan P.; Carlson, Jestin N.; Flores, Gustavo E.; Goolsby, Craig A.; Hoover, Amber V.; Kule, Amy; Magid, David J.; Orkin, Aaron M.; Singletary, Eunice M.; Slater, Tammy M.; Swain, Janel M. (2020). 2020 American Heart Association and American Red Cross Focused Update for First Aid. Circulation, 142(17), –. doi:10.1161/CIR.0000000000000900

PhilHealth Circular 2016-0032: Z Benefits for Children with Disabilities (2016)

Philippine College of Chest Physicians Council on COPD & Pulmonary Rehabilitation. (2021). *Summary of consensus statements on the Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD) in the Philippines*.

https://philchest.org/xp/2021-summary-of-consensus-statements-on-the-diagnosis-and-management-of-copd-in-the-philippines/

Philippine Society of Hypertension. (2020). *Executive Summary of the 2020 Clinical Practice Guidelines for the Management of Hypertension in the Philippines*. https://www.philippinesocietyofhypertension.org.ph/ClinicalPracticeGuidelines.pdf

Philippine Society for Microbiology and Infectious Diseases. (2010). *Clinical Practice Guidelines for Leptospirosis.* https://www.psmid.org/wp-content/uploads/2020/03/CPG-Leptospirosis-2010.pdf

Philippine Society for Microbiology and Infectious Diseases. (2016). *Philippine Clinical Practice Guidelines: Diagnosis, Empiric Management and Prevention of Community-Acquired Pneumonia in Immunocompetent Adults - Treatment.* https://www.psmid.org/philippine-clinical-practice-guidelines-on-the-diagnosis-empiric-management-and-prevention-of-community-acquired-pneumonia-cap-in-immunocompetent-adults-2016/

Presidential Decree No. 856 series 1975: Code on Sanitation of the Philippines

Proclamation No. 467 "Declaring the last week of February of Every Year as Leprosy Week" (1995)

U.S. Centers for Disease Control and Prevention (CDC). (2005). *A Home Fall Prevention Checklist for Older Adults. US: Department of Health and Services.*

U.S. Centers for Disease Control and Prevention. (2009). *Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season.* https://www.cdc.gov/H1N1flu/recommendations.htm

U.S. Centers for Disease Control and Prevention. (2020a). *Antibiotics to Prevent Anthrax After Exposure.* National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of High-Consequence Pathogens and Pathology (DHCPP). November 20, 2020. https://www.cdc.gov/anthrax/prevention/antibiotics/index.html

U.S. Centers for Disease Control and Prevention. (2020b). *Dengue: Testing Guidance*. https://www.cdc.gov/dengue/healthcare-providers/testing/testing-guidance.html

U.S. Centers for Disease Control and Prevention. (2020c). *NIOSH Guide to Chemical Hazards.* https://www.cdc.gov/niosh/npg/default.html

US Centers for Disease Control and Prevention (2021a). *Anthrax Infection Diagnosis and Testing.* National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of High-Consequence Pathogens and Pathology (DHCPP). July 23, 2021. https://www.cdc.gov/anthrax/lab-testing/index.html

U.S. Centers for Disease Control and Prevention. (2021b). *Drowning Prevention.* https://www.cdc.gov/drowning/prevention/index.html

US Centers for Disease Control and Prevention, (2021c). *Ebola Treatment.* National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of High-Consequence Pathogens and Pathology (DHCPP), Viral Special Pathogens Branch (VSPB) February 26, 2021. https://www.cdc.gov/vhf/ebola/treatment/index.html

US Centers for Disease Control and Prevention (2021d). *Leptospirosis Treatment.* National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of High-Consequence Pathogens and Pathology (DHCPP). June 9, 2015. https://www.cdc.gov/leptospirosis/treatment/index.html

US Centers for Disease Control and Prevention (2021e). *Meningococcal Disease.* National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Healthcare Quality Promotion (DHQP). November 12, 2021. https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/selected-infections/meningococcal-disease.html

U.S. Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Disease. (2022). *Influenza Antiviral Medications: Summary for Clinicians. February 4, 2022.*

Republic Act No. 10351: Sin Tax Reform Law (2012)

Republic Act No. 10351: An Act Restructuring the Excise Tax on Alcohol and Tobacco (1992)

Republic Act No. 10364: Expanded Anti-Trafficking in Persons Act of 2012. (2013)

Republic Act No. 10524: An Act Expanding the Positions Reserved for PWDs, amending for the purpose RA No. 7277 (Magna Carta for Persons with Disability) in April 2013, expanded employment opportunities for PWDs (2012)

Republic Act No. 10643: The Graphic Health Warnings Law (2012)

Republic Act No. 10754: An Act Expanding the Benefits and Privileges of Persons with Disability, for the Provision of Medical and Health-related Discounts and Special Privileges (including tax deduction 12% VAT) (2016)

Republic Act No. 10963: Tax Reform for Acceleration and Inclusion (TRAIN). (2018)

Republic Act No. 11166: An Act Strengthening the Philippine Comprehensive Policy on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) Prevention, Treatment, Care, and Support, and, Reconstituting the Philippine National Aids Council (PNAC), Repealing for the Purpose Republic Act No. 8504, Otherwise Known as The "Philippine Aids Prevention and Control Act of 1998", and Appropriating Funds Therefor (2018)

Republic Act No. 11215: An Act Institutionalizing A National Integrated Cancer Program And Appropriating Funds Therefor (2018)

Republic Act No. 11223: Universal Health Care (UHC) Act. (2019)

Republic Act No. 11228: An Act Providing For The Mandatory Philhealth Coverage For All Persons With Disability (2018)

Republic Act No. 11346: An Act Increasing the Excise Tax on Tobacco Products, Imposing Excise Tax on Heated Tobacco Products and Vapor Products, Increasing the Penalties for Violations of Provisions on Articles Subject to Excise Tax and Earmarking a Portion of the Total Excise Tax Collection from Sugar Sweetened Beverage, Alcohol, Tobacco, Heated Tobacco and Vapor Products for Universal Health Care, Amending Sections 144,145,146,147,152,164,260,262,265,288, and 289 and Repealing Sections 288 (b) and 288(c) and Creating New Sections 263-A, 265-B and 288-A of the National Internal Revenue Code of 1997. as amended by RA No.10963" (2019)

Republic Act No. 11350: National Commission of Senior Citizens Act. (2019)

Republic Act No. 11358: National Vision Screening Act (2019)

Republic Act No. 11467: An Act Amending Sections 109, 141, 142, 144, 147, 152, 263, 263-A 265 and 288-A and Adding a New Section 290-A to Republic Act No. 8424, As Amended, otherwise known as the Nation Internal Revenue Code of 1997" (2020)

Republic Act No. 7170: Organ Donation Act of 1991. (1992)

Republic Act No. 7277: An Act Providing for the Rehabilitation, Self-Development and Self-Reliance of Disabled Person and their Integration into the Mainstream of Society and for Other Purposes (1991)

Republic Act No. 7277: Magna Carta for Disabled Persons (1992)

Republic Act No. 7610: An Act Providing for Stronger Deterrence and Special Protection Against Child Abuse, Exploitation and Discrimination Act of 1992 that Prohibits the Employment of Children in All Commercials or Advertisements Promoting Alcoholic Beverages, Intoxicating Drinks, Tobacco and its By-Products and Violence

Republic Act No. 8191: National Diabetes Act of 1996. (1996)

Republic Act No. 9003: Ecological Solid Waste Management Act of 2000. (2000)

Republic Act No. 9208: Anti-Trafficking in Persons Act of 2003. (2003)

Republic Act No. 9211: Tobacco Regulation Act of 2003 (2003)

Republic Act No. 9442: An Act Amending Republic Act No. 7277 - Amending the term used, from Disabled Persons to Persons with Disability (including 20% discount) (2006)

Republic Act No. 9482: Anti-Rabies Act of 2007 (2007)

Republic Act No. 9994: An Act Granting Additional Benefits and Privileges to Senior Citizens, Further Amending Republic Act No. 7432, As Amended, Otherwise Known

As "An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for Other Purposes" (2009)

2020 Revised Implementing Rules and Regulations of Republic Act No. 11332 *"The Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act"*

Ross R, Chaput JP, Giangregorio LM, Janssen I, Saunders TJ, Kho ME, Poitras VJ, Tomasone JR, El-Kotob R, McLaughlin EC, Duggan M, Carrier J, Carson V, Chastin SF, Latimer-Cheung AE, Chulak-Bozzer T, Faulkner G, Flood SM, Gazendam MK, Healy GN, Katzmarzyk PT, Kennedy W, Lane KN, Lorbergs A, Maclaren K, Marr S, Powell KE, Rhodes RE, Ross-White A, Welsh F, Willumsen J, Tremblay MS (2020). Canadian 24-Hour Movement Guidelines for Adults aged 18-64 years and Adults aged 65 years or older: an integration of physical activity, sedentary behaviour, and sleep. *Appl Physiol Nutr Metab.* 45(10 (Suppl. 2)):S57-S102. doi: 10.1139/apnm-2020-0467. PMID: 33054332.

Unger, T., Borghi, C., Charchar, F., Khan, N. A., Poulter, N. R., Prabhakaran, D., Ramirez, A., Schlaich, M., Stergiou, G. S., Tomaszewski, M., Wainford, R. D., Williams, B., & Schutte, A. E. (2020). 2020 International Society of Hypertension Global Hypertension Practice Guidelines. *Hypertension (Dallas, Tex. : 1979)*, *75*(6), 1334–1357. https://doi.org/10.1161/HYPERTENSIONAHA.120.15026

Williams, B., Mancia, G., Spiering, W., Agabit i Rosei, E., Azizi, M., Burnier, M., Clement, D. L., Coca, A., de Simone, G., Dominiczak, A., Kahan, T., Mahfoud, F., Redon, J., Ruilope, L., Zanchetti, A., Kerins, M., Kjeldsen, S. E., Kreutz, R., Laurent, S., Lip, G., … ESC Scientific Document Group (2018). 2018 ESC/ESH Guidelines for the management of arterial hypertension. *European heart journal*, *39*(33), 3021–3104. https://doi.org/10.1093/eurheartj/ehy339

Williams B, Mancia G, Spiering W, et al. (2018). ESC/ESH Guidelines for the management of arterial hypertension. *Eur Heart J*. 2018;39(33):3021–3104. https://doi.org/10.1093/eurheartj/ehy339

World Health Organization. (2016). *mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP), version 2.0*. https://apps.who.int/iris/handle/10665/250239

World Health Organizations (2017a). *Guidelines for treatment of drug-susceptible tuberculosis and patient care, 2017 update. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.*

World Health Organization. (2017b). *Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. World Health Organization.* https://apps.who.int/iris/handle/10665/258981

World Health Organization (2018). *Dementia Toolkit for Community Workers in Low and Middle-Income Countries: Guide for community-based management and care of people with dementia.* https://www.who.int/publications/i/item/9789290618447

World Health Organization (2019a). *WHO guidelines on tuberculosis infection prevention and control, 2019 update. License: CC BY-NC-SA 3.0IGO*

World Health Organization (2019b). *WHO Integrated Care for Older People (ICOPE): Guidance for person-centered assessment and pathways in primary care.*

World Health Organizations (2019c). *Guidelines on Tuberculosis Infection Prevention and Control, update, Geneva: World Health Organization. License: CC BY-NC-SA 3.0IGO*

World Health Organizations (2020a). *Guidelines for treatment of Drug-susceptible Tuberculosis and Patient care, 2017 update. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO*

World Health Organization (2020b). *Philippines Health and Wellness Program for Senior Citizens - Manual of Operations for Local Implementers.*

World Health Organization (2020c). *WHO guidelines on physical activity and sedentary behaviour. Geneva. Licence: CC BY-NC-SA 3.0 IGO.*

World Health Organizations (2020d). *Consolidated Guidelines on Tuberculosis: Tuberculosis Preventive Treatment. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0IGO*

World Health Organizations (2020e). *Consolidated Guidelines on Tuberculosis. Module 4: Treatment- Drug-resistant Tuberculosis Treatment. Geneva: World Health Organization. License: CC BY-NC-SA 3.0IGO*

World Health Organization (2021a). *Consolidated Guidelines on Tuberculosis. Module 2: screening – systematic screening for tuberculosis disease. Geneva: World Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO*

World Health Organization. (2021b). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO