

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

Directorate of Non Communicable Diseases
Ministry of Health



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

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Introduction

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

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

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

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

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



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

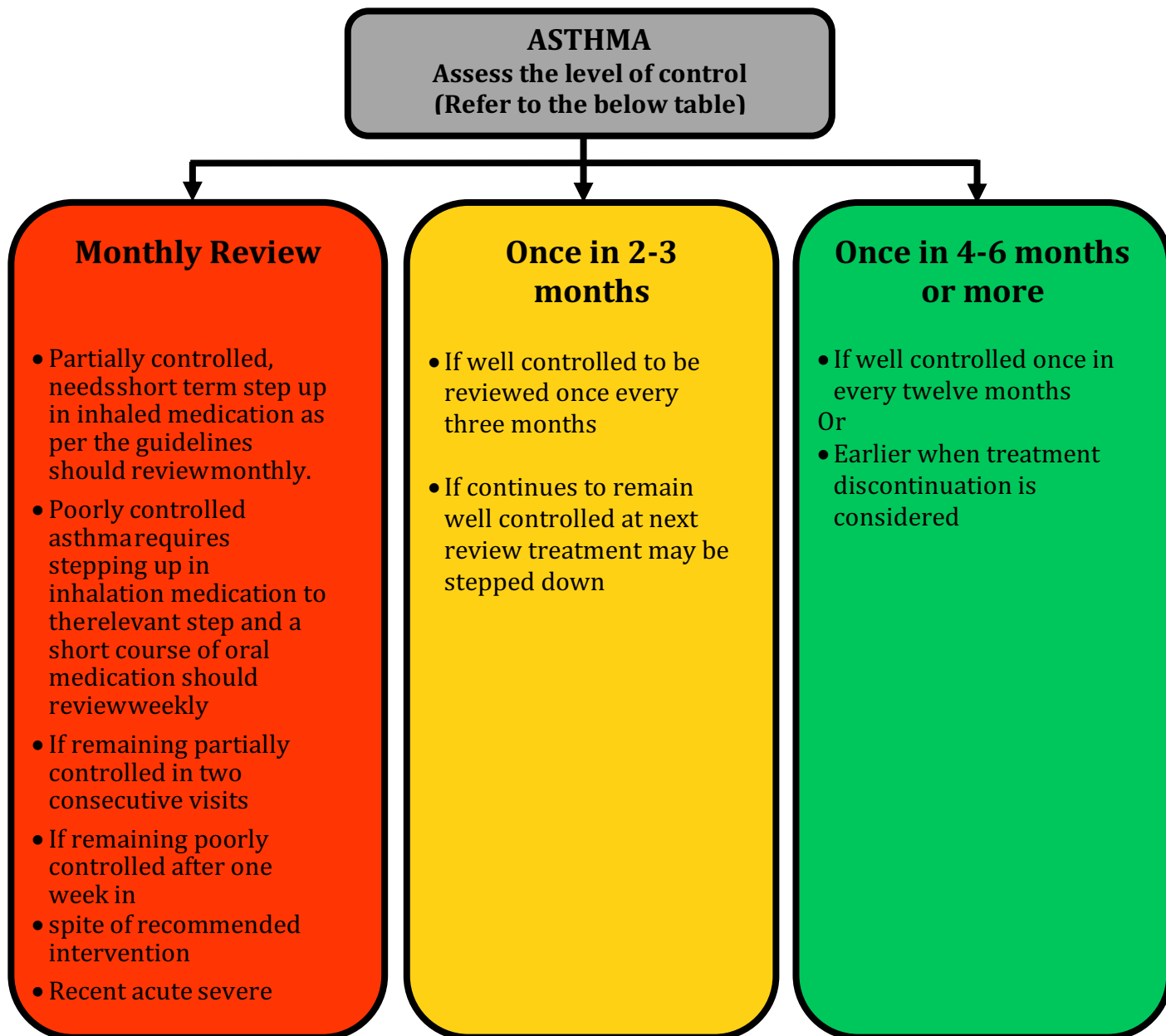
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ASTHMA



Bronchial asthma: assessment of symptom control

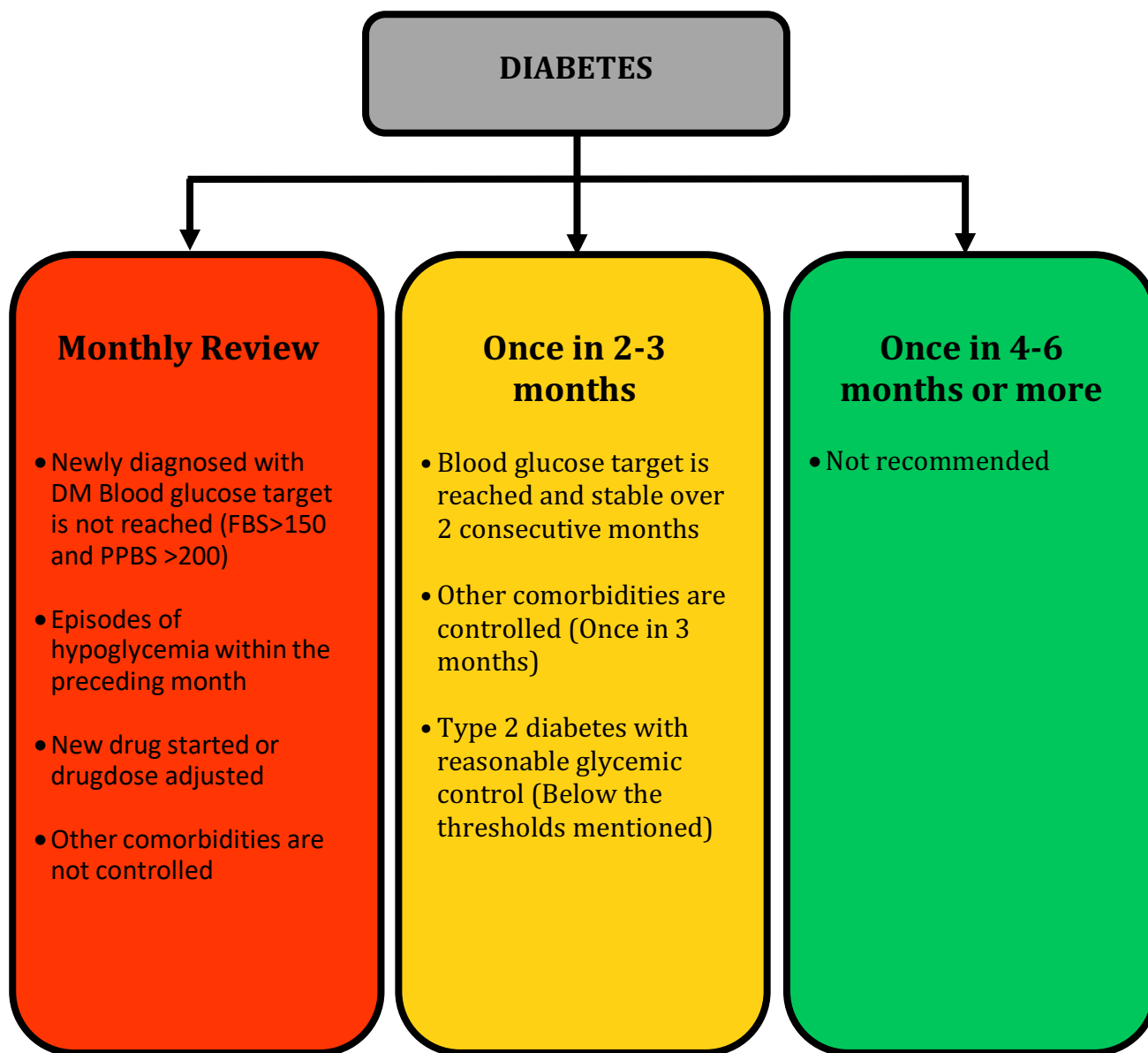
Symptom control	Yes (1)	No (0)
Day time asthma symptoms more than twice a week		
Any night waking due to asthma		
Reliever needed for symptoms more than twice a week		
Any activity limitation due to asthma		
Total		

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



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DIABETES



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HYPERTENSION

HYPERTENSION

Target

Younger than 65 years

- Initially <140/90 mmHg
- Reaching 139-130/89-80 mmHg
- Then 129-120/79-70 mmHg
- NEVER allow to go below 120/70 mmHg

Older than 65 years

- Initially 160/90 mmHg
- Then gradually 130/80 mmHg

Monthly Review

- BP target is not reached
- Until BP target is reached on target for two consecutive visits
- New drug started or drug dose adjusted on the previous visit
- New onset drug side effect reported on previous visit
- Other comorbidities (lipids, blood sugar targets, smoking cessation) are not Controlled
- Those with minimal family support or living alone

Once in 2-3 months

- Appropriate BP target is reached and stable on-target for at least 2 consecutive (monthly) visits
- Other comorbidities (lipids, blood sugar targets, smoking cessation) are controlled
- Where the MO feels dependable qualified GP support is available near patient's home and patient is willing for that arrangement (coordinated care). Write observations in the clinic records for the MO to see at the next clinic visit.

Once in 4-6 months or more

- Age specific BP targets achieved for last 3 months

