

CARPA

Standard Treatment Manual

A clinic manual for primary health care practitioners
in remote and Indigenous health services
in central and northern Australia

7th edition

CARPA
Centre Australian Rural Practitioners Association Inc



RPHCM
Remote Primary Health Care Manuals



CRANAplus
improving
remote health

Centre for Remote Health
Alice Springs, 2017

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Preface

The Central Australian Rural Practitioners Association (CARPA) is a multi-professional grass roots group that formed in 1984 out of a shared recognition of the need to support practice in remote and rural communities in Central Australia. This professional support function led to the development of the *CARPA Standard Treatment Manual (CARPA STM)* by a small group of practitioners from Central Australia with 'fire in their bellies'. The ongoing development of the manual has increasingly seen the involvement of practitioners from a broad range of disciplines and regions.

Since its first publication in 1992, as a collection of protocols for the management of common conditions seen in remote (mainly Aboriginal) health practice, the *CARPA STM* has become the flagship of CARPA's activities. It has a strong reputation, among its users and farther afield, as an essential tool to support evidence-based practice in remote and Aboriginal and Torres Strait Islander health services.

Many practitioners arrive in remote Australia without specific training relevant to remote practice. The *CARPA STM* helps them to deal with a range of health, social and work conditions unique to the context.

Remote primary health care continues to evolve, and so too do the demands on those providing health services. There is now an expectation that services will incorporate a public health approach and preventative health care, as well as evidence-based clinical practice. The *CARPA STM* also continues to evolve, partly in response to these changes and partly as a leader and agent of change. We are pleased to bring you the seventh edition of this well-established and well-regarded primary health care clinic manual.

Cover painting

The painting tells the story of some women who are ill due to the loss of their 'souls' (kurrumpa). They are being healed by Ngankaris (traditional healers) who are restoring their souls.

Remote Primary Health Care Manuals logo

The RPHCM logo, developed by Margie Lankin, tells this story:

The people out remote, where they use the manuals, are coming into their health service. They are being seen from one of the manuals ... desert rose, the colours of the petals. The people sitting around are people who use the manuals – men and women. People who are working for Indigenous health... doctors and nurses and health workers. Messages are being sent out to the community from the clinic, from the people, to come in to the clinic to be seen. Messages about better health outcomes. People are walking out with better plans, better health, better health outcomes.

About this manual

The seventh edition of the *CARPA Standard Treatment Manual* has been produced as part of the suite of Remote Primary Health Care Manuals, through a collaboration between the Central Australian Rural Practitioners Association, Central Australian Aboriginal Congress, CRANAplus, and the Centre for Remote Health. The other manuals in the suite are the *Minymaku Kutju Tjukurpa Women's Business Manual (WBM)*, the *Clinical Procedures Manual for remote and rural practice (CPM)*, and the *Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners (Medicines Book)*.

In producing this edition we have maintained the essential and distinctive components of past manuals. The seventh edition of the *CARPA STM* continues to provide:

- One easily portable manual for Aboriginal and Torres Strait Islander health practitioners (ATSIHPs), nurses and doctors
- Simple language, without compromise in the content
- A brief, easy-to-read style
- A focus on what makes a difference to clinical practice and health outcomes
- A manual combining technical expertise with input by remote practitioners for remote practitioners.

The *CARPA STM* does not claim to be comprehensive. It covers conditions that:

- Are common or clinically significant in remote practice
- Have different presentations and management issues to those in 'mainstream' practice
- Are life-threatening and need emergency management
- Are frightening for practitioners
- Have important public health implications
- Need coordinated, standardised care.

The *CARPA STM* does not stand alone. It is designed to be used with:

- Other books in the suite of Remote Primary Health Care Manuals
 - *WBM* — covers women's health issues including obstetrics, gynaecology, well women's screening, menopause, infertility, and contraception
 - *CPM* — explains how to do procedures referred to in the *CARPA STM* and the *WBM*
 - *Medicines Book* — a guide to medicines in the *CARPA STM* and *WBM* in an easy to read format, to assist practitioners and clients with lower English literacy levels
- *Australian Immunisation Handbook*
- *Australian Medicines Handbook*, and *Therapeutic Guidelines*.

In order to avoid unnecessary duplication between the manuals, the *WBM* and *CPM* are cross-referenced throughout the *CARPA STM*.

The style of the manual uses short directives without explanation — 'Check ...', 'Take blood ...' or 'Give ...'. In any health interaction the rights of the patient must be remembered. As a part of health care provision a patient has the right to:

- Determine what medical treatment they choose to accept or not to accept

- Be given easily understandable explanations, in their first language, about their specific health problem, any proposed treatments or procedures, and the results of any tests performed
- Have access to all health information about themselves
- Have their privacy respected, be treated with respect and dignity, and know that all health information is confidential.

Your input

Feedback is an essential component of keeping the manuals ‘by the users for the users’. Please submit your suggestions and comments via either

- Online feedback form at www.remotephcmanuals.com.au
- Email to remotephcmanuals@flinders.edu.au

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Contributors

Thank you to the practitioners, from all over Australia, who volunteered their time and expertise to ensure the manual remains evidence-based, relevant, practical and user-friendly. More information about the review process can be found at www.remotephcmanuals.com.au

This acknowledges those contributors known to us. Due to the large number of volunteers, we have only recorded the highest level of participation.

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Project team

Janet Struber, Stephanie Mackie-Schneider, Victoria Orpin, Sandeep Reddy, Sally Herring, Allison Gray

Assisting the team: Karen Montey, Malissa Hodgson, Ross Carter, Sheree Zadow

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- Absolute cardiovascular risk charts — adapted from: Australian Cardiovascular Risk Charts (National Vascular Disease Prevention Alliance, 2011) and New Zealand Cardiovascular Risk Charts (New Zealand Guideline Group, 2009)
- Warfarin starting doses for adults (Table 6.2) — adapted with permission from: Roberts GW, Helboe T, Nielsen CB, Gallus AS, Jensen I, Cosh DG, et al. Assessment of an age-adjusted warfarin initiation protocol. *Ann Pharmacother* 2003;37(6):799–803
- Pain in teeth or gums (Table 6.17) — adapted with permission from: Kingon A. Solving dental problems in general practice. *Aust Fam Physician* 2009;38(4):211–16.

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Using the CARPA Standard Treatment Manual

The *CARPA STM* is intended for use by trained health professionals including ATSIHPs, nurses and doctors. It is not intended to be a layperson's manual. It is designed to be used primarily in remote (largely Aboriginal and Torres Strait Islander) communities, and rural and urban Aboriginal Medical Services.

The *CARPA STM* supports a holistic approach to health care that incorporates collaborative practice, shared care, patient recall and follow-up. Use of the manual also facilitates standardised pharmacy imprest lists and quality assurance.

Use of the *CARPA STM* is not intended to replace clinical judgement, expertise, or appropriate referral. It does not support practitioners to work beyond their level of competence or confidence, or outside their scope of practice or health service policies. Supply of medicines recommended in this manual must occur within the constraints of organisational policies and jurisdictional drugs and poisons legislation. Safe practice requires that practitioners who are not sure what they are dealing with talk with someone more experienced or skilled.

Following protocols in the *CARPA STM* does not remove the need to complete normally accepted practices (even if unstated) such as:

- Observing privacy and confidentiality
- Getting informed consent
- Discussing procedures and treatment options with patients and/or their carers
- Discussing medicines, including side effects and the need to complete the whole course of treatment
- Actively involving parents and/or carers in the care and treatment of children
- Recording history, observations, findings and actions in the file notes.

When options are given they are listed in order of preference. Only move down the list if earlier options are not available, or are not acceptable to the person or their carer.

Practitioners should discuss with the person the impact of a diagnosis on their ability to hold an unconditional driver's license. Reporting requirements vary by jurisdiction. For more information see www.austroads.com.au/drivers-vehicles/assessing-fitness-to-drive

The protocols

Protocols are largely in dot point form. Activities are usually under 4 headings:

- **Ask** — subjective assessment, patient history (eg pain when passing urine)
- **Check** — objective assessment, observations, tests (eg temp, pulse, BP, BGL)
- **Do** — action, treatment, giving medicine (eg wash out eye with normal saline)
- **Follow-up** — plan, referral (eg review 1 week after treatment)

Always begin by reading the whole protocol, and carefully checking points in information boxes.

Information boxes

Black boxes — easy to find information.

Thin red boxes — important information.

Thick red boxes — very important or life-saving information.

Terms

Indigenous

In this manual the term Indigenous is used to mean both Aboriginal and Torres Strait Islander Australians. We mean no disrespect by using this inclusive term for different cultural groups and apologise for any discomfort or sorrow it may cause.

Abbreviations

Abbreviations and acronyms may be used without explanation. There is an abbreviation list, including acronyms, in the reference section.

Medical consult

A medical consult involves seeking advice and/or authorisation for treatment from a doctor, appropriately qualified nurse practitioner, midwife or specialist. It occurs while the patient is present. It may be in person or by telehealth (eg phone, radio, videoconference).

Medical review

A medical review is an assessment of the patient by a doctor, appropriately qualified nurse practitioner, midwife, or specialist. This can be done in person or via case conference. It would usually involve making an appointment for the person to return to the clinic or to visit the practitioner at a future time.

Medicines

Medicines are named for their active ingredients. Where a brand name for a medicine or other product is used it is in italics, and usually in brackets.

Mention of specific products does not imply that they are endorsed or recommended in preference to others of a similar nature that are not mentioned.

Online version

The *CARPA Standard Treatment Manual* is available online as part of the Remote Primary Health Care Manuals at: www.remotephmanuals.com.au

Cultural safety tips

To be effective, health care must occur in a culturally safe/secure environment with practitioners who are culturally aware and competent. See *Cultural safety* for more information (CPM p6). Learn all you can about the local culture. Always be respectful, and carefully consider the following.

Cultural beliefs

- Traditional beliefs about health and illness remain intact, embedded and valid in many Indigenous communities
- Use of traditional healers and traditional medicine is common. It is very important to acknowledge and respect this

Loss and grief

- Indigenous communities may follow these practices after a death
 - Deceased person's name should not be spoken
 - Special rituals, such as smoking deceased person's house and work, or the clinic
 - Certain relatives of the deceased may choose not to speak
 - Relatives of the deceased may live outside the community to mourn
 - In some communities 'sorry business' (grieving) involves self-inflicted injury (sorry cuts), family fighting (payback), wailing, silence

Effective communication

- English can be a second or third language for Indigenous Australians
 - Ask if person would like an interpreter to assist
- Don't assume that conversations conducted in English have the same meaning for practitioner and patient
- Hearing problems are common and can make communication difficult
- While efforts to learn the local language are usually appreciated, don't try to use a language learnt in another community
- Be aware of non-verbal body language and gestures — pointing, hand signals, eye contact. Meanings may differ between cultures

How you question patients

- Direct questions can be considered rude
- Only ask one question at a time and allow person time to consider it
 - Person may be thinking in their own language before responding
- Check that you have understood what the person has told you
- Person may bring along a relative or friend
- Avoid double negatives. *Example:* 'You don't do nothing like that, do you'
- Ready agreement can be a sign of misunderstanding, or courtesy
- Silence is often OK, give person plenty of time to answer. But remember that silence can also mean misunderstanding, or that practitioner is on culturally unsafe ground

