

Department of Health
ACADEMY
PHILIPPINES



USAID
FROM THE AMERICAN PEOPLE

RTI
INTERNATIONAL



Development of the AJA 2.0 Handbook was made possible with the generous support of the American people through the United States Agency for International Development (USAID) in a sub-grant from the RTI International ReachHealth project to the Society of Adolescent Medicine of the Philippines, Inc. (SAMPI). The contents are the responsibility of SAMPI and do not necessarily reflect the views of USAID or the United States Government.

Cover Interpretation

Logo Interpretation

Recommended Citation

DRAFT

MESSAGES

DRAFT

Hon. Teodoro J. Herbosa, MD
Secretary
Department of Health



Assalamualaikum.

Congratulations to the Society of Adolescent Medicine of the Philippines, Inc. (SAMPI) and the United States Agency for International Development (USAID) on your earnest efforts to revise the **Adolescent Job Aid (AJA)**, ensuring it remains responsive to the health challenges faced by Filipino youth.

The AJA handbook empowers our health service providers as they address the rising levels of adolescent pregnancy and reproductive health issues among the youth. Teenage pregnancy often leads young learners to quit school, leaving them more vulnerable to poverty and unemployment.

Consistent with the MATATAG Agenda, the AJA complements the Department of Education's efforts under the Comprehensive Sexuality Education and Adolescent Reproductive Health (CSE-ARH) Convergence, a whole-of-government response to the mounting reproductive health issues among Filipino youth.

This handbook should now be part of every health service provider's tool kit. May it provide the information and support you need to guide Filipino adolescents effectively. The Office of the Vice President is ready to support you in ensuring our young learners have access to health services.

Together, let us work hard to keep Filipino children in safe and nurturing school environments and prepare them to become responsible and productive adults.

Lahat - para sa Diyos, bayan, at pamilyang Pilipino.

Shukran.


SARA Z. DUTERTE
VICE PRESIDENT OF THE PHILIPPINES

Masayangpamilya! The Philippines has been squarely addressing one of its most serious societal threats: the increasing cases of adolescent pregnancies. The alarming number of pregnancies among the young population, particularly those from 10 to -14 years old, thrusts the concern to be elevated as a national priority, with the government issuing Executive Order No. 14 to identify and address the root causes of adolescent pregnancy through the whole-of-government approach. Our country still manifests one of the highest rates of teenage pregnancies in Southeast Asia, affecting not only the health and wellbeing of young mothers and their children, but also posing significant social, economic, and developmental challenges for its affected young citizens. Hence, the publication and release of the updated Adolescent Job Aids (AJA) 2.0 Handbook. Hence, the publication and release of the updated Adolescent Job Aids (AJA) 2.0 Handbook is timely and significant. The Commission on Population and Development (CPD) considers the job aid as a vital tool in helping stakeholders especially those working directly with adolescents to address the prevalence of early childbearing across the archipelago, alongside promoting better educational and career opportunities for the Filipino youth.

As such, we highly commend the Society of Adolescent Medicine of the Philippines Inc. (SAMPI) for this laudable effort that will inclusively benefit an entire ecosystem of partners all working together to arrest this social malady. We at CPD also consider the handbook as an adjunct to the implementation of Executive Order No. 141, or "Prevention of Teenage Pregnancy as National Priority," as CPD Regional Offices continue their coordination, orientation and collaboration agreements at the local level for the establishment of Information and Service Delivery Networks for Adolescent Health and Development (ISDN4AHD), as well as Adolescent-Friendly Health Facilities nationwide.

Further, the agency commits its adherence to the call of integrating and linking AJA to initiatives for the "Social Protection Program for Adolescent Mothers and their Children," which also caters to the needs of young parents. To our fellows working for the benefit of our Filipino youth, let us tirelessly continue striving for their healthier future. It is of my strong belief that the AJA 2.0 Handbook will serve as our collective guide in achieving that.

HON. LISA GRACE S. BERSALES, PhD

Executive Director V
Commission on Population and Development (CPD)
Undersecretary for Population and Development
National Economic Development Authority (NEDA)



ACKNOWLEDGEMENTS

The AJA 2.0 Team would like to acknowledge the generous contribution of expertise, time and effort of the following individuals and organizations in the updating and revision of the AJA 2.0 Handbook. It is our sincere hope that this material will be useful to all health service providers, and ultimately, the adolescents that we seek to serve.

Department of Health (DOH)

Dir. Johanna Solon Banzon, RN, MScIH, DTMPH
Dr. Ann Ysabel G. Andres
Dulce Elfa
Queen Sarah Cachuela-Mallo
Dr. Miguel Angelo Mantaring
Roberto Wilmer P. Matala
Jerome Nadanga
Dr. Carol Narra
Marissa Ortega
Timotei Rabe
Mark Rusco

Department of Education (DepEd)

Usec. Dexter Galban
Dr. Maria Corazon C. Dumlao, MPH, DBHI
Dr. Rosalie B. Masilang
Atty. Suzette T. Gannaban-Medina
Gian Erik Adao
Maria Lee L. Alpuerto
Girlye Azurin
Ma-Ann C. Escobedo
Maria Hazel C. Libunan
Dr. Lilibeth P. Mirando-Gonzales
Dr. Mariblanca Piatos
Ann Quizon
Phanny Ramos

Commission on Population and Development (PopCom)

Usec. Lisa Grace S. Bersales, PhD, Executive Director

Lolito R. Tacardon, Deputy Executive Director

Desiree Concepcion Uy Garganian, Regional Director Region XII

Neil Aldrin Gumahin Omega, Regional Director, Region X

KasheretteAmandac

Johnna Mee G. Ballesteros

Lyra Gay Ellies S. Borja

Fitzgerald J. Carmona

Susana B. Codotco

Maria Eliza G. Cruz

Grace P. De La Cruz

Rosa Blanca R. Enrique

Deogracias J. Hilvano

Lilibeth Jacinto

Rose Irish B. Ochate

Mylin Mirasol C. Quiray

Rolagenia B. Guzman-Reyes

Aileen T. Serrano

Likhaan Center for Women's Health Inc.

Dr. Junice LirzaDemeterio-Melgar, Executive Director

Erickson R. Bernardo

Joy Salgado

United States Agency for International Development (USAID)

Maria Teresa Carpio

Research Triangle Institute (RTI) ReachHealth Project

Dr. Laurentiu Stan, MPH, MBA, Chief of Party

Dr. Ed Catalan, Deputy Chief of Party

Natalia Foil

Dr. Rosario Marilyn S. Benabay

Dr. Angeli Conti-Lopez, MPH, DPSAMS, FPPS

Dr. Anjo Benedict Fabellon

Jeffrey L. Lorenzo

Dr. Miel Filomeno Nora, MBA-H

Ruby Ann Managula

Levin Garcia

Suzette Paraiso

Expert Panel

MGen Benjamin C. Acorda Jr., Philippine National Police (PNP)

Rachelle Colleen Aquino, Youth for Mental Health Coalition

Dr. Marge Alfonso, Philippine Ambulatory Pediatrics Association (PAPA)

Dr. Vanessa Cainghug, Philippine Society for Child and Adolescent Psychiatry (PSCAP)

Ging Cristobal, Project Coordinator for Asia, OUTRIGHT International

Dr. Liah Ann G. Cruz, Society of Adolescent Medicine of the Philippines, Inc.

Ysrael C. Diloy, Stairway Foundation

Ms. Dulce Elfa, DOH

Dr. Paul Lawrence Filomeno, The Philippine Addiction Specialists Society (PASS)

Irene Fonacier-Fellizar, AIDS Society of the Philippines (ASP)

Dr. Maria Midea M. Kabamalan, University of the Philippines Population Institute (UPPI)

Dr. Stella Manalo, Child Protection Network (CPN)

Dr. Therese Mallen, Pediatric and Adolescent Gynecology Society of the Philippines (PAGSPHIL)

Dr. Miel Nora, DOH/RTI

Atty. Clara Rita Padilla, EngenderRights

Marevic Parcon, Women's Global Network for Reproductive Rights (WGNRR)
Dr. Gay Raralio, Philippine Pediatric Dental Society Inc.
Jona Feliz Roldan, Youth for Mental Health Coalition
Dr. Juliet Sio-Aguilar, Department of Pediatrics, Philippine General Hospital
Jarvin Tan, Youth for Mental Health Coalition
Lolito R. Tacardon, Commission on Population and Development (PopCom)
Dr. Ma. Caridad Tarroja, Psychology Department, De La Salle University
Dr. Carolina Uno-Rayco, Philippine Mental Health Association (PMHA)
Dr. Salvador Benjamin Vista, The Philippine Addiction Specialists Society (PASS)

Philippine General Hospital - Department of Pediatrics Adolescent Medicine Fellows

Dr. Raymond Jerry Baguio
Dr. Carmela Angeline Calupitan
Dr. Syrelle Corazon Deiparine
Dr. Kathreen Marie Nakashima
Dr. Aileen Marie D. Rubio
Dr. Leizel Conde-Sebrero
Dr. Cyrus Cesar Tejam

Society of Adolescent Medicine of the Philippines, Inc. (SAMPI) AJA 2.0 Team

Dr. Ma. Emma Alesna-Llanto
Alicia Lourdes M. De Guzman
Dr. Deborah Azan-Red
Dr. Anna Karenina Causapin
Dr. Erlinda Susana S. Cuisia-Cruz
Dr. Moses C. De Guzman III
Dr. Syrelle Corazon G. Deiparine
Dr. Natasha Ann R. Esteban-Ipac
Anelen L. Guanlao
Dr. Rosa Maria Hipolito-Nancho
Dr. Margaret Mae C. Maaño
Dr. Michelle N. Mangubat
Anna Liza R. VanDerWee
Dr. Julia Yulde-Cruz

Society of Adolescent Medicine of the Philippines, Inc. (SAMPI) Board of Trustees

Dr. Alicia B. Tamesis, Founding President
Dr. Lia Ann G. Cruz, President
Dr. Gewelene C. Asuncion
Dr. Ma. Esel J. Bermejo
Dr. Rosalia M. Buzon
Dr. Erlyn D. Caparro
Dr. Nerissa M. Dando
Dr. Jimmy Dumlao
Dr. Ester M. Iligan
Dr. EstrekkaOlonan-Jusi
Dr. Leoncia N. Olonan
Dr. Ma. Jocelyn N. Quidlat
Dr. Vanessa Ticzon

DRAFT

CONTENTS

3	Messages	52	Bridging the Digital Divide- Harnessing the Power of Technology
7	Acknowledgements	59	PART II – The Adolescent Client
13	Contents	60	The Filipino Adolescent(Infographic)
17	Acronyms	62	Health Guidelines for Adolescents
21	Introduction	78	Facets – Understanding Factors that Affect Adolescent Health and Wellbeing
25	Legal Framework of Adolescent Health Care in the Philippines	85	PART III – The System and Institutions
31	PART I – The Health Service Provider	86	Happy to Serve – Organizing Adolescent-Friendly Health Facilities (AFHF)
32	The Health Service Provider Stepping Up	95	Establishing Linkages
41	Respect – Tips for Dealing with Adolescent Clients and Accompanying Adults		

**99 PART IV –
Evaluation and Supportive
Supervision**

100 Immediate

101 Medium Term (after six months)

102 Long Term (after one year)

**103 PART V –
ALGORITHMS**

104 How to Use the Algorithms

105 Quick Reference List

**106 Addressing Adolescent
Health Concerns**

107 General Concerns

137 Growth and Development

147 Nutrition

157 Psycho-Social Concerns

169 School

181 Mental Health

201 Injuries, Abuse and Violence

223 Sexual and Reproductive Health

257 ANNEXES

2** A – Comprehensive HEADDSSS
Form

2** B – Rapid HEEADDSSS Form

2** C – Body Mass Index (BMI)
Chart for Male & Female

2** D – Weight/Height for Age Chart

- 2** E – Pinggang Pinoy
- 2** F – Immunization Schedule for Adolescents
- 2** G – FP Wall Chart
- 2** H – Local Directory Template
- 2** I – Evaluation Templates
- 2** I – Evaluation Templates
- 2** I – Evaluation Templates
- 2** I – Evaluation Templates
- 2** I – Evaluation Templates

263 References

ACRONYMS

ADEPT	Adolescent Health Education and Practical Training
AFHF	Adolescent-Friendly Health Facilities
AHD	Adolescent Health and Development
AJA	Adolescent Job Aid
AO	Administrative Order
APA	American Psychiatric Association
APPP	Awareness, Point of view, Personalization, Practice
AYFHS	Adolescent and Youth-Friendly Health Services
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BMI	Body Mass Index
CPD	Commission on Population and Development
CRC	Convention on the Rights of the Child
CSE	Comprehensive Sexuality Education
DepEd	Department of Education
DPCB	Disease Prevention and Control Bureau
DILG	Department of Interior and Local Government
DOH	Department of Health
DO	Department Order
DSWD	Department of Social Welfare and Development
EO	Executive Order
HEADDSSS	Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression, and Safety
HPV	Human papilloma virus
HSP	Health Service Provider
IEC	Information, education and communication

ICT	Information and communication technology
ILHZ	Inter-local health zone
ISDN	Information and Service Delivery Networks
ISDN4AHD	Information and Service Delivery Networks for Adolescent Health and Development
IRR	Implementing rules and regulations
JEV	Japanese encephalitis virus
KADA	Key Assistance for Developing Adolescents
LGBTQ	Lesbian, gay, bisexual, transgender, queer
LGU	Local government unit
MMR	Measles, mumps, rubella
MSM	Men who have sex with men
MDG	Millennium Development Goals
NEDA	National Economic and Development Authority
NHIP	National Health Insurance Policy
NYC	National Youth Commission
OHGA	Omnibus Health Guidelines for Adolescents
OSAEC	Online sexual abuse and exploitation of children
PESO	Public Employment Service Office
PCW	Philippine Commission on Women
P/CWHS	Province-wide and City-wide Health Systems
PhilHealth/ PHIC	Philippine Health Insurance Corporation
PIDSP	Pediatric Infectious Disease Society of the Philippines
PLHIV	Person living with HIV

PPS	Philippine Pediatric Society
PSA	Philippine Statistics Authority
PSRP	Philippine Society for Responsible Parenthood, Inc.
RA	Republic Act
RPRH	Responsible Parenthood and Reproductive Health
SAMPI	Society for Adolescent Development
SDG	Sustainable Development Goals
SDN	Service Delivery Network
SK	Sangguniang Kabataan
SOGIESC	Sexual orientation, gender identity, expression and sex characteristics
SOLER	Sit squarely, Open posture, Lean forward, Eye contact, Relaxed body
TESDA	Technical Education and Skills Development Authority
Td	Tetanus diphtheria
Tdap	Tetanus, diphtheria, acellular pertussis
TWG	Technical Working Group
UHC	Universal Health Care
UN CRC	United Nations Convention on the Rights of the Child
UNCTAD	UN Conference on Trade and Development
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WSM	Women who have sex with women

INTRODUCTION

In 2009, the Society of Adolescent Medicine of the Philippines, Inc. (SAMPI) spearheaded the adaptation of the World Health Organization (WHO) publication Adolescent Job Aid Manual – or AJA – in collaboration with the Department of Health (DOH) and the support of the United Nations Population Fund (UNFPA). AJA has been used to train health service providers nationwide since 2010. It also serves as the primary reference and step-by-step guide for managing common adolescent health and development conditions.

After 14 years, SAMPI is once again at the forefront of the effort to update and revise the AJA with the support of the United States Agency for International Development (USAID) through the RTI International (RTI) ReachHealth project. Much has changed in the health development landscape, particularly in the light of the global Covid-19 pandemic and significant strides in communication technology. AJA 2.0 considers the latest developments in the different fields of medical specialization and information technology to deliver the AJA online as well as in print ready format should the user prefer a hard copy.

It begins with a Legal Framework of Adolescent Health Care in the Philippines, citing key legislation and policies that govern the provision of health services to adolescents, including the following:

- The Philippine Constitution, 1987
- UN Convention on the Rights of the Child, 1989
- Republic Act No. 11223 or The Universal Health Care Act, 2019
- Republic Act No. 10354 or The Reproductive Health Law, 2012
- DOH AO 2013-0013 National Policy and Strategic Framework on Adolescent Health and Development
- DepEd DO 31, S. 2018 Policy Guidelines on the Implementation of Comprehensive Sexuality Education

Other laws and policies pertinent to specific parts of the AJA 2.0 Handbook are cited therein.

The AJA 2.0 Handbook is dedicated to the Health Service Provider (HSP) and focuses on equipping him/her with knowledge, attitude, and skills to be able to provide the services needed by adolescents with greater sensitivity. It consists of five (5) main parts.

Part 1 – The Health Service Provider invites the HSP to focus on his/herself and reflect on personal traits that s/he can improve on as well as how s/he can take care of his/herself. This section teaches the HSP to harness the power of technology to enhance their own knowledge and suggests resource materials that they can share with clients.

Part II – The Adolescent Client gives HSPs insights into adolescent characteristics and behaviors that may affect their health and well-being. It shows HSPs how to respond to concerns articulated by clients and how to probe deeper to identify other possible issues and concerns. It provides a step-by-step guide for conducting a physical examination and psycho-social assessment and shares tips on how to deal with adolescent clients and accompanying adults.

Part III – The System and Institutions helps the HSP navigate the system to ensure that clients receive the care and services that they need. This part includes organizing adolescent-friendly health facilities, setting up a simple referral system, particularly for non-health services.

Part IV – Evaluation and Supportive Supervision HSPs trained to provide adolescent-friendly health services need constructive feedback and the assurance of supervisors to encourage them in the provision of adolescent-friendly services. Towards this end, the AJA 2.0 Handbook provides tools for the conduct of immediate, medium term (after six months), and long term (after one year) evaluation.

Part V – Algorithms constitutes the bulk of the AJA 2.0 Handbook. It gives HSPs detailed protocols for common adolescent conditions. It is aligned with the Omnibus Guidelines for Adolescent Health of the DOH and covers the following:

- General Concerns
- Growth and Development
- Nutrition
- Psycho-Social Concerns
- School
- Mental Health
- Injuries, Abuse and Violence
- Sexual and Reproductive Health

Links to other resources for further study and sharing with clients as well as pertinent laws and policies are found in each section. Relevant documents are found in the Annexes.

Legal Framework of Adolescent Health Care in the Philippines

Why do we do what we do?

It is not easy being a HSP. First of all, we must genuinely care about people – especially adolescents – and we must have a heart for service. Fortunately, the Philippines has national and local laws and policies that promote and protect the rights of adolescents and provide the legal framework for our work with them. This section presents a summary of the fundamental laws pertaining to the rights of adolescents and supporting the provision of the services they need. Particular sections of this publication cites other laws about specific adolescent concerns.

The 1987 Constitution of the Republic of the Philippines

The Constitution contains the Declaration of Principles and State Policies (Article II), Section 13, that emphasizes the country's commitment to the development of its youth: "The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social wellbeing."

It contains the following provisions that directly address the rights of children:

Article XIII, section 11 - Requires the State to adopt an integrated and comprehensive approach to "health development" available to all people at affordable cost, giving special priority to children.

Article XIV section 2 - Provides for free and compulsory elementary and high school education.

Article XV. Section 3 - Requires the State to defend the right of children to assistance, including proper care and nutrition, and provides for special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.

[The Constitution of the Republic of the Philippines | Official Gazette of the Republic of the Philippines](#)

Presidential Decree No. 603, otherwise known as the Child Youth Welfare Code, 1974

Declares that The Child is one of the most important assets of the nation. Every effort should be exerted to promote his welfare and enhance his opportunities for a useful and happy life.

Article 3 enumerates the Rights of the Child and, in particular,

(4) Every child has the right to a balanced diet, adequate clothing, sufficient shelter, proper medical attention, and all the basic physical requirements of a healthy and vigorous life.

- (6) Every child has the right to an education commensurate with his abilities and to the development of his skills for the improvement of his capacity for service to himself and to his fellowmen.
- (8) Every child has the right to protection against exploitation, improper influences, hazards, and other conditions or circumstances prejudicial to his physical, mental, emotional, social and moral development.

<https://www.officialgazette.gov.ph/.../presidential-decree-no-603-s-1974>

UN Convention on the Rights of the Child, 1989

In Article 1, the UN Convention on the Rights of the Child (CRC) defines a child as any person under the age of 18 years old, which is in synchrony with the Philippine definition of “child” in RA 6809, Article 234 which states: Emancipation takes place by the attainment of majority. Unless otherwise provided, majority commences at the age of eighteen years.”

The UN CRC is the most universally accepted human rights instrument. It recognizes the civil, political, economic, social and cultural rights of children. The Philippines signed the UN CRC on 26 January 1990, the 109th country in the world to do so. It was ratified by the Philippines on 21 August 1990, making the country a state party to the Convention, duty bound to uphold its provisions.

Children’s rights may be broadly categorized into four (4) areas:

Non-Discrimination – (Article 2). All rights apply to all children without exception. It is the State’s duty to protect children from any form of discrimination and take positive action to promote their rights. Health service providers should at all times, maintain a non- judgmental and non-discriminatory attitude when providing services to children.

The best interest of the child – (Article 3). This principle acknowledges the rights of children and recognizes the need to support them so that they can enjoy their rights. “In all actions concerning children whether undertaken by public or private social welfare institution, courts of law, administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration.”

Survival and development – (Article 6). Every child has a right to life. All children should be allowed and supported to develop their full potential. The age and maturity of the child should be taken into consideration when determining the scope of self-determination and freedom of the child.

The views of the child – (Article 12). Every child has the right to be involved in decisions affecting them. “States parties shall assure to the child who is capable of forming his or her own views the rights to express those views freely in all matters affecting the child, the view of the child being given due weight in accordance with the age and maturity of the child.”

<https://www.unicef.org/child-rights-convention>

Republic Act No. 11223 or The Universal Health Care Law, 2019

The UHC Law or “KalusugangPangkalahatan” aims to ensure that every Filipino shall receive affordable and quality health benefits. This involves (1) providing financial risk protection through the expansion in enrollment and benefit delivery of the National Health Insurance Program (NHIP); 2) improved access to quality hospitals and health care facilities; and 3) attainment of health-related Millennium Development Goals (MDGs).

<https://www.officialgazette.gov.ph/2019/02/20/republic-act-no-11223>

Republic Act No. 10354 or The Responsible Parenthood and Reproductive Health Law, 2012

The RPRH Law is a landmark legislation that recognizes and guarantees the rights of all persons, including: the right to equality and non-discrimination; right to sustainable development; right to health, including reproductive health; right to education and information; right to choose and make decisions for themselves according to religious convictions, ethics, cultural beliefs, and demands of responsible parenthood. In particular, the RPRH Law recognizes the rights of children to assistance, including proper care and nutrition, special protection against all forms of abuse and neglect, cruelty, exploitation, and other conditions prejudicial to their development. It guarantees gender equality and women empowerment as central elements of reproductive health, population, and development.

[https://doh.gov.ph/sites/default/files/publications/RPRH_Law_\(RA_10354...](https://doh.gov.ph/sites/default/files/publications/RPRH_Law_(RA_10354...)

DOH AO 2013-0013 National Policy and Strategic Framework on Adolescent Health and Development

The Adolescent Health and Development Program (AHDP) targets adolescents aged 10 to 19 years. Its guiding principle is the UN Convention on the Rights of Children, particularly the best interest of the child. The AHDP aims to provide adolescents access to quality health services in adolescent-friendly facilities with trained health providers.

[AO20130013.pdf \(doh.gov.ph\)](#)

DepEd DO 31, S. 2018 Policy Guidelines on the Implementation of Comprehensive Sexuality Education

The high rates of pregnancy among teens, causing them to leave school and forfeit opportunities for professional and personal growth, prompted the issuance of this policy. The aim of Comprehensive Sexuality Education (CSE) is to enhance the holistic wellness of the Filipino adolescents and effectively address their needs for health and protection through education by ensuring that they are equipped with comprehensive information and appropriate life skills that can advance gender equality and empowerment, clarify their values and attitudes, and reduce risks related to poor health outcomes – thereby enabling them to achieve their full potential.

A curriculum-based process of teaching and learning, CSE is anchored on cognitive, emotional, physical and social aspects of sexuality that is scientific, age- and developmentally appropriate, culturally and gender-responsive, and with a rights-based approach. Likewise, its implementation shall involve parents-teachers-community associations, school officials, civil society organizations, and other interest groups to ensure cultural acceptability, efficiency, and appropriateness of key concepts and messages.

As it equips learners with knowledge, skills, attitude and values, CSE will help them develop critical thinking in relation to risky behaviors and empower them to realize their health, wellbeing, and dignity. It is also expected to contribute to better learning outcomes, reduced dropout rate, increased completion rate, and improved quality of learning.

[Comprehensive Sexuality Education: Developing responsible youth vs rising risks | Department of Education \(deped.gov.ph\)](#)



PART I

The Health Service Provider

Invites the HSP to focus on his/herself and reflect on personal traits that s/he can improve on.

This section teaches the HSP to harness the power of technology to enhance their own knowledge and suggests resource materials that they can share with clients.

The Health Service Provider Stepping Up

Why are you important in the health and wellbeing of Filipino adolescents?

Remember

Adolescence is a period in life during which major physical, psychosocial, and cognitive changes happen. Adolescents and parents are caught by surprise by these dramatic changes. Many have questions about their rapidly changing bodies. In most settings, adolescents are unable to share their concerns with a health provider or with another trusted adult.

Healthy but...

Adolescence is considered as a healthy phase of life. Yet it is during this period when adolescents engage in behaviors that put their health in danger. For instance, alcohol intake has been linked to car crashes, homicide, and suicide. Unprotected sex resulting in pregnancy and HIV and /AIDS will have life-long impact. Unhealthy eating and tobacco put adolescents at risk for obesity, diabetes, and heart disease later in life. **We can realize that most of the causes of illness and death among adolescents are preventable.**

Health workers like you have an important role.

Adolescents are an overlooked population. Services are not widely available or accessible. Your interaction with adolescents can change their lives. You can help those adolescents who are well to stay healthy and those with health concerns to get better.

You can do this through:

- Giving them information, and advice to maintain healthy behaviors and modify unsafe and risky ones. Point them to reliable online resources for more information.
- Providing clinical services to recognize, diagnose and manage health problems.
- Referring them to other health and social services providers (mental health, child protection)
- Advocating for adolescents among your own colleagues and community leaders.

What do adolescents look for in their health service provider (HSP)?

Research has repeatedly shown that adolescents prefer a HSP who they can trust, assures confidentiality, is non-judgmental and respectful. They appreciate a HSP who listens well, allows them to ask questions and explains using simple language.

What can you do to become a more friendly and responsive HSPs?

1. BE UPDATED! Adolescent health concerns are evolving.

Many changes have happened since the first edition of Adolescent Job Aid in 2010. Changes in the environment affect the health of adolescents. For example, adolescents worldwide experience armed conflict, natural disasters, and the effect of climate change. They live in less stable families. There's a prevalent promotion of unhealthy lifestyles. (Lancet, 2018). Tremendous advancements in communication technology have made the internet accessible to most adolescents- with both positive and negative consequences. These and many other factors contribute to the current trends that include:

- Increasing mental health concerns such as anxiety, depression, and suicide
- Despite the internet's huge benefits, it exposes adolescents to serious risks in cyberbullying, mental health problems and online sexual abuse and exploitation of children (OSAEC).
- High adolescent pregnancy rates with alarming increase among girls 10-14 years.
- Young people (10-24 years) make up 30% of newly diagnosed cases of HIV and AIDS.

See [PART II: The Filipino Adolescent](#) for updated health statistics.

2. BE CONCERNED THAT INEQUITIES PERSIST:

Remember that gender norms (and inequality) continue to affect the health of adolescents.

Traditional gender roles can be harmful to the health and wellbeing of BOTH boys and girls. It affects risk taking, health-seeking behaviors, access to education and gender-based violence.

Provide health guidance to boys on substance use, injury prevention, consent, and healthy relationships with these in mind:

- Males are expected to be "risk-takers" and, together with peer pressure, contribute to higher rates of injuries from car crashes and violence. Males have higher rates of smoking, and alcohol use that contribute to higher rates of lung and heart problems later in life.

- Males are expected to be stoic in the face of pain or distress and this may result in reluctance and delays in seeking medical care.
- Males are expected to be dominant over women who are not regarded as equals. This predisposes to gender-based violence.

Provide health guidance to girls on healthy relationships, consent, body autonomy, and empowerment with these in mind:

- In most societies, girls are less valued than boys; they are expected to bear most of the burden of housework. These take them away from schoolwork and leisure activities.
- Girls are socialized to be submissive to their male partners. Gender-based violence is normalized and even accepted by women.
- When a male partner rejects contraception, contraceptive use is unlikely because girls will abide by the decision of the male partner.
- Power differentials between partners contribute to adolescent pregnancies. Older male partners fathered 70% of infants born to adolescent mothers (PSA, 2021)

3. BE VIGILANT: Be on the lookout for stigma and discrimination that adolescents confront.

It's more common than you think.

Stigma around sexual and reproductive health:

- **“Stigma”** or social disapproval of adolescent sexual activity prevents adolescents from seeking reproductive health services. The stigma attached to teen pregnancy delays disclosure and subsequently delays pre-natal care. Pregnant adolescents experience discrimination when they are kicked out of school.
- Stigma surrounding HIV and AIDS prevents adolescents from seeking medical care. It makes disclosure to one's family extremely difficult, depriving the adolescent of much needed support. (Pantelic, 2020)

Discrimination experienced by youth with diverse gender identity and sexual orientation:

- Discrimination against LGBTQ youth has resulted in bullying and gender-based violence. In our clinics, they may be reluctant to disclose their sexual orientation and gender identity for fear of rejection. (Reitman,2020)

Stigma around mental health:

- Mental illness continues to be viewed with dread, fear, and shame. This stigma may explain why parents may minimize symptoms in an adolescent or hide a family history of mental illness. Families may hesitate to seek care and delay the management of a treatable medical condition. (Martinez,2020)

4. BE AWARE of your own biases, and work on these.

“**Bias**” consists of attitudes and assumptions that people use for quick judgments. One may be aware of one’s own bias (conscious beliefs and assumptions) but most of the time, people are not conscious of these. HSPs may make judgments according to an adolescents’ gender, socio-economic class, ethnicity, and sexual orientation. There are biases involving body shape and size. (Pont, 2017, van der Voorn, 2023).

Although assumptions may not be ill-intentioned, they can affect the HSP’s relationship with patients, communication style and decision-making. Adolescents who experience bias might lose their trust in HSPs, may not provide accurate information, and may make fewer appointments. (Corley,2022)

Research has shown that AWARENESS is the first step in tackling bias. (Adapted from the WHO Adolescent Job Aid, 2009)

- Be aware of your beliefs related to what is the right way for an adolescent to dress, speak, and behave. For example, the adolescents may be having sex outside of a marriage or may have a diverse gender identity (transgender) and orientation (gay).
- Be aware that these behaviors may even upset you.
- Be aware that even if an adolescent is saying or doing things that you believe is wrong, you have a responsibility to help him/her.
- Do not let your beliefs about what is right or wrong stand in the way of your communication with the adolescent, and the way in which you respond to the adolescent’s needs and problems.
- Pay attention to ensure that even if you are upset or uncomfortable, you do not show this in your words or in your body language.
- You can suspend judgment by being empathetic and understanding of where the adolescent is coming from.

How can HSPs address one’s own bias? (Edgoose, 2019)

Research has shown that bias may be addressed. The process needs the following steps, easily remembered as A-P-P-P.

- 1. AWARENESS** - HSPs can overcome bias by first discovering and becoming aware of one’s “blind spots.” What are your attitudes towards adolescents in general? Towards those who are sexually active, pregnant, or infected with HIV? How do these attitudes affect the way you relate to them?

2. **POINT of VIEW** - Try being in the adolescent's "shoes" by considering experiences from the point of view of the person being stereotyped. Listen to adolescents' lived experiences or watch videos or movies of people from a certain group.
3. **PERSONALIZATION** – evaluate people based on their personal characteristics rather than those associated with their group. Pause and reflect on your potential bias before interacting with people of certain groups.
4. **PRACTICE** a lifelong process of critical self-reflection. We should realize that tackling bias is a continuing process. View each patient encounter as a learning opportunity.

Bias may also be structural or part of the institutions. For example, there may be preference to employ HSPs of a certain race or gender. While individual action is helpful, institutions must also work to eliminate systemic problems. (Blair, 2011)

5. Let's welcome diversity and use inclusive language

Adolescents, like all human beings, come from diverse ethnicities, religions, abilities, educational backgrounds, social-economic classes, gender identities and sexual orientations. Adolescents engage in behaviors that may conform or run counter to one's beliefs, religion, and value systems. HSPs should endeavor to be aware of how one's bias may hinder interactions with adolescent clients. HSPs can also actively tackle their biases. HSPs should always remember that adolescents are entitled to RESPECT, no matter their appearance, background or behavior.

Inclusive language shows respect for the range of ethnicities, abilities, gender identity and sexual orientation. HSPs need to be updated since language continues to develop. It's also important to pay attention to context.

See the Section on Tips for the Health Service Provider for pointers on the use of inclusive language.

For definitions of gender, sex and sexual orientation and pronoun usage:
[Psychiatry.org - Definitions of Gender, Sex, and Sexual Orientation and Pronoun Usage](#)

For a list of inclusive terms:
[Preferred Terms for Select Population Groups & Communities | Gateway to Health Communication | CDC](#)

6. Finally, take care of the carers (YOU!).

"Without self-care, there's no good patient care." -Dr. John Norcos, psychologist, University of Scranton, Pennsylvania

Self-care is any deliberate activity that you can do to provide for your physical, mental, and spiritual well-being. Self-care reduces stress and “recharges our batteries” so you can continue to work with competence and compassion.

Stress can make you feel disconnected from themselves and others. For HSPs, this may mean that one may become less attentive, less sensitive, and less empathetic. When this happens, the quality of services HSPs offer may suffer.

Yet self-care seems difficult to come by. Society demands productivity and because we are trained to care for others.

Self-care seems selfish. We need to see self-care differently.

Self-care should be seen NOT as a luxury but as a necessity (an imperative) in our profession and craft.

(American Psychological Association, 2021). Self-care can be viewed as a “responsibility to ourselves, as well as our patients, our colleagues and the health environment in general.” (Wendy Mason, PhD)

Here are some basic steps to take in making a self-care plan. See the resource below.

Step 1- Do a self-assessment: Where are you currently at with self-care? You may wish to examine the following areas of your life: physical, mental, spiritual, relationships, economic, psychological.

Step 2- Identify areas for growth. Do you have a spiritual or self-care deficit?
Are you attending to your needs?

Step 3- Decide which intervention you need to implement. Examples include.

1. Physical

Get regular health screenings (for example, annual check-ups, PAP smear, mammography).

- Eat balanced and nutritious meals and maintain a healthy weight.
- Exercise regularly. Just getting 30 minutes a day of walking can boost mood and reduce stress.
- Get enough sleep. Adults need 7 or more hours each night.



2. Mental

- Schedule regular times for relaxing activity that uses mindfulness/ breathing exercises, like yoga.
- Be aware of negative thought patterns and become more open to life affirming information and patterns of thought.
- Build a social support network.

3. Spiritual.

- Engage in activities that develop your higher self. This may be through religion. Practice meditation or yoga.

4. Economic.

- Live within your means. Take steps to balance your economic health.

5. Psychological.

- Set priorities. Decide what must be done and what can wait.
- Show compassion for yourself. Note what you have accomplished at the end of the day, not what you didn't.
- Say no to new tasks if you feel they're too much.
- Embrace your creativity. Identify what stimulates your mind (reading, arts and crafts) and invest time into these activities.

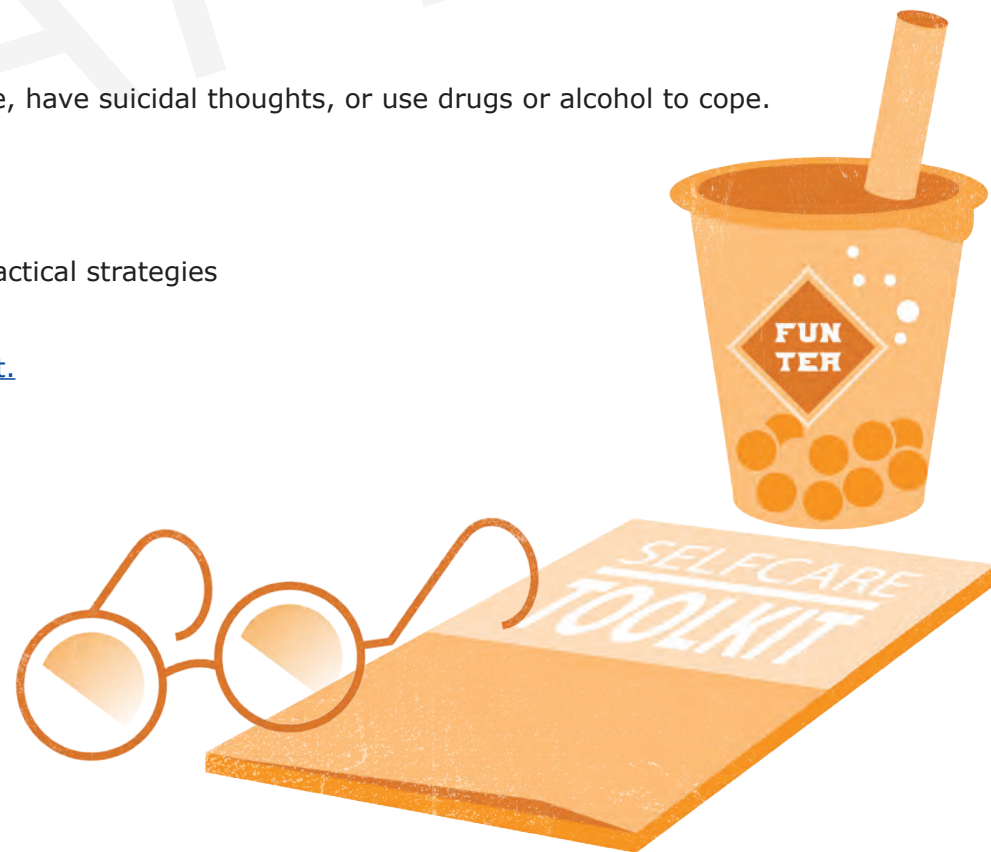
6. Seek help.

Talk to a mental health professional if you feel unable to cope, have suicidal thoughts, or use drugs or alcohol to cope.

SELF-CARE TOOLKIT

The US- based National Institutes of Health offers a toolkit with practical strategies that integrate self-care into our life and work

<https://www.nih.gov/health-information/emotional-wellness-toolkit>.





REFERENCES:

Abramson, A. (2021). The ethical imperative of self-care. American Psychological Association
<https://www.apa.org/monitor/2021/04/feature-imperative-self-care>

Blair, I. V., Steiner, J. F., & Havranek, E. P. (2011). Unconscious (implicit) bias and health disparities: where do we go from here?. *The Permanente Journal*, 15(2), 71.

Edgoose, J. Y., Quiogue, M., & Sidhar, K. (2019). How to identify, understand, and unlearn implicit bias in patient care. *Family practice management*, 26(4), 29-33.

Corley AG, Sprockett A, Montagu D, Chakraborty NM. Exploring and Monitoring Privacy, Confidentiality, and Provider Bias in Sexual and Reproductive Health Service Provision to Young People: A Narrative Review. *International Journal of Environmental Research and Public Health*. 2022; 19(11):6576.

<https://doi.org/10.3390/ijerph19116576>

Pont, S. J., Puhl, R., Cook, S. R., & Slusser, W. (2017). Stigma experienced by children and adolescents with obesity. *Pediatrics*, 140(6).

Martinez, A. B., Co, M., Lau, J., & Brown, J. S. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 55, 1397-1413.

Mann, C. E., & Himelein, M. J. (2004). Factors associated with stigmatization of persons with mental illness. *Psychiatric Services*, 55(2), 185-187.

Pantelic, M., Casale, M., Cluver, L., Toska, E., & Moshabela, M. (2020). Multiple forms of discrimination and internalized stigma compromise retention in HIV care among adolescents: findings from a South African cohort. *Journal of the International AIDS Society*, 23(5), e25488.

Reitman, D. S., Austin, B., Belkind, U., Chaffee, T., Hoffman, N. D., Moore, E., Morris, R., Olson, J., Ryan, C., & Society for Adolescent Health and Medicine. (2013). Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: A position paper of the society for adolescent health and medicine. *Journal of Adolescent Health*, 52(4), 506-510.

<https://doi.org/10.1016/j.jadohealth.2013.01.015>

van der Voorn, B., Camfferman, R., Seidell, J. C., Puhl, R. M., & Halberstadt, J. (2023). Weight-biased attitudes about pediatric patients with obesity in Dutch healthcare professionals from seven different professions. *Journal of Child Health Care*, 13674935221133953.

Websites

The importance of self-care of nurses and how to put a plan in place.

<https://www.purdueglobal.edu/blog/nursing/self-care-for-nurses/>

<https://www.nih.gov/health-information/emotional-wellness-toolkit>

<https://www.aiha.com/wp-content/uploads/2015/07/25-Setting-the-Stage-for-Effective-Communication-with-the-Adolescent-Patient.pdf>

Respect: Tips for Communicating with Adolescents and Accompanying Persons

Most adolescents will come for consultation with an accompanying person –a friend, a parent, partner, or any significant adult. It is important for the health service provider (HSP) to be able to deal with both the adolescent client and the accompanying person with respect and empathy. Still, without ignoring the accompanying person, the HSP must focus on the client – the adolescent. The adolescent client must be assured of the confidentiality of the interaction, with exceptions to the rule explained. The assurance of confidentiality will establish trust and build rapport between client and HSP. The assurance of confidentiality supports the adolescent’s emerging capacity and autonomy and encourages the adolescent client to actively participate in health care decisions and responsibilities.

This section covers the following topics:

- I. Building trust through confidentiality and privacy
 - A. Ways to ensure confidentiality and privacy
 - B. Ways to discuss confidentiality and exceptions
 - C. Sharing confidential information when needed
- II. Developing (more) effective communication skills
 - A. Active listening skills
 - B. Techniques in asking sensitive questions
- III. Integrating inclusive language in health care
 - A. Avoiding discriminatory terms
 - B. Using gender-inclusive language

I. Building Trust Through Confidentiality and Privacy

Privacy is the *patients’ right* to decide what information about themselves to share and with whom.

Confidentiality is the HSP’s duty not to disclose information shared with them by their clients without the clients’ permission.

Assurance of confidentiality builds trust between the health care provider and the client. For many adolescents, the possibility that information shared in private might be disclosed to others – especially their parents – prevents them from seeking health care and opening up with their concerns. It is therefore important for the HSP to constantly reassure the adolescent client that the information shared will be kept strictly confidential. ([Implementing Rules and Regulations of Republic Act No. 10173/Official Gazette of the Republic of the Philippines](#)) In addition, the HSP must explain the conditions when it may be necessary to break confidentiality, such as, when there is danger of harm to the client or to other people, particularly in cases of abuse.

A. Ways to ensure confidentiality and privacy

- Ensure that all personnel adhere to policies regarding confidentiality and privacy.
- Conduct the HEADSSS interview in a private area. Close the door and make sure the conversation will not be overheard by other people.
- Disclose patient information only with those directly involved in the case management.
- DO NOT discuss patient information in areas where other people may be present, like elevators, waiting rooms, and hallways.
- Secure confidential files under lock and key. Limit access to authorized personnel only.

B. Ways to discuss confidentiality and exceptions

- Inform the patient and accompanying person that the information they will share with you will not be disclosed to anyone else, unless necessary. Explain this in a simple, easy-to-understand manner. Practice before the session so that the words will come naturally. Make sure that the client and accompanying person understand the rules of confidentiality before you proceed with the interview.

Example:

I would like to know about your personal circumstances to help me address your health concerns. I assure you that the information you share with me will not be disclosed to anyone else. However, there may be times when it will be necessary for me to break confidentiality and inform your parent or guardian, as in cases when: (1) you plan to hurt yourself or others; (2) you have been abused; and (3) you are in danger.

Do you agree that in conditions like these, I will have to inform your parent or guardian?

Or you may ask the adolescent: *Can you tell me when I may break confidentiality?"*

- If the parent is reluctant to agree about confidentiality of information shared by the adolescent with the HSP: Adherence to confidentiality presents a difficult situation when parents insist on knowing everything about their sons or daughters. By law, parents have complete authority over children who have not reached 18 years old. The HSP needs to explain that the adolescent patient has the right to keep his/her information private, while assuring the parents that they will be given the information that is necessary for them to know to help their son or daughter.

- Explain to the parents that the policy on confidentiality applies to all adolescents and not only to their child. Most parents will allow their son or daughter some time alone with the HSP once they understand that they are not being singled out and that the policy applies to everyone.
- Acknowledge that a parent's role is very important in the care of the adolescent.
- Explain to the parents that you want to develop a good working relationship with their son/ daughter. To be able to do this, you need to be able to speak with the adolescent directly and separately. There will also be times when you will need to speak with the parents separately.
- Emphasize that involving the adolescent in his own care fosters responsibility and self-reliance.

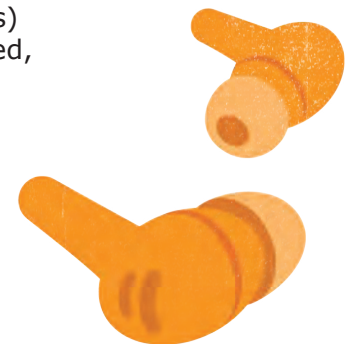
C. **Sharing confidential information when needed**

When the situation requires that you disclose confidential information to the parent or guardian:

- Discuss your evaluation with the adolescent client and explain why you feel that his/her parents need to be informed.
- If the adolescent hesitates or refuses outright to notify the parents, tactfully ask his/her reasons. Try to understand the adolescent's misgivings, and see if you can address these and allay his/her worries about disclosure.
- If the adolescent remains reluctant, ask him/her if there is some other adult he/she trusts (a grandparent, sibling, aunt) who can be a confidant or guardian and whom he/she is more comfortable sharing the information with.
- In cases of abuse, disclose to a non-abusive parent or another trusted adult.

II. **Developing (More) Effective Communication Skills**

Out of respect, HSPs should pay full, undivided attention to all clients, but especially to adolescents. This practice is referred to as active listening. It means paying attention to the words being said (verbal cues) as well as actions (non-verbal cues) of the client, and conveying understanding of what is being communicated, again, through words and actions.



A. Active listening skills

Active listening seeks to listen to understand rather than to respond with a follow-up question. These consist of verbal and nonverbal cues that one can learn and practice. Here are some techniques:

1. Techniques in verbal active listening (Paperny,2011)

The quality and depth of an interview depends on how we frame questions. Below are some ways that encourage adolescents to open up.

Use open-ended questions (those that cannot be answered with "yes" or "no")	Instead of "Do you enjoy school?" "What do you enjoy about school?" Instead of "Did you feel bad?" "What did you feel like?"
Clarify	"What do you mean by...?" "This is my understanding of...did I get it right?"
Encourage	"Tell me more..." "Describe to me..." "Yes, go on..."
Reflect	"It really hurt you."
Interpret	"Do you think you're feeling that your friend doesn't trust you?"
Summarize	"Based on what you told me..."

2. Nonverbal communication using the S.O.L.E.R. method (Egan,1975)

Our “body language” communicates much about our attitude. We can mindfully convey interest and attention with simple steps using the acronym SOLER. On the other hand, be on the lookout for the adolescent’s nonverbal responses such as changes in expression, tearing up, and crossing arms.

S	S its squarely so you face the person that you are talking to.
O	O pen posture. Avoid crossing your arms or legs to let the client know that you are open and accepting of what he/she is saying.
L	L ean forward to let the client know that you are interested in what he/she is saying.
E	E ye contact shows that you are interested. Don't stare as this may make the client uncomfortable
R	R elaxed body language means you are not in a rush to go away.

3. Don'ts

- Do not give quick advice. (“Why don't you just...”)
- Do not moralize or give your own opinion. (“You really should...”)
- Do not criticize or put down. (“That's really not ...”)
- Do not judge. (“That's terribly...”)

B. Techniques in asking sensitive questions

Questions in the HEADSSS interview are personal. Aside from assuring confidentiality, there are statements that you may use to introduce the sensitive questions. (Paperny, 2011)

Ask permission.	"Do you mind if I ask more personal questions? Your answers will help me understand your situation better."
Explain that all clients are asked the same questions.	"I ask all my clients the same questions."
Treat the behavior as "usual" or "normal".	"Many people your age smoke. Where do you stand on this issue?" "Many of my clients tell me that they spend a lot of time online. How is it with you?"
Use the "third person" approach.	"Do any of your friends drink alcohol (smoke, take drugs)? How about you?"

III. Integrating Inclusive Language in Health Care

All people deserve respect and the way we talk with them manifests our respect for them, regardless of age (young or old, children, adolescents, or adults), status in life (rich or poor, married or not), abilities, gender identity and sexual orientation. As HSPs who deal with adolescent clients, we need to understand – not necessarily speak – their language. For example, we need to know the current popular television and film stars, social media influencers, etc., to be able to relate to our clients. In particular, LGBTQ individuals may wish to be addressed with names and identified pronouns that are aligned with their gender identity.

A. Avoiding discriminatory terms

Language is constantly evolving in response to changing views and attitudes. There are terms that were used in the past that are currently inappropriate and discriminatory. An example is the use of “retarded” for those with intellectual disability. The American Psychiatric Association (APA) recommends the use of person-first language to focus on the individual rather than the diagnosis of physical or mental condition. An example is: adolescent with autism rather than “autistic”. Below are examples of appropriate terms for commonly encountered adolescent populations.

Terms to avoid	Suggested terms to use
Mentally ill Crazy (or equivalents in one’s language)	Person with mental illness/disorder Person with mental health condition
Mentally retarded, mentally challenged	Person with intellectual disability
Cripple, invalid, physically challenged Differently abled	Person with disability
Victim of abuse	Person who has experienced abuse
AIDS victim	Person with AIDS or person living with HIV (PLHIV)
Alcoholic	Person with alcohol use disorder
Addict	Person with substance use disorder
Prostitute	Person who engages in sex work
Child prostitute	Child who has been trafficked
Committed suicide	Died by suicide

B. Using gender-inclusive language

Language around gender identity and sexual orientation has changed because of changes in perspectives. For instance, sexual orientation (attraction) is now accepted as a spectrum that includes heterosexuality, homosexuality, bisexuality and asexuality. Gender identity is not restricted to two types (male or female) but is “non-binary” to include transgender, or queer. HSPs need to understand the key concepts and be comfortable with the terminologies that the young person may use. HSPs should avoid language that perpetuate discrimination.

Terms to avoid	Suggested terms to use
Birth sex/natal sex	Assigned sex/sex assigned at birth
Sexual minority group	LGBTQ+, LGBTQIA+
Homosexual	Gay, lesbian (gay may also refer to lesbians)
Tranny Transvestite Hermaphrodite	Trans or transgender person Non-binary, genderqueer Transman (has transitioned from female to male) Transwoman (has transitioned from male to female)
Preferred name Preferred pronoun	“How do you want me to call you?” “What is your identified pronoun?”
Sexual preference	Sexual orientation
Avoid assuming heterosexuality during interviews (asking males “Do you have a girlfriend?”)	Ask: “Are you attracted to male, female, or both?” “Do you have a partner?”
Avoid presuming gender identity because of appearance	Ask: “How do you identify yourself?”

Tips on determining or discussing the client's gender identity/sexual orientation:

- Ask for the adolescent's preferred name and identified pronoun, if applicable. Our language (Filipino) uses all gender "siya" and "sila" so a shift in pronouns is not applicable.
- Use words that do not presume heterosexual orientation. For example, use "partner" instead of "boyfriend or girlfriend".
- Learn the basic concepts related to sex, gender identity, sexual orientation. (See below.)
- "Lesbian", "gay", "bisexual", "transgender" and "questioning" or "queer" (LGBTQ) should be used when discussing studies and recommendations for self-identified lesbian, gay, bisexual, transgender, or questioning youth.
- Determine whether you are discussing behavior or identity. Many individuals, particularly adolescents, do not identify as LGBTQ but may have had same-gender sexual behaviors (i.e., men who have sex with men [MSM] and women who have sex with women [WSW]).

Definitions of Gender, Sex, and Sexual Orientation

(American Psychiatric Association)

Gender has two components:

1. Gender identity – a person's basic internal sense of being a man, woman, and/or another gender (e.g., gender queer, gender fluid)
2. Gender expression – conveyed through appearance (e.g., clothing, makeup, hairstyle), and behaviors. These means of expression are often culturally defined as masculine, feminine and androgynous if there's a combination of the masculine and feminine. Gender expression is both unique to an individual and variable across cultures.

Sex is often described as a biological construct defined on an anatomical, hormonal, or genetic basis. In the U.S., individuals are assigned a sex at birth based on external genitalia.

Sexual orientation relates both to the types of partners to whom an individual is romantically and/or sexually attracted, and to how one identifies in this regard (e.g., straight, gay, lesbian, bisexual).

Sexual orientation and gender identity are distinct constructs. A transgender individual may identify as straight, gay, lesbian, bisexual, or some other sexual orientation

When using language like English that has gendered pronouns, it is important to ask the patient about the identified pronouns at the start of treatment.

The following presents recommendations for pronoun use:

- When the HSP is unsure of someone's pronouns, it's alright for the clinician to ask and express their own pronoun at the same time.
- Should the HSP make a mistake in using someone's pronouns, the HSP should apologize, thank the patient for correcting them, and continue the conversation.
- Please note that the pronouns they, them, and theirs are frequently used and even encouraged for use as a singular pronoun. For example, instead of saying, "He needs an appointment," it can be stated, "They need an appointment."

This website discusses guidelines on inclusive, non-biased language for health service providers:

Words Matter: AAP Guidance on Inclusive, Anti-biased language. (n.d.).

<https://www.aap.org/en/about-the-aap/american-academy-of-pediatrics-equity-and-inclusion-efforts/words-matter-aap-guidance-on-inclusive-anti-biased-language/>



REFERENCES

Hashim, M. J. (2017). Patient-centered communication: basic skills. *American Family Physician*, 95(1), 29-34.

Inclusive Language Guidelines. (n.d.). <https://www.apa.org>.

<https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines>

Klein, D. Goldenring, J. Adelman, W. HEADSSS 3.0: the psychosocial interview for adolescents updated for a new century field by media. *Contemporary Pediatrics*. January 1, 2014.

Paperny, D. M. N. (2011). *Handbook of Adolescent Medicine and Health Promotion*. World Scientific.

Republic Act 10173 or Data Privacy Act of 2012 <https://privacy.gov.ph/data-privacy-act/>

SOLER - A Counselling Skill. (n.d.).

<https://www.acsedu.co.uk/Info/Psychology-and-Counselling/Counselling/SOLER-A-Counselling-Skill.aspx>

Sex, gender, and sexuality. (2023, May 18). National Institutes of Health (NIH). <https://www.nih.gov/nih-style-guide/sex-gender-sexuality>

Words Matter: AAP Guidance on Inclusive, Anti-biased Language. (n.d.). <https://www.aap.org/en/about-the-aap/american-academy-of-pediatrics-equity-and-inclusion-efforts/words-matter-aap-guidance-on-inclusive-anti-biased-language/>

WHO (2011). *Adolescent Job Aid: A Handy Desk Reference Tool for Primary Level Health Workers*.



Bridging the Digital Divide

The *Digital Divide* refers to the gap between those with and those without access to the internet.

In 2015, Internet Society's Michael Kende enumerated factors that can lead to disparities in internet access, including availability, affordability, quality of services, relevance and additional divides. Availability refers to internet access in one's locality, while affordability is the cost of availing internet access. Quality of service refers to the adequacy of the upload and download speed that the internet user needs. Relevance extends the applicability of the service to the community. Do they have the basic skills for access and are technologies available to them, including local mobile applications? Is the content presented in the local language and useful for the people? Lastly, additional divides pertain to digital inequality, interconnectivity, digital literacy and access to equipment.

The digital divide affects the different aspects of development. For example, it prevents businesses from expanding and creating jobs. It affects health care because health workers are unable to access information that will allow them to serve clients better. It also affects education, denying school-aged children access to additional information and educational resources from the internet. This was keenly felt during the Covid-19 pandemic (Muller and Aguiar, 2022) when classes shifted online.

The United Nation's Sustainable Development Goals (SDGs) for 2030 include SDG #9 Industry, Innovation and Infrastructure, with the proportion of population covered by mobile network as its official indicator. The UN Conference on Trade and Development (UNCTAD) noted increased mobile phone subscriptions from 23 per 100 inhabitants in 2005 to 103 in 2018. All regions in the world have widespread mobile telephone coverage, except for sub-Saharan Africa where more than five percent still did not have this. The Lancet Digital Health, however, pointed out that only 45 percent of persons in developing nations are connected, with only 20 percent for the least developed countries.

Alain Labrique, a professor and director of the Global mHealth Initiative at the US Johns Hopkins Bloomberg School of Public Health, said that while it is important to recognize the benefits of access to reliable health information, it is also essential to address barriers to equal access --, emphasizing the need to keep reaching out to the five to ten percent who cannot afford a mobile phone. (Makri, 2019)

Furthermore, the WHO's Global Observatory for e-health recently shared findings on the use of information and communication technologies (ICT) in health for each country. E-health refers to the application of ICT in health services and systems. As of 2010, a steady growth in the use of ICT in the health sector was observed, however, there was a notable discrepancy between how rich and poor countries use e-health and are able to reap its benefits. There is need for stronger empirical evidence to encourage more strategic and widespread investments for e-health.

The lessons gained from WHO global e-health surveys, case studies, and years of experience with e-health are summarized below.

Lesson 1: Connectivity

It is important and possible to provide access to communications and ICT tools, even to remote areas; however, communities – including local health centers – also have to contend with inadequate infrastructure and basic electricity and telephone services. To mitigate these issues, there is a need to establish ICT infrastructure that can be used for health purposes. (Dzenowagis, n.d). Digital health solutions must be simple and practical, the most common being the use of smartphones for text messaging. Health service providers can use interactive two-way SMS systems to triage patients, provide information, as well improve doctor-patient interaction. (Fitzpatrick, Sikka and Underwood, 2021)

Lesson 2: Content

Access to reliable, relevant, affordable, and high quality health information in the local language should be top priority for the local governments. (Dzenowagis, n.d.) Health information can be shared with patients using smartphones and can be converted to PDF files or JPG images to help patients understand their health situation and comply with treatment instructions. Messages can be enhanced with images, emojis, and symbols to hold their attention and help them better understand the message. (Fitzpatrick, Sikka and Underwood, 2021)

Lesson 3: Capacity

There is need to build capacity to properly and effectively use ICT in health care (Dzenowagis, n.d.), particularly for older health service providers and clients who tend to be less technology savvy. Training must start now to optimize the use of ICT, as well as build trust between health service providers and clients. The use of smartphones can help overcome barriers to the provision of health care. Clients no longer need to travel to the health facility for health advice. The use of smartphones can also improve treatment compliance through sending step-by-step instructions by SMS. Other options include video conferencing or recording a mobile-friendly video on how to check laboratory results. (Fitzpatrick, Sikka and Underwood, 2021).

Lesson 4: Context

All people deserve to benefit from the use of technology in health. Thus, there is need to focus provision of technology support to the underserved who need it. (Fitzpatrick, Sikka and Underwood, 2021). National (and local) policies must be enacted to meet the challenges posed by the information age. (Dzenowagis, n.d.). For example, all people deserve to benefit from the use of technology in health. Thus, increased smartphone ownership must be supported with policies that include the social and personal settings in the design and deployment of digital health tools.

Below are some resources for adolescent health with detailed instructions on how to access and use them.

Omnibus Health Guidelines for Adolescents

What is this document about?

The Philippine Department of Health (DOH) as mandated by the Republic Act No. 11223 or the Universal Health Care Law (UHC Law) was tasked to provide an integrated and comprehensive set of quality and cost-effective services involving the range of care from promotion to palliative care. The DOH Disease Prevention and Control Bureau (DPCB) published Administrative Order (AO) No. 2022-0018, otherwise known as the Development and Utilization of Omnibus Health Guidelines for each life stage, identifying key health issues and providing appropriate services through a life course approach. (DOH, n.d.)

The Omnibus Health Guidelines for Adolescents may be accessed as follows:

- 1) Click this link:
[ANNEX B. OHG for Adolescents \(June 16, 2022\).docx \(doh.gov.ph\)](#)
- 2) Type this link in the web browser
<https://doh.gov.ph/sites/default/files/basic-page/omnibus-health-guidelines-for-adolescents-2022.pdf>

How to use?

- 1) Download a PDF version in your computer.
- 2) Open the file using Adobe Acrobat or PDF reader.
- 3) Refer to the table of contents for the specific topic you are looking for.
- 4) You can navigate the pages by scrolling down, clicking the arrow up or down button in the tool bar or by typing in your desired page on □/90 in the tool bar.



AMAZE.ORG videos

What is AMAZE.org?

AMAZE combines the expertise of master sexuality educators with the creativity of animation professionals, inputs from young people, and the power of the internet to develop and market: (a) sex education videos for young adults that are engaging, educational, age-appropriate, and often times funny; (b) educational videos that help parents and guardians to better communicate with their children about sex and sexuality; and (c) toolkits, lesson plans, promotional materials, and other resources for educators and health providers. There are short videos on various topics including puberty, healthy relationships, sexually transmitted infections (STIs) and HIV, personal safety, pregnancy and reproduction, gender identity and sexual orientation. (Amaze, 2023).

There are several ways to access the Amaze videos: 

- 1) Go to your web browser and type in amaze.org or just click on the link provided: <https://amaze.org>
- 2) Go to YouTube and search for the amaze org then click on amaze org to enter the youtube channel.
- 3) Another option is to click on the link provided: <https://youtube.com/@amazeorg>

How to use?

- 1) Once in the website or in the YouTube channel, choose what topic you would like to view.
- 2) If you are looking for a specific video, enter the topic you are looking for in the search box located at top of the webpage. This option is available for both the website and YouTube.
- 3) You may choose to browse the tabs and links on the website and in YouTube to familiarize yourself with the different videos on AMAZE.




I CHOOSE #MalayaAkongMaging

What is I Choose #MalayaAkongMaging?

This website is a collaborative effort of the DOH, Commission on Population and Development (CPD), Department of Education (DepEd), National Youth Commission (NYC), USAID and WHO. The I Choose #MalayaAkongMaging campaign encourages adolescents to exercise self-agency in making healthy, responsible choices for themselves, and, by extension, their families, communities, and networks. This safe platform allows adolescents to engage with their peers, medical professionals and experts to access appropriate health information and services. (PTV News PG, 2021)

Topics included here are Sexual Health, Mental Health, Relationships, Growing Up, SOGIESC and Covid-19. The website also offers FAQs, videos from AMAZE.org translated to Filipino and games.

To access this website: 

- 1) Type in your web browser I Choose Malaya and click on the link to enter the website.
- 2) You can also access the website through this link: <https://malayaako.ph>
- 3) You can also connect via Facebook. Search for I Choose #MalayaAkongMaging and once in the Facebook page click on the malayaako.ph link.

How to use?

- 1) Once in the website, you can browse the main webpage to get an overview of the available topics.
- 2) You can also click on the tabs located at the upper portion of the webpage for specific topics you are looking for. There is a list of other topics located at the bottom of the webpage.
- 3) If the topic you are looking for is not included on the available list, type in your topic in the search box located in the upper right-hand corner of the page.
- 4) You may choose to browse all the tabs and links in the website to become familiar with all available resources.

RH CARE Info

What is rh-care.info?

rh-care.info is an interactive website built and managed by the Philippine Society for Responsible Parenthood, Inc. (PSRP), in cooperation with the DOH and with the support of the UNFPA. The website provides accurate information on sexual and reproductive health. There are five (5) landing pages, namely: Family Planning, Maternal Health, Gender-Based Violence, HIV and STIs, and Young People. (Ruaya, 2020). The website features a facility locator that directs users to the nearest place where they can access the services that they need. There is also a chat feature that allows users to post their questions and be answered by trained health service providers. The website is linked to social media like Facebook, Instagram, Twitter, and YouTube.

To access rh-care.info: 

- 1) Type rh-care.info on your web browser and click on the website.
- 2) You may also click on this link: <https://rh-care.info>
- 3) The website can be viewed via social media platforms, such as: Facebook, Instagram, YouTube and Twitter. Search for rh-care.info in these platforms then click on rh-care.info to go back to the main website.

How to use?

- 1) Once in the main webpage, scroll down and choose which among the five (5) main topics you want to view first.
- 2) If there is a specific topic you are looking for, click on the magnifying glass icon on the left side of the page, then type in the topic of your choice.
- 3) You may wish to browse rh-care.info on the various social media platforms to learn about the different reproductive health concerns as well as what clients have to say about these.





References

Fitzpatrick, L., Sikka, N. and Underwood, K. (2021, November 24). The Digital Divide in Healthcare: It's Not Just Access. HIMSS. <https://www.himss.org/resources/digital-divide-healthcare-its-not-just-access>

'I Choose' MalayaAkongMaging Joint Campaign for Filipino Adolescents Launched. (2021, November 24) PTVnews.ph. <https://ptvnews.ph/i-choose-malayaakongmaging-joint-campaign-for-filipino-adolescents-launched/>

Makri, A. (2019). Bridging the digital divide in health care. The Lancet Digital Health, 1(5), e204–e205. [https://doi.org/10.1016/s2589-7500\(19\)30111-6](https://doi.org/10.1016/s2589-7500(19)30111-6)

Muller, C., & De Vasconcelos Aguiar, J. P. (2022, July 11). What Is the Digital Divide? - Internet Society. Internet Society. https://www.internetsociety.org/blog/2022/03/what-is-the-digital-divide/?gclid=Cj0KCQjwz6ShBhCMARIsAH9A0qUQDdyfXIe8MuRDNoHB9jqfclJS_yoYFywtI8F2hlUxmnpPjvbi2caAlnpEALw_wcB

Omnibus Health Guidelines | Department of Health website. (n.d.). <https://doh.gov.ph/dpcb/omnibus-health-guidelines>

Ruaya, R. (2020, December 10). RH Care Info: Your 24/7 free website on reproductive health | Cebu Daily News. INQUIRER.net. <https://cebudailynews.inquirer.net/352461/rh-care-info-your-24-7-free-website-on-reproductive-health>

United Nations. (n.d.). Bridging the Digital Divide in Health | United Nations. <https://www.un.org/en/chronicle/article/bridging-digital-divide-health>

What is AMAZE? - amaze / USA. (2022, May 18). Amaze / USA. <https://amaze.org/what-is-amaze/>



PART II

The Adolescent Client

This section gives HSPs insights into adolescent characteristics and behaviors that may impact their health and well-being.

It shows HSPs how to respond to concerns articulated by clients and how to probe deeper to identify other possible issues and concerns. It provides a step-by-step guide for conducting a physical examination and psycho-social assessment and shares tips on how to deal with adolescent clients and accompanying adults.

ADOLESCENT SNAPSHOT: 15 to 19 years old in the Philippines

Percent of National Population¹

About one (1) in every five (5) Filipinos are adolescents, 10 to 19 years old.

Total Population	=	109,033,245	=	100%
10 to 14 years old	=	11,091,362	=	10.17%
15 to 19 years old	=	10,482,815	=	9.61%



Educational Attainment

- 2% No education
- 5% Grades 1 to 6
- 40% Grades 7 to 10
- 2% Grades 11 & 12
- 20% Some college
- 4% Completed college or higher



4% COMPLETED COLLEGE OR HIGHER

Family Characteristics & Relationships

- 66% Raised by both parents (sharp decline from 84% in 1994 & 83% in 2002 & 2013)
- 63% Have close friends
- 35% Have online friends they have not met in person
- 93% Have ICT gadgets



66% RAISED BY BOTH PARENTS

Health & Lifestyle

- 60% are of normal weight
- 29% are underweight
- 11% are overweight



60% NORMAL WEIGHT



29% UNDERWEIGHT



11% OVERWEIGHT

Marital Union & Dissolution

- 85% Never married
- 12% Living-in
- 3% Formally married



3% FORMALLY MARRIED

Mental Health

- 17% Have thought of committing suicide
1/3 Of them have thought of committing suicide more than once
- 59% Because of "family problems"
- 62% Did not seek help



59% FAMILY PROBLEMS



Sexual Orientation, Gender Identity & Expression

2% of Males identify as gay
4% of Males identify as bisexual
10% of Females, 15 to 19 years old, identify as bisexual



Sexual Experience

32% Of males
27% Of females have sexual experience

87% Of males
67% Of females experience sexual initiation before marriage
18 years old was the median age for sexual initiation



Pregnancy & Childbirth²

19% Have begun childbearing
19 years old was the median age at first birth

There has been a decline in teen pregnancy from 8.6% in 2017 to 5.4% in 2022.



Contraceptive Use

23% Use modern contraceptives
3% Use traditional methods

8% Use pills
8% Use male condoms



Knowledge of STIs & HIV

35% Of Males
34% Of Females knew about STIs

74% Of Males
78% Of Females knew about HIV &/or AIDS



Experience of Violence³

81.5% Of males
78.4% Of females experienced violence

60% happened in the home
60% experienced physical & psychological abuse
20% were sexually violated



Substance Use

12% smoke (steady decline from 22% in 1994 to 21% in 2002 & 20% in 2013)
16% have tried vaping (more common among older males, 20 to 24 years old)
29% drink alcoholic beverages (decline from 37% in 1994, 41% in 2002, & 37% in 2013)



* Sources

Unless otherwise specified, the information here is from the Young Adult Fertility and Sexuality Study (YAFS5).

University of the Philippines Population Institute (2022, October 14). Zoom in, zoom out: Filipino youth in focus [PowerPoint slides]. Population Institute, College of Social Sciences and Philosophy, University of the Philippines. https://www.uppi.upd.edu.ph/sites/default/files/pdf/YAFS5_National_Dissemination_Slides_FINAL.pdf

12020 Census of Population and Housing. Philippine Statistics Authority.

2 National Demographic and Health Survey 2022. Philippine Statistics Authority.

3National Baseline Study on Violence aAgainst Children: Philippines. Council for the Welfare of Children & United Nations Children's Fund Philippines. 2016.



Health Guidelines for Adolescents

Adolescence is a period of rapid physical, mental and psychosocial growth. In terms of physical growth, adolescents acquire up to 50% of the ideal adult weight and 20% of the final adult height during this period. Growth also includes sexual maturation. The brain undergoes growth and “remodeling” that enables adolescents to think more deeply and learn more quickly. It is also during this period when important and often lifelong relationships are formed.

Overall, adolescence is a healthy and dynamic life phase. However, adolescence is also a period of vulnerability. This period is often marked by risk-taking that may result in immediate harm or may compromise future health. Many adolescents die from vehicular crashes, homicide and suicide. Poor eating habits, inactivity, and smoking and alcohol use can cause diabetes, hypertension and cancer later in life. The developing adolescent brain is very sensitive to the effects of alcohol and illicit drugs. About half of mental illnesses begin during adolescence.

Adolescents, therefore, need medical checkups. The Philippine Pediatric Society (PPS) recommends yearly checkups for all adolescents to be able to promote healthy behaviors, detect any potential problems, and provide appropriate interventions.

A checkup encourages adolescents to participate in their health care. Responsibilities and decision-making should gradually be shifted from the parent to the adolescent. Talking alone with the HSP encourages autonomy and recognizes the adolescent’s evolving capacity to take care of himself. This practice is embodied in the National Policy and Strategic Framework on Adolescent Health and Development, a DOH document.

The following will be discussed in this section:

Part One: Components of an Adolescent Checkup

- I. Medical assessment
- II. Psychosocial history
- III. Immunization
- IV. Health guidance

Part Two: Steps in the Adolescent Checkup

- I. Medical history (ask)
- II. Psychosocial history
- III. Physical examination (look, listen, feel)
- IV. Laboratory examinations
- V. Immunization
- VI. Health education and anticipatory guidance
- VII. Communicating the classification and management plans



PART ONE: COMPONENTS OF AN ADOLESCENT CHECKUP

The well-adolescent visit is comprehensive and includes both medical and psychosocial aspects of care. The visit includes the following:

I. Medical Assessment

1. Assessment of growth and development by physical examination (PE) and the sexual maturity rating (SMR)
2. Determination of the nutritional status by taking the height, weight and body mass index (BMI)
3. Screening for hypertension: The blood pressure (BP) should be taken starting at three (3) years of age and annually thereafter. Adolescents who have cardiovascular risk factors such as high blood pressure and obesity are at risk of heart disease and stroke later in life.
4. Detection of illness by taking the medical history, doing a physical examination and laboratory examinations
5. Targeted laboratory examinations for anemia, dyslipidemia, diabetes, tuberculosis, and sexually transmitted infections (STI)

II. Psychosocial History

Getting the client's psychosocial history uses the HEADSSS (Home, Education/Employment, Activities, Drugs, Sexuality, Suicide/Depression/Self-Image, Safety) method to assess the presence of risk factors (like substance use, sexual activity, depression) and to identify protective factors. The Department of Health recommends the use of the Rapid HEADSSS to triage or to identify adolescents who need urgent evaluation. The self-administered 12-item questionnaire will prioritize adolescents who have suicidal ideation, experience abuse, and with sexual risk-taking behaviors. These adolescents will then be evaluated further using the Comprehensive HEADSSS interview and referred to the appropriate facilities. The use of Rapid HEADSSS will be discussed in detail in

III. Immunization

Immunization will prevent infectious diseases (such as measles, rubella, hepatitis B) and prevent cancer (cervical cancer caused by human papillomavirus).

IV. Health Guidance

Health guidance teaches or reinforces healthy behaviors. Parents should also be provided with information to support the development of healthy behaviors in their children. More information for specific health conditions is given in the section on Algorithms.

Table 1 gives a summary of the medical and psychosocial assessment procedures. If there is a health concern, please proceed to the Algorithms (Part V, page _____ of this Handbook) for further guidance. The Algorithms also provide suggestions on where the adolescent may be referred for needed services that the health facility is not able to provide.



TABLE 1 Summary of Medical and Psychosocial Assessment
 Source: Omnibus Health Guidelines for Adolescents(OHGA,2022)*

Procedure	Frequency	Links
History	Annual	See Highlights
Comprehensive physical exam	Annual	OHGA, pp.27-32*
Sexual maturity rating (SMR)	Once during early, middle, late adolescence	See Growth and Development Page ____
Measurements		
Weight and height	Annual	Refer to Annex
Body mass index(BMI)	Annual	Refer to Annex BMI chart
Blood pressure	Annual	See normal values below
Developmental/Behavioral Health		
Psychosocial assessment using HEEADSSS	Annual	See HEEADSSS
Other screening tools	As indicated	interview for details Page ____
Laboratory Examinations		
	Targeted (at risk)	OHGA, p.33*
Immunizations		
	For all adolescents	See list below
Oral Health		
Dental checkup	Every 6 months	See Dental Concerns Page
Anticipatory Guidance		
	For all adolescents	OHGA, 2022, pp. .4-7

<https://doh.gov.ph/sites/default/files/basic-page/Omnibus-Health-Guidelines-For-Adolescents-2022.pdf>

PART TWO: STEPS IN THE ADOLESCENT CHECKUP

I. Medical History (Ask)

A. Tips

- Be aware that many health concerns are sensitive, and the adolescent may be reluctant to disclose them. Gather the initial medical history from both the adolescent and the parent. Ask for more details in private when the parent is out of the room.
- Go beyond the presenting problem or concern. Adolescents may not volunteer information so it is important to ask the correct questions. The Algorithms will be particularly useful.

B. Sequence

- **History of present illness**
Onset of the symptoms, duration, accompanying signs and symptoms, factors that relieve or worsen the symptoms, prior consultations, workup, use of medicines and effects; occurrence of similar symptoms among household members; exposure to environmental toxins
- **Review of systems**
Problems with hearing, vision; headaches, cough, chest pain, abdominal pain; changes in urinary and bowel habits; changes in behavior
- **Past medical history**
Birth and maternal history; problems with growth, development and language; childhood illnesses; past illnesses, hospitalizations, injuries, operations; chronic medical condition or developmental disorders; workup, interventions and current medications; allergies to food and drugs
- **Family history**
Family history of diabetes, hypertension, heart disease including early cardiac death (younger than 55 years) in first degree relatives; family history of mental illness; cancer; exposure to tuberculosis from household member
- **Immunization history**
Ask for the immunization record. Ask for reactions noted after immunization.
- **Menstrual history**
The menstrual history is considered a "vital sign" when evaluating the health of adolescent girls. Aside from pregnancy, abnormal menstrual patterns may indicate endocrine problems (e.g., thyroid disease), delayed or precocious puberty, and others. The menstrual history asks about menarche, last menstrual period (LMP), regularity, duration, flow and associated pain during periods, impact on daily activities, and measures taken to relieve the pain.

TABLE 2 Normal Menstrual Cycles in Adolescent Girls

Menarche	12-13years (98% by age 15 years)
Mean cycle interval	32.2 days in the first gynecologic year
Menstrual cycle interval	Typically 21 to 45days
Menstrual flow duration	7 days or less
Menstrual product use	3 to 6 pads or tampons per day
<i>Reference: American College of Obstetrics and Gynecology (ACOG)</i>	

II. Psychosocial History

The HEADSSS interview will be done with the adolescent alone. Please see the next section for details.

III. Physical Examination (Look, Listen, Feel)

A. Tips

- Be ready with weight scales, thermometer, BP apparatus, stethoscope, BMI charts.
- Before doing the examination: Ask the consent of the parent and the assent of the adolescent. Explain the reason for the examination. Arrange to have a chaperone during the physical examination. Request the nurse/clinic assistant or the patient's parent/guardian.
- During the examination: To ensure privacy, draw the curtains or close the door. Respect the adolescent's modesty by using drapes and exposing only the part of the body to be examined. Explain what will be done, watch for signs of discomfort and be prepared to pause to allow the patient to get comfortable.

B. General appearance and mental state

- Pale? Jaundiced? Well-groomed or unkempt? Alert or drowsy?
- Aware or disoriented? Anxious? Sad? Angry? Flat mood?

C. Measurements: Vital signs, height and weight, and body mass index

Vital Signs: Take the temperature using the axillary route. Record the vital signs as follows:

Temperature: ____C

Respiratory Rate: ____/min

Pulse Rate: ____/min

Blood Pressure: Allow the adolescent to rest for 3 to 5 minutes before taking the BP. Using the right arm, use a BP cuff that covers 2/3 of the upper arm and encircling 80-100% of the arm circumference. Record as Blood Pressure: __mmHg. If blood pressure is elevated, let the client rest before taking it again three (3) different times to verify the readings. Assess and classify using the values below.

Table 3. Blood Pressure Values

Adolescents \geq 13 years old

Normal BP	<120/<80mmHg
Elevated BP	120/<80 to 129/<80mmHg
Stage 1 hypertension	130/80 to 139/89mmHg
Stage 2 hypertension	>140/90mmHg
<i>Flynn, J.T., Kaelber, D.C., Baker-Smith, C.M., et al., September 2017</i>	

Anthropometrics: Take the height in centimeters and weight in kilograms. Compute for the body mass index (BMI).

Record as follows:

Height: _____cm

Weight: _____kg

Body Mass Index(BMI): _____

Steps in computing the BMI:

1. Compute the BMI using metric measurements
Formula: $BMI = \text{weight (kilograms)} / \text{square of height (meters)}$

Example:

Weight: 60 kilograms

Square of height: $(1.52 \times 1.52) \text{ meters} = 2.31$

$BMI = 60 / 2.31 = 25.96$

2. Plot the value using the BMI WHO charts in Annex _____
3. Interpret and classify using WHO criteria

TABLE 4 Interpretation of BMIZ-scores

Interpretation	Z-score
Underweight/Thin	Below -2
Normal	Between -2 and +1
Overweight	Above +1
Obese	Above + 2

4. Provide counseling on lifestyle modification for those with elevated blood pressure, and those who are overweight and obese. See Algorithm on Weight Concern: Overweight and Obesity.

D. Physical examination (P.E.)

Much information can be gathered by careful observation, inspection and palpation. Auscultation of the heart and lungs using a stethoscope may be performed by trained health providers. Below are highlights of the information that can be obtained through physical examination:

TABLE 5 Physical Examination Highlights

Skin	Pallor (pale skin), jaundice (yellow discoloration of skin); fungal infection (whitish discolorations); piercings, tattoos, and possible signs of infection; acne on face, chest and back; rashes; bruises; signs of cuts on the forearm
Head, eyes, ears, nose, mouth	Icterus (yellow discoloration of the whites of the eyes); eye, nose and ear discharges; proptosis (bulging of the eyes in hyperthyroidism); gum swelling and bleeding; dental caries
Neck	Enlargement of the thyroid gland (ask the adolescent to swallow and observe for any swelling that moves in the lower part of the front of the neck) Check for enlarged lymph nodes in the neck
Chest, lungs	Deformities; acne on the chest and back; deformities; gynecomastia (breast enlargement in males); chest retractions (indicating difficulty in breathing); presence of rales, rhonchi, wheezing; irregular heartbeat, cardiac murmur
Abdomen	Tenderness (pain on palpation); presence of abdominal masses
Genitalia	Females: vaginal discharges, warts, rashes, enlarged inguinal lymph nodes, signs of injuries, ambiguous genitalia (enlarged clitoris) Male: undescended testes, hernia, varicocele, phimosis, hypospadias, penile discharges, ulcers, rashes, vesicles, warts, enlarged inguinal lymph nodes, ambiguous genitalia
Extremities	Deformities; swelling and tenderness of joints of hands, feet, big joints; cyanosis (examine ends of the fingers and toes to see if they are bluish); unusual movements of extremities
Note: Pelvic exam and digital rectal examination are not routinely performed.	

IV. Laboratory Examinations

The Omnibus Health Guidelines for Adolescents recommends laboratory examinations for populations at risk. Additional laboratory procedures may be requested based on history and physical examination.

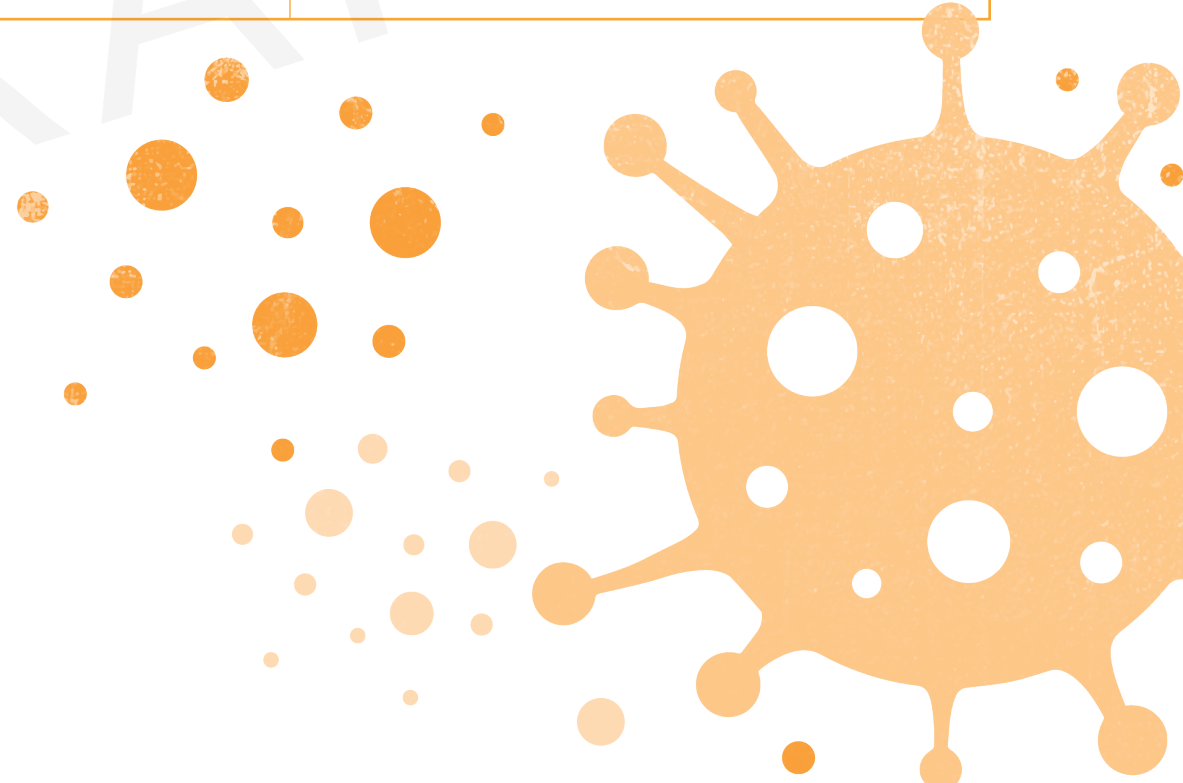
TABLE 6 Laboratory Examinations for At-Risk Populations

Population	Laboratory Examination
At risk for iron deficiency anemia (IDA) with 1 or more risk factors <ul style="list-style-type: none"> • Excessive menstrual flow/blood loss • Low iron Intake • Previous history of IDA 	CBC with red cell indices
Overweight or obese	Fasting blood sugar (FBS) or 75-g OGTT 2x lipid profile (including LDL, HDL, triglycerides, and total cholesterol), taken at least 2 weeks apart but w/in 3 months
At risk for diabetes mellitus (DM) with 2 or more risk factors: <ul style="list-style-type: none"> • Overweight or obese • Family history • Physical inactivity • History of gestational DM • Signs of being associated with insulin resistance: acanthosis nigricans, HTN, dyslipidemia, PCOS • With 2 or more of the following symptoms: polyphagia, polydipsia, or polyuria 	Fasting blood sugar or 75g OGTT
Known dyslipidemia or any of the following risk factors for dyslipidemia: <ul style="list-style-type: none"> • Family history of CVD or sudden death • Known diabetes • Known hypertension 	2x lipid profile (including LDL, HDL, triglycerides, and total cholesterol), taken at least 2 weeks apart but w/in 3 months

Infections

Presumptive pulmonary TB (PTB) with any of the following for over 2 weeks <ul style="list-style-type: none">• Cough, especially if unexplained• Unexplained fever• Night sweats• Unexplained weight loss or failure to thrive	Refer to facility with Xpert MTB Rif Test
Adolescent 10 to 15 y/o with TB household contact	Chest Xray
With any of the following risks for STDs: <ul style="list-style-type: none">• Post-penetrative sexual assault within 72 hours• High-risk sexual behaviors* <p>* Unprotected vagina-penile and anal intercourse; multiple sex partners, sex with anonymous partners, MSM, sex under the influence of alcohol and drugs; sex in exchange for money or drugs</p>	HIV rapid diagnostic test Syphilis RPR Hepatitis B and C RDT Other tests based on history and physical examination

DRAFT



V. Immunization

Immunization saves millions of lives and is the most effective way of preventing about 20 life-threatening diseases. Two of the vaccines can prevent cancer. These are hepatitis B vaccine that prevents liver cancer, and human papillomavirus (HPV) vaccine that prevents cervical cancer.

Tips for the health service provider

- Vaccines are safe and effective.
- Side effects after vaccination are usually minor and include only local reactions at the injection site, such as redness and swelling. Some individuals may complain of slight fever, tiredness and headache. Life-threatening reactions are very rare.
- Most parents believe that only children need vaccines. Health service providers should use all opportunities to educate parents and adolescents about the importance, effectiveness and safety of vaccines.
- Notify parents and adolescents that Td (tetanus, diphtheria), MR (measles, rubella) and HPV vaccines are available free of charge in public schools under a joint school-based immunization program of the Department of Health and the Department of Education. Encourage parents to give their written consent for their children, including adolescents, to be included in the immunization programs.
- If some vaccines were missed, “catch-up” vaccination can still be done.
- See Annex__ for the complete recommendations and annotations. <https://www.pidsphil.org/home/wp-content/uploads/2023/03/Childhood-Immunization-Schedule-2023-Edited.pdf>
- Recommendations, changes and updates are found in the website of the Pediatric Infections Disease Society of the Philippines (PIDSP): <https://www.pidsphil.org/home/guidelines-policies/>

TABLE 7 Vaccines Recommended for Adolescents (as of 2023)
Philippine Pediatric Society (PPS) and Pediatric Infectious Disease Society of the Philippines (PIDSP)

Vaccine Recommended for Age	Dose
Td (tetanus, diphtheria) Tdap (tetanus, diphtheria, acellular pertussis)	1 dose followed by a booster dose of Td/Tdap after 10 years
Human papillomavirus (HPV) vaccine (4HPV, 9HPV)	For both female and male adolescents: 9-14 years: 2 doses given at 0,6-12 months 15-26 years: 3 doses given at 0,2, 6-12 months
Influenza vaccine	1 dose given annually
Catch-up Vaccination (if series is incomplete or not given)	Dose
MMR (mumps, measles, rubella)	2 doses at least 1 month apart for those without documented doses Complete the series for those with missed second dose.
Varicella (chickenpox) vaccine	2 doses at least 1 month apart for those without documented clinical history or with no titers
Hepatitis B vaccine	3 doses for those without documented vaccination Complete the series for those with missed doses.
Hepatitis A vaccine	2 doses for those without documented vaccination Complete the series for those with missed doses.
Japanese encephalitis vaccine (JEV)	1 primary dose; booster at 12-24 months

TABLE 8 Vaccines Available in the School-based Immunization Program

Population	Vaccines
AllGrade7students (12-13y/o)	Measles-rubella (MR) Tetanus-diphtheria (Td)
All Grade 4 females (9-14y/o)	HPVvaccine (2doses)

VI. Health Education and Anticipatory Guidance

Health education includes not only providing information, but also motivating the adolescent and discussing ways to help the adolescent develop healthy habits or change risk-taking behaviors. Ideally, all recommendations should be discussed. However, there are areas that the HSP may want to focus on, depending on information gathered in the medical and psychosocial (HEADSSS) interview. For example, the HSP may choose to prioritize a discussion on contraceptive use with an adolescent who is sexually active.

More detailed information about specific medical conditions is provided with each algorithm. There is information addressed to the HSP, to the parent/guardian and to the adolescent.

The *Omnibus Health Guidelines for Adolescents* (OHGA,2022,pages4 to 7) provides the following advice to be given to all adolescents.

A. Healthy lifestyle

1. Eat healthy and balanced meals regularly. Have five (5) servings of fruits and vegetables a day. Use the Pinggang Pinoy as a guide. (See Pinggang Pinoy Annex___)
2. Do 60 minutes of physical activity daily. Choose an activity that you enjoy.
3. Get at least 8 to 10 hours of sleep. Lack of sleep affects mood and school performance.

B. Mental health promotion and protection

1. Maintain regular self-care routines. Have regular meals, enough sleep, exercise and leisure activities.
2. Schedule time for hobbies, sports and other interests. Limit screen time to make room for other leisure activities.
3. Spend time with family and friends. Volunteer for community work or church activities.
4. Learn stress management, relaxation techniques, and gather strength from your faith.
5. Seek help from parents, teachers or health professionals.

C. Injury prevention

1. Use sports-appropriate protective gear (helmets).
2. Wear seatbelts, and observe pedestrian safety.
3. Do not drink and drive, or be in a vehicle driven by a person who is drunk or high.
4. Practice safe swimming and water safety skills.

D. Avoiding harmful use of alcohol, tobacco smoking, vaping and illicit substances

1. Learn to resist peer pressure. True friends will not force you to smoke or drink.
2. Get help in quitting smoking or vaping.

E. Responsible sexual behaviors

1. Abstinence is the one sure way of avoiding pregnancy and keeping safe from STI/HIV.
2. Learn the importance of consent, body autonomy, and setting boundaries.
3. Nurture respectful and healthy relationships. Seek help if intimate partner violence is experienced.
4. If sexually active, practice safer sex, such as by using of condom and water-based lubricants. Avoid having multiple sexual partners and other risky sexual behaviors. Seek consultation for signs of sexually transmitted infections or if pregnancy is suspected. (See Contraceptive Counseling on page---)

VII. Communicating the Classification and Management Plans

- Use language and concepts that adolescents will understand.
- Inform the adolescent about the classification and explain its implications. This will make them active partners in their health care.
- Inform them of the different treatment options and consider their preference and circumstances. This will increase the chances that they will adhere to the treatment.
- When providing medication, explain why the adolescent needs it, when, and how. Help the adolescent plan and set up reminders for better adherence.
- Encourage the adolescent to ask questions, and respond to their questions as honestly as you can.
- When the parent/accompanying adult joins the consultation, explain to the parent that the adolescent will be given greater responsibility for his/her own health. The parent's role is to support their son/daughter by monitoring compliance with the treatment plan.
- Agree on a follow-up date with the adolescent and his/her/their parent.

REFERENCES

American Academy of Pediatrics(2017). 2017 AAP Guidelines for Childhood Hypertension.
<http://pediatriccare.solutions.aap.org>

American Medical Association (1997). Guidelines for Adolescent Preventive Services: Recommendation Monograph. Illinois: AMA.

Bright Futures(2018). Recommendations for Preventive Pediatric Health Care: Periodicity Schedule.
www.aap.org/periodicityschedule.

Department of Health(2022). Omnibus Health Guidelines for Adolescents,
[Annex B. OHG for Adolescents \(June 16, 2022\).docx\(doh.gov.ph\)](https://doh.gov.ph/Annex-B-OHG-for-Adolescents-June-16-2022.docx)

Gonzalez-Santos, L. E., Oliva, R., Jimeno, C., Gonzales, E., Balabagno, M. M., Ona, D., Cinco, J. E., Baston, A., Caole-Ang, I., Fojas, M., Hernandez, R. F., Macrohon-Valdez, M. C., Rosqueta, M. T., Punzalan, F. E., & Llanes, E. J. (2021). Executive Summary of the 2020 Clinical Practice Guidelines for the Management of Dyslipidemia in the Philippines: 2020 Dyslipidemia CPG. Journal of the ASEAN Federation of Endocrine Societies, 36(1), 5–11.
<https://doi.org/10.15605/jafes.036.01.01>

Ona, D. I. D., Jimeno, C. A., Jasul Jr, G. V., Bunyi, M. L. E., Oliva, R., Gonzalez Santos, L. E., & Villanueva, N. J. (2021). Executive Summary of the 2020 Clinical Practice Guidelines for the Management of Hypertension in the Philippines. The Journal of Clinical Hypertension, 23(9), 1637-1650.

Neinstein, L.S.et al. (2016).Neinstein’s Adolescent and Young Adult Health Care: A Practical Guide, 6th Edition. Philadelphia: Wolters Kluwer.

Philippine Pediatric Society (2018).Preventive Pediatric Health Care Handbook 2018, 9th Edition.

Childhood Immunization Schedule (2023). Pediatric Infectious Disease Society of the Philippines.
<https://www.pidsphil.org/home/wp-content/uploads/2023/03/CHILDHOOD-IMMUNIZATION-SCHEDULE-2023-Edited.pdf>

WHO(2007). Body Mass Index for Age (5-19 years). [Body mass index-for-age \(BMI-for-age\) \(who.int\)](http://www.who.int)

WHO(2007). Height for Age (5-19 years). [Height-for-age \(5-19 years\) \(who.int\)](http://www.who.int)



Facets – Understanding Factors that Affect Adolescent Health and Wellbeing

Adolescents are complex beings influenced by many factors. Just like gemstones, it takes effort to reveal the many facets that make up each individual. First introduced by Dr. Harvey Berman in 1972, the structured psychosocial interview **HEEADSSS** is a screening tool used to identify factors that could influence the health and well-being of adolescents. HEEADSSS is an acronym for **H**ome, **E**ducation/**E**mployment, **E**ating, **A**ctivities, **D**rugs, **S**exuality, **S**uicide/**D**epression, and **S**afety. HEEADSSS is a systematic approach to conducting interviews with adolescents. Questions progress from the least threatening to the most personal and sensitive topics, allowing the health service provider to build rapport with the client and elicit vital information for his/her care. HEEADSSS is flexible and should be adjusted according to the client's need. HSPs need to be trained to conduct HEEADSSS to be able to determine client needs and address these in a holistic manner. [Adolescent Psychosocial Assessment: The HEEADSSS - PubMed \(nih.gov\)](#)

HEEADSSS has been updated over the years in response to the changing environment and needs of adolescents. [HEEADSSS 3.0: The psychosocial interview for adolescents updated for a new century fueled by media \(contemporarypediatrics.com\)](#) One such adaptation is the development of the **Rapid HEEADSSS** by the Mindanao Health Project which was implemented by Jphiego with the support of the USAID) from 2013 to 2018. Time, staff, and infrastructural constraints prompted the development of the Rapid HEEADSSS, a shorter version of the HEEADSSS. (Please see below.) Adolescent clients may choose to answer the Rapid HEEADSSS privately before any consult. Rapid HEEADSSS is a triaging tool meant to identify adolescents who need urgent evaluation and management, so that they can be linked immediately to appropriate health and adjunct services available in the community. It is used to increase the uptake of psychosocial screening for early identification of risk-factors to prevent unfavorable health outcomes. Rapid HEEADSSS is **NOT** and should not be used as a replacement for the comprehensive psychosocial evaluation.

In 2020, The DOH released Department Memorandum 2020-0341 on the "*Interim Guidelines on Continuous Provision of Adolescent Health Services During Covid-19 Pandemic*" [COVID-19 Policies | Department of Health website \(doh.gov.ph\)](#) The Rapid HEEADSSS was introduced as a self-administered mental and psychosocial assessment form to be given to adolescents to help identify the risk factors and provide health promotion, counselling or appropriate referral and medical management as needed.

This memorandum was later disseminated by the DepEd through the memorandum OUA Memo 00-1020-0198 in October 2020 on the "*Advisory on the Implementation of the Medical Nursing Services and the Adolescent Reproductive Health Program for SY 2020-2021*", mandating schools to also use Rapid HEEADSSS. [OUAD00-1020-0198.pdf \(deped.gov.ph\)](#)

How to Administer the Rapid HEEADSSS

1. Ask the adolescent to fill out the registration sheet.
2. Provide a copy of the Rapid HEEADSSS questionnaire to the adolescent.
3. Explain how to fill up the form, encouraging him/her to answer the questions as truthfully and honestly as possible.
4. Discuss and ensure privacy and confidentiality. Parents, family members, or other adults should not be present while the adolescent is answering the questionnaire, unless s/he specifically gives permission or requests for their presence.
5. Allow the adolescent to fill up the questionnaire. Provide audio-visual privacy and give him/her adequate time to answer.
6. Ask the client to return the answered questionnaire by putting it inside an envelope and sealing it or folding it properly to conceal the answers. Designate a specific person or drop box where they can put the filled-up questionnaires.

**There is no need for a separate parental consent just to administer the Rapid HEEADSSS if there is already a consent to (1) do the annual physical examination, (2) consult in school clinic as part of OK sa DepEd roster of services, or (3) check-up or obtaining health service in a health facility.*

How to Interpret the **Rapid HEEADSSS**

1. If the adolescent answers **YES** to questions **1, 4, or 10**, the client needs urgent care! Ask a health service provider trained in AJA or ADEPT to conduct a comprehensive **HEEADSSS** interview immediately.

If the adolescent answers YES to Question:	Please check Algorithm
1	G2 – Violence G3 – Physical Abuse G4 – Sexual Abuse G5 – Cyberbullying G6 – Online abuse and exploitation
4	F1 – Depression F2 – Anxiety Disorder F3 – Suicide
10	G4 – Sexual Abuse H9 – Suspected pregnancy

2. If the adolescent answers **YES** to questions **2, 3, 5, 6, 7, 8, 9, 11,** and **12,** schedule the psychosocial evaluation within the next month, unless s/he presents with red flags or comes back with a **YES** in questions **1, 4, or 10.**

If the adolescent answers YES to Question:	Please check Algorithm
2	Screen further for possible abuse or mental health concerns
3	E2 – Bullying G5 – Cyberbullying
5	D3 – Smoking, vaping and tobacco use
6	D1 – Alcohol use
7	D2 – Substance use
8	G4 – Sexual abuse H11 – Contraceptive counselling
9	G4 – Sexual abuse H6 – STI: Male urethral discharge H7 – STI: Vaginal discharge H8 – STI: HIV H9 – Suspected pregnancy H10 – Confirmed pregnancy H11 – Contraceptive counselling
11	G4 – Sexual abuse H9 – Suspected pregnancy H10 – Confirmed pregnancy H11 – Contraceptive counselling
12	Screen based on the adolescent’s disclosure

3. If the adolescent answers **NO** to all the questions, s/he can have psychosocial evaluation within the school year, unless s/he presents with other concerns or comes back with a **YES** in one of the questions.
4. If there are no trained staff to conduct comprehensive **HEEADSSS** within the facility, refer the client to another facility with trained staff to conduct the **HEEADSSS**. Prepare the following forms:
 - Referral form (Forward and Return Referral)
 - Communication lines among referring institutions
 - Directory of services(Please see samples of these forms in _____.)

At the referral facility:

5. Explain that s/he was referred for a more thorough evaluation in order to address his/her needs better.
6. Perform **HEEADSSS**. If necessary, notify the parents.
7. Depending on the result of **HEEADSSS**, the adolescent may need:
 - a. Further referral to other organizations; for example to the RHU/Hospital; Barangay/SK; DSWD, and others.
Prepare the necessary referral forms**AND/OR**
 - b. Preventive counseling and health education session
8. Encourage the client to return to the referring facility for follow-up and reassessment.

Rapid Psychosocial Assessment for Adolescents (10 to 19 years old)

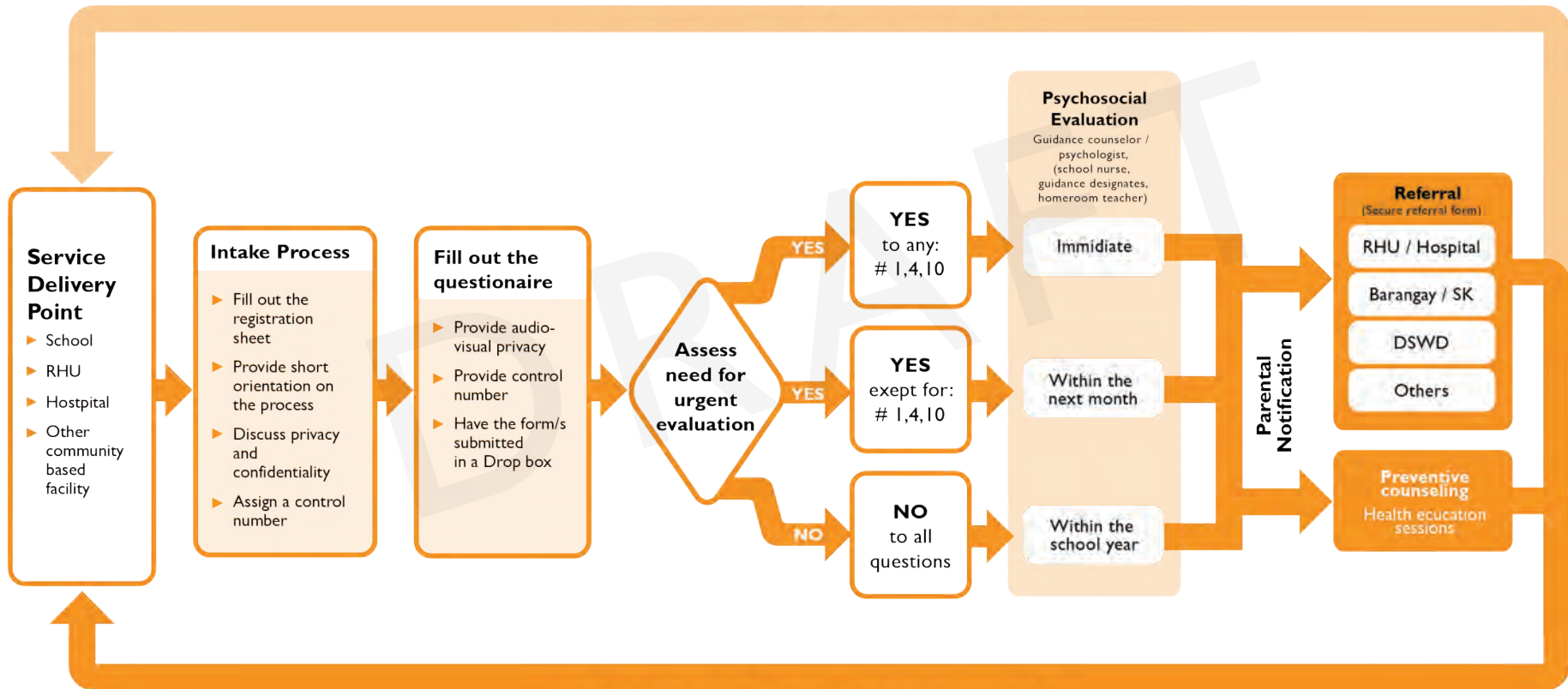
Sagutin nang tapat ang mga sumusunod na katanungan. Ang iyong mga sagot ay CONFIDENTIAL.

Petsa: _____

Pangalan:	Kapanganakan:	Edad:	Control Number:
Tirahan:			
Sex: <input type="checkbox"/> Lalake <input type="checkbox"/> Babae			
Ang checklist ay sinagutan sa: (Check one) ___ Health Center ___ School ___ Lying-In ___ Others			
Katayuan <input type="checkbox"/> Estudyante/ nag-aaral <input type="checkbox"/> Nagtatrabaho <input type="checkbox"/> Hindi nag-aaral/hindi nagtatrabaho	<input type="checkbox"/> Walang asawa <input type="checkbox"/> May kinakasama/live in <input type="checkbox"/> May asawa o kasal	<input type="checkbox"/> Naninirahan kasama ang mgamagulang <input type="checkbox"/> Iba pang kasamahan sa bahay bukod sa magulang: _____ <input type="checkbox"/> Naninirahan mag-isa	
Cell Phone/landline:		e-mail address/FB account:	
1. Ikaw ba ay nakaranas ng pananakit o panananakot sa inyong bahay, paaralan o trabaho?	___ Hindi	___ Oo	
2. May mgapagkakataon ba na pinag-isipan mo ng maglayas o umalis ng inyong bahay?	___ Hindi	___ Oo	
3. Nakaranas ka ba ng bullying na pisikal o cyber bullying sa paaralan o sa trabaho ?	___ Hindi	___ Oo	
4. May pagkakataon ba na seryoso mong naisip na wakasan ang iyong buhay?	___ Hindi	___ Oo	
5. Naninigarilyo ka ba?	___ Hindi	___ Oo	
6. Umiinom ka ba ng alak?	___ Hindi	___ Oo	
7. Nakakita ka na ba ng mgaipinagbabawal na "gamut" o drugs?	___ Hindi	___ Oo	
8. Ikaw ba ay nakaranas ng magkarelasyon (boyfriend / girlfriend)?	___ Hindi	___ Oo	
9. Ikaw ba ay nakaranas ng makipag sex o makipagtalik?	___ Hindi	___ Oo	
10. Nakaranas ka ba na ikaw ay pinilit makipag sex ?	___ Hindi	___ Oo	
11. Ikaw ba ay nakaranas nang mabuntis, o makabuntis ?	___ Hindi	___ Oo	
12. Gusto mo bang mag pa counsel o komunsulta para matulungan ka?	___ Hindi	___ Oo	
Para sa mga impormasyon tungkol sa iyong kalusugan o anumang pangangailangang pagkonsulta, maari kang tumawag sa _____ mag e-mail sa _____ bumisitasa FB page _____			
PAALALA: Ibalik sa envelope pagkatapos sagutin at muling i-seal gamit ang tape o stapler			

ALGORITHM

Two-way referral and follow-up



Follow-up / Annual reassessment



PART III

The System and Institutions

This section guides the Health Service Provider in navigating the health system to serve adolescent clients.

HAPPY TO SERVE: Organizing Adolescent-Friendly Health Facilities

Why is there a need for adolescent-friendly health facilities?

Adolescents seldom seek health services, primarily because most of them are healthy. Unfortunately, when they encounter problems with their health, they do not know where to get the services they need or if these are available in a facility near them. They may also find it difficult to avail of health services because most public health facilities operate from 8:00 AM to 5:00 PM when adolescents are in school or at work. Moreover, most teenagers are scared of the possibility of stigma and discrimination associated with reproductive health issues like pregnancy, STIs, or even mental health.

Having adolescent-friendly health facilities will allow adolescents access to the services they need and help them develop the habit of seeking medical assistance when needed. It will foster greater empathy amongst health service providers and empower them to be advocates for adolescents.

There are a number of laws and policies governing the establishment of adolescent-friendly health services. Apart from RA 10354 or the RPRH Law and DOH AO 2013-0013 on the Adolescent Health and development, there is also **DOH Department Memorandum 2017-0098** engaging LGUs and mandating the use of Adolescent Friendly Health Facility Standard Evaluation Tool.

The DOH published Adolescent Friendly Health Facility standards in 2014. However, health facilities experienced difficulty in complying with these due to non-availability of space for health examination and counseling of adolescents and financial and manpower constraints. In response, the DOH developed the Standard Evaluation Tools for qualification as Levels 1, 2, and 3 adolescent-friendly health facilities and set up a system for recognition of those who are able to comply.

To date, 704 facilities have been recognized as adolescent friendly: 617 Level 1; 52 Level 2; and 35 Level 3.

[dm2017 0098 AFHF Assessment Tool | PDF \(scribd.com\)](#)



What makes a facility adolescent-friendly?

Adolescents should be the main consideration in setting up facilities intended for them. They should be engaged and encouraged to **participate** in planning the facility, as well as in implementation and monitoring and evaluation. It is important that the facility is **accessible** to adolescents. This means considering setting up the adolescent center -- not just in the usual hospital or rural health unit -- but other places frequented by adolescents like community centers, schools, work places, even shopping malls. If located outside of a health facility, the center must be linked with the hospital or rural health unit. Services must be made **available** at times convenient to adolescents, possibly outside the usual operating hours of 8:00 AM to 5:00 PM. At all times, the clients' **privacy** and **confidentiality** must be ensured.

Health service providers must be trained to provide the services needed by adolescent clients. More than the ability to provide services, health service providers need to develop **respect** not just for adolescents but **ALL** clients. They must exhibit genuine concern for clients and be **non-judgmental**. Clients also interact with other staff of the facility, so **ALL** staff must be oriented and knowledgeable about the various services available and where these are located within the facility.

In this connection, key areas should be clearly marked with signages to allow clients to find their way within the **facility**. The physical structure of the facility should provide easy access to the adolescent center, as well as protect privacy and confidentiality.



How do you set up an adolescent-friendly health facility?

The DOH, with the Johns Hopkins Bloomberg School of Public Health, has developed a guide to help health facilities become adolescent friendly (Please see Philippines Toolkit: AYSRH Service Delivery [Adolescent and Youth-Friendly Health Services \(AYFHS\) | The Challenge Initiative \(tciurbanhealth.org\)](#) in five (5) steps:

Step 1: Conduct a facility assessment against existing standards.

The DOH has developed self-assessment checklists as part of [dm2017 0098 AFHF Assessment Tool | PDF \(scribd.com\)](#). These are included as Annex _____. These are:

- Standard 1. Adolescents in the catchment area of the facility are aware about the health services it provides and find the health facility easy to reach and to obtain services from it.
- Standard 2. The services provided by health facilities to adolescents are in line with the accepted package of health services and are provided on site or through referral linkages by well-trained staff effectively.
- Standard 3. The health services are provided in ways that respect the rights of adolescents and their privacy and confidentiality. Adolescents find surroundings and procedures of the health facility appealing and acceptable.
- Standard 4. An enabling environment exists in the community for adolescents to seek and utilize the health services that they need and for the health care providers to provide the needed services

Step 2: Ensure that health service providers are trained in competencies in adolescent health care.

The DOH has developed the following trainings and accompanying reference materials:

- Competency Training on Adolescent Health for Health Service Providers (Reference Material)
- [Adolescent Job Aid Training Manual](#)
- [Adolescent Health Education and Practical Training \(ADEPT\) E-Learning Toolkit](#)
- [Healthy Young Ones User Guide for Primary Healthcare Providers](#)

Step 3: Reinforce training through supportive supervision and coaching.

Health service providers need support in their practice of the skills they acquired through training in the immediate, intermediate, and long term periods.

Step 4: Provide systems to inform adolescents and youth on how to access and obtain SRH services.

Step 5: Monitor and evaluate the standard of care delivered to adolescents at service delivery points.

Innovation is Key

The DOH recognizes the difficulty of health facilities in complying with requirements to qualify as adolescent-friendly due to unavailability of space as well as financial and staff constraints. While these obstacles can indeed be overwhelming, these should not be deterrents to the provision of adolescent- friendly health services. Some ways by which these issues have been addressed are as follows:

- Designation of a “day for adolescents.” This is patterned after the practice of designating a specific day for services; for example, Wednesdays are Immunization Days in some facilities. Clients will be served, no matter what day they come, but will be encouraged to return on the designated day for their next consultation. This arrangement is particularly favored by pregnant teens, because they are given the opportunity to meet others in the same situation and allows them to form friendships and support groups. Moreover, they are not subjected to gossip and judgment when they are not mixed with older patients.
- “Multi-purpose” areas. The same room can serve as Breastfeeding Room/Newborn Screening Room/Adolescent Room/etc. as the case may be, depending on how the activities are scheduled. The important consideration would be the protection of clients’ privacy and confidentiality.
- LGUs constituting an inter-local health zone (ILHZ) identify a facility and contribute funds towards its transformation into an adolescent friendly health facility. In addition, the LGUs provide transportation for adolescent constituents and allow their health personnel to help in the adolescent friendly health facility, depending on their agreement.

References:

DOH Adolescent Health and Development Program Manual of Operations

[WHO DOH 2017 12082017 full.pdf](#)

Philippines Toolkit AYSRH Service Delivery

[Adolescent and Youth-Friendly Health Services \(AYFHS\) | The Challenge Initiative \(tciurbanhealth.org\)](#)



STANDARD 1 Adolescents in the catchment area of the facility are aware about the health services it provides and find the health facility easy to reach and to obtain services from it.

Item	Self-assessment	Assessment Team	Recommendations
Welcome Signage			
Schedule of Clinic Hours (Day and Time)			
Health Services			
Clinical Guidelines			
Documents			
Action Plan for Information Dissemination			
Policy regarding flexible time schedule			
Policies for provision of services			
Policies for payment schemes			
Plan for outreach program			
Registration logbook containing the list of clients who consulted and were given services			

STANDARD 2 “The services provided by health facilities to adolescents are in line with the accepted package of health services and are provided on site or through referral linkages by well-trained staff effectively”.

Item	Self-assessment	Assessment Team	Recommendations
Documents			
National Standards for Adolescent Service Package			
List of services provided by the facility			
Stock cards showing the delivery and utilization of medicines, commodities for adolescent health care			
Certificates of training on the minimum training courses prescribed by DOH for adolescent focal persons and other providers			
Protocols and guidelines for patient interaction			
Clinical management guidelines and Adolescent Job Aid are available			
Individual Treatment Records that shows the chief complaint, findings on examination, clinical impression and management of clients			
Directory of organizations – name, address, services provided, contact number and contact person			
Referral logbook – name, age, address, Clinical Impression, where referred, reason for referral, result of referral			
Referral forms			

STANDARD 3 “The health services are provided in ways that respect the rights of adolescents and their privacy and confidentiality. Adolescents find surroundings and procedures of the health facility appealing and acceptable”.

Item	Self-assessment	Assessment Team	Recommendations
Facility			
Posts in strategic places of patient flow from admission to delivery of services including the average time for each step			
Posts about a policy to ensure confidentiality.			
Posts on policies to ensure privacy			
Safekeeping in separate envelopes of all individual records			
Safekeeping of all records, preferably in a separate room or a filing cabinet with lock and key.			
There is a designated person with access to the records.			
There are designated admission and waiting areas.			
There are separate rooms for consultation, treatment and counseling. If there are limited rooms, there are at least curtains to separate each provider.			

Item	Self-assessment	Assessment Team	Recommendations
There is a suggestion box.			
Conversation between provider and client cannot be heard by others.			
There are peer educators assisting in clinic operations and providing services (lectures, counseling, etc)			
Materials being used by the adolescents in the facility			
Documents			
SOP for maintenance of facility			
Policies and procedures to ensure confidentiality			
Policies and procedures to ensure privacy			
Protocol and procedures for patient – provider interaction			
Minutes of meetings of TWG			

STANDARD 4 "An enabling environment exists in the community for adolescents to seek and utilize the health services that they need and for the health care providers to provide the needed services".

Item	Self-assessment	Assessment Team	Recommendations
There are leaflets containing the clinic schedule and services which the patients/community members can bring home and share to other community members.			
Information, education and communication (IEC) materials on the different programs / services available (Example IEC on maternal care, family planning, etc). The IEC materials should also include the directory of other agencies/ organizations where the services can be obtained.			
Documents			
IEC Plan			
Copy of the Local Development Plan			
Advocacy Plan			
Action Plan showing different agency participation – the name of the agency, resources/assistance they will provide, the person’s responsible			
Accomplishment report showing the services given at the public health facility as well as those given by other agencies, individuals and peer counselors			

Establishing Linkages for Health and Non-Health Services

The internationally recognized tool for assessing adolescent clients is the HEADSSS psychosocial interview. HEADSSS stands for Home; Education/Employment/Eating; Activities Drugs, Suicide, Sexuality, Safety. It is a comprehensive interview that allows the health service provider to understand the adolescent better and build rapport with him/her, towards determining the most appropriate intervention/s. HEADSSS emphasizes the multi-faceted nature of adolescent concerns and the need for a holistic approach to address these. Consequently, it is not possible to respond to all these concerns in a single service delivery point, making it necessary to establish linkages with other institutions and/or individuals who are in a better position to respond to such needs.

There are a number of laws and policies that recognize the need for and mandate the establishment of networks for better service delivery:

Republic Act (RA) No. 7160 (or the Local Government Code of 1991) transferred responsibility for health services from the national government to the local government units (LGUs).

[Republic Act No. 7160 | Official Gazette of the Republic of the Philippines](#)

Executive Order No. 205 mandated adjacent municipalities and cities to band together and establish Inter-Local Health Zones (ILHZ) for more efficient health service delivery throughout the country.

[Executive Order No. 205 \(lawphil.net\)](#)

The Implementing Rules and Regulations (IRR) of RA No. 10354 (Responsible Parenthood and Reproductive Health Act of 2012) provided for the establishment of Service Delivery Networks (SDNs) to ensure integrated, coordinated, and efficient provision of health care services.

[Supreme Court E-Library \(judiciary.gov.ph\)](#)

RA No. 10351 (Sin Tax Law) likewise provided for the establishment of Service Delivery Networks (SDNs) and provided the funds for their operationalization. Republic Act 10351 | Department of Health website (doh.gov.ph)

Administrative Order No. 2017-0014 Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS) provides specific guidelines on the organization of Service Delivery Networks (SDNs). Issued in August 2017, it defines Service Delivery Networks (SDNs) as *a network of organizations that provides or makes arrangements to provide equitable, comprehensive, integrated, and continuous good quality health services to a defined population*.

The SDN is organized to ensure delivery of quality health services that are geographically and financially accessible. It guides the organization and operationalization of SDNs, building on existing ILHZs or SDNs to provide comprehensive health care services. [DOH Scanned Document](#)

RA No. 11223 (Universal Health Care Act) in 2019, strengthens the provision of continuous, coordinated, and integrated care through Health Care Provider Networks (HCPNs).

[Republic Act No. 11223 | Official Gazette of the Republic of the Philippines](#)

Executive Order No. 141 signed in 2021 by then President Rodrigo Roa Duterte makes addressing the root cause of teen pregnancy a national priority. It calls on various government agencies (Sangguniang Kabataan (SK), Department of Social Welfare and Development (DSWD), Department of Interior and Local Government (DILG), Department of Education (DepEd), Department of Health (DOH), Technical Education and Skills Development Authority (TESDA), National Economic and Development Authority (NEDA), National Youth Commission (NYC), National Commission on Women (NCW), and Commission on Population and Development (CPD) to coordinate efforts to serve the youth, particularly at the local levels.

[Executive Order No. 141, s. 2021 | Official Gazette of the Republic of the Philippines](#)

Several models have been developed to help personnel who work with adolescents assist their clients access the services that they need.

In 2019, the Commission on Population and Development (PopCom) with the support of the World Health Organization (WHO) published the *Information and Service Delivery Network for Adolescent Health Development (ISDN4AHD) Guidebook to harmonize existing information and services on adolescent health and development particularly at the local level to generate greater efficiency and effectiveness of key strategies and interventions including resource allocation.*

[ISDN-PUB-FINAL-FEB01.pdf](#)

The *DOH Guidelines In Establishing Service Delivery Network* operationalizes the mandate of the RPRH Law for LGUs to coordinate with the DOH to effectively deliver reproductive health care services to priority population particularly at the provincial and city/municipal levels.

[Guidelines EstablishingSDN.pdf \(doh.gov.ph\)](#)

In 2021, the DOH developed the *KADA* which is an acronym for *Key Assistance for Developing Adolescents*. The playbook developed for the *KADA provides local government units with ready-to-use tools to help promote and protect a critical determinant of health and well-being: community support for adolescent SRH*. Local government units may modify the tools provided to better suit the local context.

[\[DOH HPB\] PA6 Playbook 2021 - KADA Network March 2021 v2.pdf - Google Drive](#)

Regardless of what model is chosen, it is essential to know where the client can be referred to and the information should be easily accessible, for example, in a directory. The essential information and corresponding actions are: (1) Anticipate what services adolescent clients need. (2) Identify organizations/institutions/individuals who can meet those needs. (3) Determine the schedule of services. (4) If possible, identify a contact person within the organization. (5) Ascertain contact numbers and address. (6) Track if the client was able to access the services needed.

Help on the internet

In addition to an actual, physical directory, there are also resources available online. The service provider can involve the adolescent client in looking for resources online.

For example, the interactive website rh-care.info provides knowledge and information on mental health, family planning, maternal and child health, adolescent health, gender-based violence, and HIV and STIs. [rh-care.info Homepage. Click on the individual programs to proceed.](http://rh-care.info) The website features a facility locator. (1) On a chosen page, click on "facility locator." (2) Input general area (for example, Quezon City, Metro Manila). (3) Select a preferred radius for the location of the facility (for example, within five (5) kilometers of location). (4) Tick the box of a desired service (for example, HIV testing). (5) Click on "search" and wait for the results of the search. Should the search be unable to find a facility within the given radius, the area of the search can be expanded and the search repeated.

The user also has the option to "chat" with a trained health service provider in private. By clicking on the "Ask here" box, the user will be redirected to a Facebook Messenger site and s/he can post his/her question there. S/he can expect a response in a few hours. This service is free.

Another website, [malayaakongmaging \(malayaako.ph\)](http://malayaakongmaging.com) or IChoose (I Choose #MalayaAkongMaging), provides resources (videos, webinars, online games, and contests that encourage adolescents to express their thoughts and feelings about sexual and reproductive health, mental health, growth and development, and SOGIESC (sexual orientation, gender identity and expression, and sex characteristics).

REFERENCES:

Guidelines in Establishing Service Delivery Network
[Guidelines EstablishingSDN.pdf \(doh.gov.ph\)](#)

DOH AO 2017-0014 On Service Delivery Networks
[What is administrative order 2017-0014 on service delivery networks? - Search \(bing.com\)](#)

Information and Service Delivery Network (ISDN) for Adolescent Health and Development (ISDN4AHD)
[ISDN-PUB-FINAL-FEB01.pdf](#)

[AO 2020-0019 Guidelines on the Service Delivery Design of Health Care Provider Networks](#)

[Key Assistance for Developing Adolescents \(KADA\) \[DOH HPB\] PA6 Playbook 2021 - KADA Network March 2021 v2.pdf - Google Drive](#)





PART IV

Evaluation and Supportive Supervision

Immediate

DRAFT

Medium Term (after six months)

DRAFT



PART V

Algorithms

How to Use the Algorithms

DRAFT

Quick Reference List

DRAFT

Addressing Adolescent Health Concerns

- **General Concerns**
- **Growth and Development**
- **Nutrition**
- **Psycho-Social Concerns**
- **School**
- **Mental Health**
- **Injuries, Abuse and Violence**
- **Sexual and Reproductive Health**

DRAFT

GENERAL CONCERNS

- A1 Dental Health Concerns
- A2 Headache
- A3 Seizure
- A4 Syncope
- A5 Chest Pain
- A6 Chronic Cough
- A7 Gastro-Intestinal Disturbance
- A8 Dermatologic Concerns



Well Adolescent

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I'm here for a check-up but I feel okay.

Parent: He/she's okay, we're just here for check-up/ updating of vaccines/ medical certificate for school/ sports participation.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>What health concerns would you like to discuss with me?</p> <p>What illnesses, injuries, surgeries and hospitalizations have you had in the past?</p> <p>What are your current medications?</p> <p>Any diseases in the family (hypertension, heart disease, diabetes, cancer, mental illness)?</p> <p>What immunizations have you received?</p> <p>For girls: Get menstrual history and last menstrual period (LMP).</p> <p>Do psychosocial screening using HEADSSS.</p> <p>(See Annex B)</p>	<p>Take blood pressure (BP), weight, height.</p> <p>Compute body mass index (BMI) then plot on WHO Growth Charts. See Annex C2 & C4.</p> <p>Examine: skin (for signs of anemia, jaundice, tattoos, piercings); head, eyes, ears, nose, throat (HEENT); chest and lungs; spine and shoulder; and extremities.</p> <p>Compute sexual maturity rating (SMR) if there are growth and development concerns. See B1-B3: Growth and Development Algorithms.</p> <p>Watch for physical signs of abuse and self-injury. (See G3:Algorithms)</p> <p>For those for pre-participation physical exam (sports), see E4: Sports Clearance Algorithm.</p>	<ul style="list-style-type: none"> No health concerns No past illnesses, injuries, surgeries, or hospitalizations No current medications No familial diseases Normal physical exam 	Well adolescent	<p>Provide anticipatory guidance.</p> <p>See Guideline in Care of Filipino Adolescents.</p>	Follow up annually or anytime if with any concerns.
		<ul style="list-style-type: none"> With health concerns With history of familial diseases 	Adolescent with risk factors	Do screening procedures for anemia, diabetes, heart disease and stroke.	Follow up results of laboratory exams
		<ul style="list-style-type: none"> No vaccinations Incomplete vaccinations 	Unvaccinated Incompletely vaccinated adolescent	<p>Do catch-up vaccination. Update immunization.</p> <p>See Annex E.</p>	Schedule immunization as necessary

AI Dental Health Concerns

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have a toothache; My gums are swollen/bleeding.

Parent: My son/ daughter has a toothache, dental caries, gum bleeding.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How long have you had the toothache/swollen gums? What medicines are you taking for this?</p> <p>Are there any loose or moving permanent teeth?</p> <p>Are there any signs of bleeding? Easy bruising?</p> <p>Do you smoke? Vape?</p>	<p>Look for facial swelling, dental caries, swollen gums, gum bleeding, bad breath, and presence of plaques and teethstains.</p> <p>Check for:</p> <ul style="list-style-type: none"> - Crowding of teeth - Abnormalities in the tongue, palate and uvula - Any piercing in or around the mouth. 	<ul style="list-style-type: none"> • Swelling in the face/ neck area • Toothache or headache • Presence of any of the following: <ul style="list-style-type: none"> - Severe dental caries - Gum bleeding and swelling - Bleeding disorders - Crowded teeth - Foul breath 	Urgent dental concern	Refer to a dentist for further management	Review progress after 1 week.
<p>Do you drink tea, coffee or colas?</p> <p>Do you often eat starchy and sweet snacks and drink sugary drinks?</p>	<p>If there is gum bleeding, check for bruises or bleeding in other body parts.</p>	<ul style="list-style-type: none"> • Presence of any of the following: <ul style="list-style-type: none"> - Dental caries - Gum bleeding/ swelling - Crowded teeth - Foul breath 	Dental/Gum Problems	<p>Refer to a dentist for further management</p> <p>Advise to eat right</p>	Follow up every 1 week initially until stable.
<p>How often do you brush your teeth?</p> <p>How often do you visit a dentist? When was the last dental visit?</p> <p>Do you have any diagnosed illnesses?</p>	<p>Tip to Health Worker</p> <p>Explore adolescent concerns about effects of dental problem on patient's self-image and body concept, and how these affect relationships with peers.</p>	<ul style="list-style-type: none"> • Normal physical examination of oral cavity 	Normal	<p>Provide information on oral hygiene</p> <p>Advise to eat right</p>	

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p><i>Importance of Taking Care of Dental Health</i></p> <ul style="list-style-type: none"> • Dental health problems like tooth decay, gum bleeding/swelling, and foul breath are signs of poor health. • Dental health problems can lower the adolescent’s self-esteem and body image, especially at this time when they are very conscious of their appearance. <p><i>How to Take Care of Your Teeth and Gums</i></p> <ul style="list-style-type: none"> • BRUSH your teeth 2 minutes 2 times a day, especially before bedtime. <ul style="list-style-type: none"> - Use a soft bristle toothbrush. - Do not share toothbrush with anybody. - Replace toothbrush every 3 months, especially after an illness. • FLOSS daily to remove food in between the teeth. 	<ul style="list-style-type: none"> • EAT RIGHT: Eat a variety of food, but: <ul style="list-style-type: none"> - Avoid drinking cola, coffee and tea which discolor the teeth. - Increase intake of water. - Avoid starchy and sweet snacks (cookies, pastry, candy, etc.) and sugary drinks (soda, juice). If you can’t brush right away, rinse your mouth with water after snacking. • AVOID cigarette smoking which discolors the teeth, causes foul breath, and puts you at risk of many diseases. • VISIT your dentist every 6 months. See the dentist for toothaches, swollen or bleeding gums.



References and Resources for HSPS

Omnibus Health Guidelines, page 5 (Personal Hygiene) and page 15 (Health-Seeking Behavior/Prophylaxis) The Reference Manual of Pediatric Dentistry. "Adolescent oral health care." Chicago, Ill.: American Academy of Pediatric Dentistry, 2021:267-276.

Resources for the client: none

Legal Framework: none



A2 Headache

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have headaches that come and go.

Parent: My son/ daughter has headaches that come and go.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Did you have any head injury?</p> <p>What part of your headaches?</p> <p>How would you describe the pain? How painful is it?</p> <p>When and how often does the headache come, and how long does it last?</p> <p>What triggers/worsens your headache?</p> <p>What gives you relief? What medicines have you used, and how effective were they?</p> <p>Do you also vomit or have a seizure, fever, blurring of vision or weakness when you have a headache?</p>	<p>Do a complete neurologic examination.</p>	<p>RED FLAGS Meningeal signs (neck stiffness, photophobia or sensitivity to light) Severe headache that starts abruptly Increasing frequency of severe headaches Consistent location of recurrent headaches Headache awakens the adolescent from sleep Signs and symptoms of increased intracranial pressure Altered mental status, marked lethargy or change in behavior Seizures or convulsions Presence of ventriculoperitoneal shunt from previous neurosurgery Severe hypertension. Abnormal results of the neurologic examination Focal weakness Papilledema</p>	<p>Secondary headache</p>	<p>Urgent referral to a tertiary hospital or pediatric neurologist</p> <p>May request for cranial MRI or CT scan if neuro exam indicates abnormal signs or red flags</p>	



ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you awaken at night because of your headache?</p> <p>Is there a history of migraine or psychiatric disorders in the family?</p> <p>Inquire about factors that may have contributed to the headache:</p> <ul style="list-style-type: none"> - Using gadgets until late at night - Sleeping late - Not drinking enough water - Having drinks with caffeine - Not having a regular form of exercise - Feeling stressed lately - Feeling down or depressed for a prolonged period - Overused any of current medications 		<ul style="list-style-type: none"> • Pain on only one side of the head, pulsating • Moderate or severe intensity • Aggravated by or prevents you from doing routine physical activity • Accompanied by nausea or vomiting, oversensitivity to light and sound • Associated with risk factors/triggers • Family history • Pain on both sides of the head, tightening, non-pulsating • Mild or moderate intensity • Not worsening with physical activity • No nausea, vomiting, photophobia or phonophobia • Associated with or aggravated by psychological stress 	<p>Primary headache</p> <p>Can be:</p> <ol style="list-style-type: none"> 1. Migraine headache with/without aura 2. Tension Headache 	<p><i>Acute treatment</i></p> <p>Paracetamol 15mg q4-6h or ibuprofen 7.5mg q6-8h for pain control, as required.</p> <p>Reassure the adolescent and caregiver.</p> <p>Acknowledge the pain, explain the course of the condition.</p> <p>Advise to rest or sleep in a dark, quiet room when migraine develops.</p> <p><i>Preventive treatment</i></p> <p>Counsel on how to avoid headache triggers.</p> <p>If migraine attacks interfere with school and social life, refer to a specialist.</p>	<p>For those not requiring immediate referral, follow up in 5 days and check if symptoms persist.</p> <p>Advise to return sooner if the pain worsens.</p> <p>If the pain is still continuing at follow-up, refer to a specialist.</p> <p>Assess children who have a specific disease or condition and follow specialist's treatment plan.</p> <p>Advise to keep a headache diary to monitor headaches and response to treatment, and to identify triggers.</p>

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p><i>Tension Type Headache</i></p> <ul style="list-style-type: none"> • Is due to tension in the scalp muscles that feels like a tight band of pressure around the head. • Can be caused by physical or emotional stress, or by poor posture creating tension in the head and neck muscles. • Is best treated by correcting bad posture and dealing with the causes of stress. <p><i>Migraine</i></p> <ul style="list-style-type: none"> • Is associated with temporary changes in blood flow in the blood vessels in the head, causing a throbbing or pulsating pain. • Can be triggered by different things, including food, stress, heat and cold, strong smells, emotions, fatigue or hormonal fluctuations. • Can be treated with medications and lifestyle modifications, such as avoiding triggers. 	<p><i>Types of Headaches Common in Adolescents</i></p> <p>A. Primary: Migraine and tension type headaches</p> <p>B. Secondary: Associated with other medical conditions, such as sinusitis, dental disease, vision problems, trauma to the head and neck, influenza, and other infections; may also be associated with substance use or withdrawal, and mental health disorders.</p> <p><i>Effects of Headaches on the Body</i></p> <p>These will depend on what is causing the headache.</p> <p><i>Treatments the Health Provider May Propose</i></p> <p>Provide adequate pain relief by:</p> <ul style="list-style-type: none"> • Rest and adequate sleep • Medications, such as paracetamol, aspirin, or ibuprofen. Follow precautions to watch out for side effects. <p>Have a complete assessment done to find the cause of the headache.</p>	<p><i>What You Can Do</i></p> <ul style="list-style-type: none"> • Follow the doctor's advice and recommended treatment. • Try to continue your normal daily activities even though you may have a slight headache, and observe if it stops spontaneously or progresses. • See a health worker right away if you experience any of the following: <ul style="list-style-type: none"> - Headache lasting longer than 2 weeks - Convulsions when you have a headache - Mental confusion that you notice yourself or others notice in you - Weakness or lack of coordination in your arms or legs - Vomiting. • To alleviate the headache: <ul style="list-style-type: none"> - Drink lots of fluids. - Exercise regularly. - Do not skip meals. - Get adequate sleep. - Avoid caffeine, energy drinks, and sweets. - Avoid triggers. - Do stress management (relaxation, CBT, mindfulness, biofeedback).

References and Resources for HSPS

Omnibus Health Guidelines, page 48 (Recommended Non-pharmacological and Pharmacological Management for Conditions)

NICE Guidelines: Headaches in Over 12s: Diagnosis and Management. <https://www.nice.org.uk/Guidance/CG150>

Resources for the client: [TeenHealth: Headaches](https://www.nice.org.uk/Guidance/CG150). kidshealth.org/en/teens/headaches.html

Legal Framework: none



A3 Seizure

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have/had a seizure.

Parent: My son/ daughter has/had a seizure.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>When did the first seizure occur?</p> <p>How frequently do they occur?</p> <p>When was the last time it occurred? How long did it last?</p> <p>Can you describe the movements?</p> <p>Was there loss of consciousness? Or urination?</p> <p>What was the behavior after the seizure?</p> <p>Were there any symptoms prior to seizure, such as headache, nausea, vomiting, visual changes, behavioral</p>	<p>Check vital signs:</p> <ul style="list-style-type: none"> • Blood pressure (BP) • Heart rate (HR) • Temperature • Respiratory rate (RR) <p>Check for ABCDE: Airway, breathing, circulation, disability, exposure</p> <p>Examine the following:</p> <ul style="list-style-type: none"> • Level of consciousness • Eye movement • Pupil size • Signs for meningeal irritation or increased intracranial pressure, such as neck stiffness • Signs of trauma • Muscle tone or weakness 	<p>RED FLAGS</p> <ul style="list-style-type: none"> • Seizure lasting longer than 5 minutes OR • More than 1 seizure within a 5-minute period • No return to a normal level of consciousness between episodes 	<p>Status epilepticus</p>	<p>Refer to a tertiary hospital or pediatric neurologist.</p> <p>If the patient is in active seizure, stabilize, then refer to hospital:</p> <ul style="list-style-type: none"> • Stay calm, monitor the patient and the duration of the seizure. 	<p>Follow the pediatric neurologist's treatment plan.</p> <p>Assess regularly for side effects of anti-epileptic drugs in coordination with the specialist.</p>
		<ul style="list-style-type: none"> • Failure of at least 2 anti-epileptic drug to control seizures 	<p>Intractable seizures</p>	<ul style="list-style-type: none"> • Protect the patient from injury by moving away harmful objects. • If the patient is on the floor, put something soft under the head and loosen anything around the neck. 	

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>changes, or loss of consciousness?</p> <p>Were there any events surrounding the episode, such as fever, injury, trauma, or underlying conditions?</p> <p>Do you have any recorded video of the episode?</p> <p>Is there a family history of seizures or epilepsy?</p> <p>Is there a history of medications/drug use?</p> <p>Do you have any history of travel?</p>	<ul style="list-style-type: none"> • Absent reflexes • Unstable gait 	<ul style="list-style-type: none"> • Two or more unprovoked epileptic seizures that occur more than 24 hours apart • Absence of any underlying illness, fever, or acute brain injury 	Epilepsy	<ul style="list-style-type: none"> • DO NOT put anything in the mouth. • DO NOT give any oral medication until convulsion is controlled. <p>If the patient has high fever, may give paracetamol or ibuprofen ONCE AWAKE.</p>	
		<ul style="list-style-type: none"> • Unilateral focal motor seizures with movement, sweating, or visual and auditory symptoms with or without awareness 	Focal seizures		
		<ul style="list-style-type: none"> • Bilateral motor seizure with visible movement, such as muscle twitching, spasms, or non-motor or absence seizure (just staring) 	Generalized seizures		

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p><i>What to Do if Diagnosed with Epilepsy</i></p> <ul style="list-style-type: none"> • Take the medication as prescribed, and don't stop taking it without consulting your doctor first. • Go to your physician for checkup regularly. • Avoid seizure triggers, such as stress, lack of sleep, or flashing lights for those with photosensitive epilepsy. • Have an action plan with your caregiver, with clear and easy instructions on what to do if a seizure happens. • Have a healthy lifestyle. Do not consume alcohol and drugs, as they can trigger seizures and interact with the medication. • Avoid activities involving heights or swimming unless there is close supervision. • Take special care when handling hot water or objects that can burn, like flat iron, kettles, stoves, or barbecue grills. • Wear a helmet and protective gear when riding a bicycle or scooter. 	<p><i>What Parents Should Do if Their Child Is Diagnosed with Epilepsy</i></p> <ul style="list-style-type: none"> • Know what to do when a seizure occurs; follow a first aid action plan. • Inform the whole family and school of the child's epilepsy. Make sure that anyone caring for the child knows what to do in the event of a seizure, knows the action plan, and has access to the medication if needed. • Make sure the adolescent goes to the doctor for checkup regularly.

References and Resources for HSPS

Omnibus Health Guidelines, page 48 (Recommended Non-pharmacological and Pharmacological Management for Conditions)

NICE Guidelines: Epilepsy in Children, Young People and Adults. <https://www.nice.org.uk/guidance/ng217>

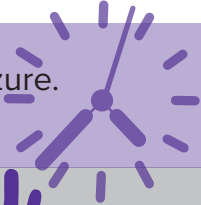




Resources for the client: #SeizureFirstAid - What to Do in the Event of a Seizure. https://youtu.be/1azFuq_yZpE

Legal Framework: none




Seizure First Aid

What to do in the event of a seizure

1	STAY with the person and start timing the seizure. Remain calm and check for medical ID.	
2	Keep the person SAFE . Move or guide away from harmful objects .	
3	Turn the person onto their SIDE if they are not awake and aware. Don't block airway , put something small and soft under the head, loosen tight clothes around neck.	
4	Do NOT put anything in their mouth. Don't give water, pills or food until the person is awake.	
5	Do NOT restrain .	
6	STAY with them until they are awake and alert after the seizure. Most seizures end in a few minutes.	

Call 911:

- ▲ Seizure lasts longer than 5 minutes
- ▲ Repeated seizures
- ▲ Difficulty breathing
- ▲ Seizure occurs in water
- ▲ Person is injured, pregnant, or sick
- ▲ Person does not return to their usual state
- ▲ First time seizure

 **EPILEPSY FOUNDATION**

© 2018 Epilepsy Foundation of America, Inc.

Adapted from: *Pocketbook of Primary Health Care for Children and Adolescents*. WHO, 2022.

A4 Syncope

PRESENTING COMPLAINT/QUESTIONS:


Adolescent: I lost consciousness.

Parent: My son/ daughter had sudden loss of consciousness.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Describe what happened.</p> <p>Did it happen suddenly?</p> <p>How long were you unconscious?</p> <p>Did you recover spontaneously?</p> <p>What do you think caused you to lose consciousness?</p> <p>Did you also have a convulsion, palpitation, and chest pain when you lost consciousness?</p>	<p>Check BP and oxygen saturation.</p> <p>Do a physical exam(PE) and check for:</p> <ul style="list-style-type: none"> • Pallor, cyanosis (bluish skin) • Irregular, or abnormally fast or slow heartbeat, or heart murmur • Neurological signs (altered mental status, reduced consciousness, lack of muscle coordination, reduced muscle tone and strength, absent reflexes, unstable gait, abnormality on examination of cranial nerves) 	<p>RED FLAGS:</p> <p>History of heart disease or heart surgery</p> <p>Starts and stops suddenly (???)</p> <p>Pallor, fast breathing</p> <p>Palpitations, chest pain</p> <p>Irregular or too slow or too fast heartbeat</p> <p>History of congenital heart disease</p> <p>Rheumatic heart disease</p> <p>Kawasaki disease</p>	<p>Cardiac syncope</p>	<p>Identify children with any life-threatening condition and treat or refer urgently.</p>	
		<ul style="list-style-type: none"> • Usually no prodrome(early signs), no cyanosis or redness, no abnormal movements since the beginning of the episode, and no spontaneous complete recovery. 	<p>Seizure</p>	<p>See A3: Seizure Algorithm,</p>	<p>See A3: Seizure Algorithm.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you have congenital heart disease or other heart diseases? Have you had a heart surgery?</p> <p>Do you take any medications?</p> <p>Do you have a family history of seizure or heart disease?</p>	<ul style="list-style-type: none"> Contusions (possible trauma due to loss of balance) 	<ul style="list-style-type: none"> With prodrome, headache prior to and after the loss of consciousness, and no complete recovery after. 	Migraine	See A2: Headache Algorithm.	See A2: Headache Algorithm.
		<ul style="list-style-type: none"> Loss of consciousness is usually not complete, of gradual onset and longer duration Recovery with glucose intake. Associated with tachycardia or fast heartbeat, sweating, weakness, and tremor. 	Hypoglycemia	Have fasting blood sugar (FBS) taken. Provide dietary counseling.	
		<ul style="list-style-type: none"> Gradual onset with symptoms prior to loss of consciousness, such as pallor, fatigue, and weakness. 	Severe anemia	Have complete blood chemistry (CBC) done. Provide dietary counseling, prescribe iron supplement.	Follow up after 3 months of iron supplement with repeat CBC.
		<ul style="list-style-type: none"> History of anxiety triggered by hyperventilation, emotional stress, and anxiety crisis 	Anxiety	Provide counseling. Refer to psychiatrist. See F2: Anxiety Algorithm.	See F2: Anxiety Algorithm.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		<ul style="list-style-type: none"> • The most common syncope in adolescents • Preceded by prodromes of nausea, sweating, pallor, feeling or warmth, tingling of extremities, "graying out," and tunnel vision. • Triggered by pain, anxiety and stress. 	<p>Vasovagal syncope (fainting)</p>	<p>Treatment is usually not required.</p>	
		<ul style="list-style-type: none"> • Brief loss of consciousness, with prodromes of sweating, dizziness, nausea, pallor, and visual changes. • Triggered by postural changes, like suddenly getting up. • May be associated with dehydration, anemia, or medication use. 	<p>Orthostatic syncope</p>	<p>If with RED FLAGS, refer to a specialist for further investigation and treatment plan.</p>	

Information for the Adolescent and Accompanying Adult	
	<p>Additional Information:</p> <ul style="list-style-type: none">• When you start feeling the first symptoms of nausea, dizziness or visual changes, immediately sit or lie down and cross your legs, take a squat position, join your hands, and tense your arms.• To prevent repeat episodes, identify and avoid the triggers, such as not drinking enough water, being in hot and crowded environments, or standing up too fast. <ul style="list-style-type: none">• If syncope episodes keep repeating, are frequent and are unpredictable, go to a specialist to get specific treatment.• Avoid, if possible, any medication that lowers blood pressure.  An illustration of a clear glass filled with water and two white, round pills with a score line, resting on a light-colored surface. The glass and pills are rendered with soft shadows, giving them a three-dimensional appearance.

A5 Chest Pain

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: My chest hurts. I can't breathe.

Parent: My son/daughter complains of chest pain/discomfort.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>What is the pain like, and how painful is it?</p> <p>When does the pain come? What are you doing? And when does it disappear? Does it happen after eating?</p> <p>Does it radiate to other parts of the body?</p> <p>Do you have a history of trauma?</p> <p>Is the pain affected by exercise or coughing?</p> <p>Do you have a family history of bronchial asthma and cardiac disease?</p>	<p>Check vital signs: BP, HR, RR, temperature and oxygen saturation</p> <p>Perform a complete PE and look for:</p> <ul style="list-style-type: none"> • Pallor, cyanosis, edema • Capillary refill time longer than 2-3 secs • Poor or absent axillary and femoral pulses, arrhythmia, tachycardia or bradycardia • Swelling, asymmetrical bruises on the chest wall • Pain on palpation of junction of sternum with ribs • Liver enlargement, epigastric tenderness 	<p>RED FLAGS:</p> <ul style="list-style-type: none"> • Chest pain described as "deep", "crushing", or "substernal" • Emesis, diaphoresis, altered mental status or dyspnea • Chest pain, dizziness or syncope with exertion • Palpitations • Symptoms of heart failure, including exercise intolerance, fatigue, tachypnea and peripheral edema • Personal history of congenital heart disease, heart transplant, Kawasaki disease or substance abuse • Family history of cardiomyopathy, arrhythmia, sudden death, connective tissue disease or hypercoagulable states 	<p>Pericarditis Myocarditis Cardiac ischemia Arrhythmia Acute chest syndrome Pneumothorax Severe chest trauma</p>	<p>Stabilize, then refer to tertiary hospital.</p> <p>if you suspect a cardiac cause or when a clear diagnosis is not reached, request the following, if available, for further investigation: Chest X-ray ECG 2D echo</p>	

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
Have you been stressed lately?	<ul style="list-style-type: none"> • Friction rub, murmur, arrhythmia, distant heart sounds, respiratory distress (breathing fast, chest indrawing), hypoventilation, wheezing, crackle • Skin rash • Oral ulcers 	<ul style="list-style-type: none"> • Localized “sharp” pain, reproducible on examination with palpation of the ribs • PE: localized tenderness • History of direct trauma, aggressive exercise, prior URTI with cough 	Costochondritis (Tietze’s syndrome)	May prescribe: NSAIDS, paracetamol, COX2 inhibitor (celecoxib), muscle relaxant. Recommend: Ice pack for 20 minutes, stretching exercises, avoid exacerbating activities.	Return after 7 days, or earlier if the condition worsens.
		<ul style="list-style-type: none"> • “Burning” chest pain, usually correlated with eating • PE: weight loss, dental erosions, cobble stoning of the posterior pharynx 	Reflux	For acid suppression: H2blockers (ranitidine, famotidine) Proton pump inhibitors (PPI) (omeprazole, pantoprazole)	Return after 7 days, or earlier if the condition worsens.
		<ul style="list-style-type: none"> • Chest “tightness” during exacerbation • PE: wheezing, alar flaring, retraction, O2 saturation • Family history: asthma 	Asthma	See Management of Asthma in A6: Chronic Cough Algorithm.	See Management of Asthma in A6: Chronic Cough Algorithm.
		<ul style="list-style-type: none"> • History of fear, anxiety, often triggered by stress • PE: fast and deep breathing (hyperventilation) • Chest tightness • Tingling or spasms in lips, hands or feet, dizziness 	Psychogenic (anxiety)	Provide counseling and reassurance. Recommend deep breathing/ mindfulness exercises. Refer to a psychiatrist.	Return after 7 days, or earlier if the condition worsens.

Information for the Adolescent and Accompanying Adult		i
	<p>Additional Information:</p> <ul style="list-style-type: none">• For adolescents with acid reflux, recommend some dietary changes:<ul style="list-style-type: none">- Small, frequent meals- Upright position 30 minutes after meals- Avoid dietary triggers (carbonated drinks, oily and spicy food, caffeine)	<ul style="list-style-type: none">• Provide the adolescent with psychosocial support.  An illustration in the bottom right corner of the table cell shows a white mug with steam rising from it, and a glass bottle of dark soda with a white label and a red cap. The background of the table cell is light blue with a faint 'DRAFT' watermark.

A6

Chronic Cough

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have cough for more than 2 weeks already.

Parent: He/She has been coughing for a long time.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How long have you had cough?</p> <p>What time of day do you cough more?</p> <p>Have you been exposed to allergens?</p> <p>Is there a history of asthma, skin allergies or allergic rhinitis in the family?</p>	<p>Check vital signs: HR, RR, O2 saturation.</p> <p>Measure breathing peak flow (if meter is available).</p> <p>Check for:</p> <ul style="list-style-type: none"> • Hyperinflation of the chest • Lower chest wall indrawing • Alar (nasal) flaring • Use of accessory muscles for respiration (feel the neck muscles) • Retractions • Prolonged expiration with audible wheeze on auscultation with stethoscope • Silent chest (reduced or no air intake) in serious obstruction 	<p>RED FLAGS</p> <p>O2 saturation <90%</p> <p>Drowsy/confused</p> <p>Paradoxical thoracoabdominal movement (abnormal contraction and expansion of chest when inhaling and exhaling)</p> <p>Bradycardia (slow heart rate)</p> <p>Cyanosis (bluish skin)</p>	<p>Respiratory arrest imminent</p>	<p>Do quick Pediatric Advanced Life Support (PALS) airway, breathing, circulation, disability, exposure (ABCDE) assessment and management.</p> <p>Refer to ER.</p>	
		<ul style="list-style-type: none"> • Breathlessness at rest • Prefers sitting or sits upright • Talks in words or phrases • Usually agitated • Often RR >20-30cpm • With retractions • HR 100 to >200 	<p>Bronchial asthma, in acute exacerbation</p>	<p>Do quick PALS ABCDE assessment and management.</p> <p>Refer to ER.</p>	

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		<ul style="list-style-type: none"> Breathlessness while walking Can tolerate lying down Talks in sentences Maybe agitated Increased RR > 20bpm No retractions HR <100 O2 sat >95% 	Bronchial asthma, not in acute exacerbation	<p>Administer rescue medications: short-acting beta agonist (SABA) x3 doses in 1 hour.</p> <p>If with incomplete response, start short course of oral prednisone 1-2 mg/kg/day for 5 days in addition to SABA therapy.</p> <p>If no improvement after 3rd dose, refer to ER.</p>	<p>Arrange follow-up within 1–2 days.</p> <p>Refer to a general pediatrician or pediatric pulmonologist for appropriate asthma control management and follow-ups.</p>
<p>Do you have persistent cough that does not improve for more than 2 weeks, with or without wheeze?</p> <p>Have you been exposed to infectious TB, like having shared the same enclosed living space with a person with TB for one or more nights or for frequent or extended periods in the daytime?</p>	<p>Look for:</p> <ul style="list-style-type: none"> Weight loss or faltering growth (assess using growth charts) Fluid on one side of the chest (reduced air entry, dullness when tapped) Enlarged, non-tender lymph nodes, or a lymph node abscess, especially in the neck 	<p>Presence of at least one of the three main signs and symptoms of TB:</p> <ul style="list-style-type: none"> Coughing/ wheezing for 2 weeks or more, especially if unexplained (e.g., not responding to antibiotic or bronchodilator treatment) 	Presumptive TB	<p>Refer to TB specialists or TB-DOTS for confirmation.</p> <p>Conduct bacteriologic confirmation:</p> <ul style="list-style-type: none"> Sputum sample collection Request for gene XpertMtb/RiF test <p>If confirmed, start treatment with a shorter intensive phase (isoniazid, rifampicin, pyrazinamide, ethambutol) for 2 months then followed by a longer continuation phase</p>	<p>Monitor treatment response and support adherence.</p> <p>After a month of effective treatment, observe clinical improvement and weight increase, and adjust doses regularly based on weight gain.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you experience unexplained fever for more than 2 weeks?</p> <p>Are you losing weight? Do you have night sweats? Do you get tired or fatigued easily?</p> <p>Do you experiencedifficulty of breathing or shortness of breath?</p>	<ul style="list-style-type: none"> Abdominal swelling, with or without palpable lumps, enlarged liver and spleen Progressive swelling or deformity in a bone or joint, including the spine 	<ul style="list-style-type: none"> Unexplained fever for 2 weeks or more after common causes such as malaria or pneumonia have been ruled out Unexplained weight loss Night sweats Enlarged lymph nodes, liver and spleen. 	Bronchial asthma, not in acute exacerbation	<p>(isoniazid and rifampicin) for 4 months</p> <ul style="list-style-type: none"> Isoniazid: 5 mg/kg (4-6), max 300 mg daily Rifampicin: 10 mg/kg (8-12), max 600 mg daily Pyrazinamide: 25 mg/kg (20-30), max 2 g daily Ethambutol: 15 mg/kg (15-20), max 1.2 g daily <p>Identify adolescent contacts and index patients.</p>	<p>After completing of intensive phase</p> <p>treatment, obtain sputum sample for bacteriological examination.</p> <p>After the intensive phase, follow up monthly.</p>

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p>Asthma</p> <p>Asthma is a chronic condition that requires:</p> <ul style="list-style-type: none"> Lifelong treatment and regular follow-up Identifying and managing modifiable risk factors Avoiding: <ul style="list-style-type: none"> Tobacco smoke Food allergy and other allergens Emotional stress or psychological concerns Overweight/obesity 	<p>Tuberculosis</p> <p>Tuberculosis is curable with a complete course of effective combination therapy. So you must:</p> <ul style="list-style-type: none"> Adhere to the treatment protocol. Have adequate nutrition. Have family members and close contacts screened. Report any side effects (although rare), such as rashes, jaundice, persistent weakness, fatigue, fever, abdominal pain, numbness, blurring of vision, easy bruising or bleeding, Have regular follow-up with your physician.

References and Resources for HSPS

Omnibus Health Guidelines for Adolescents, page 49-50 (Recommended Non-pharmacological and Pharmacological Management for Conditions)

See [Asthma Action Plan](#)

Resources for the client: None

Legal Framework: None



ASTHMA ACTION PLAN

Phone: _____

Action plan updated: M _____ / D _____ / Y _____

Bring this action plan to your doctor/nurse at each visit.

Doctor's Contact Details: _____
 Nurse/Educator Details: _____

**In an emergency call:
 OR CALL AN AMBULANCE IMMEDIATELY.**

YOUR EMERGENCY CONTACT PERSON
 Name: _____
 Phone: _____
 Relationship: _____

IF YOUR ASTHMA IS WELL CONTROLLED

You need your reliever inhaler less than 3 times per week, you do not wake up with asthma and, and your asthma does not limit your activities (including exercise) *(If used, peak flow over _____ L/min)*

Your controller medication is: _____ (name) _____ (strength)
 Take: _____ puffs/tablet _____ times EVERY DAY
 Use a spacer with your controller inhaler

Your reliever/rescue medication is: _____ (name) _____ (strength)
 Take _____ puffs if needed to relieve asthma symptoms like wheezing, coughing, shortness of breath
 Use a spacer with your reliever inhaler

Other medications: _____ (name) _____ (strength) _____ (how often)
 _____ (name) _____ (strength) _____ (how often)

Before exercise take: _____ (name) _____ (strength) _____ (how many puffs/tablets)

IF YOUR ASTHMA IS GETTING WORSE

You need your reliever more often than usual, you wake up with asthma, or you cannot do your normal activities (including exercise) because of your asthma *(If used, peak flow between _____ and _____ L/min)*

Take your reliever/rescue medication: _____ (name) _____ (strength) _____ (how often)
 Use a spacer with your controller inhaler

Take your controller medication: _____ (name) _____ (strength)
 Take: _____ puffs/tablet _____ times EVERY DAY
 Use a spacer with your reliever inhaler Contact your doctor

Other medications: _____ (name) _____ (strength) _____ (how often)

IF YOUR ASTHMA SYMPTOMS ARE SEVERE

You need your reliever again more often than every 3-4 hours, your breathing is difficult, or you often wake up with asthma *(If used, Peak Flow under _____ L/min)*

Take your reliever/rescue medication: _____ (name) _____ (strength) _____ (how often)
 Take prednisone/prednisolone: _____ (name) _____ (strength)
 Take: _____ tablet _____ times every day

CONTACT A DOCTOR TODAY OR GO TO THE EMERGENCY DEPARTMENT

Additional comments: _____

A7 Gastrointestinal Disturbances

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have abdominal pain/ discomfort.

Parent: son/daughter is complaining of abdominal pain.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Did the pain start suddenly?</p> <p>How would you describe the pain?</p> <ul style="list-style-type: none"> - Sharp and stabbing - Burning - Dull - With pain-free intervals <p>How severe is the pain?</p> <p>Does the pain interfere with normal activities?</p> <p>Since when have you been experiencing this discomfort? How often does it happen?</p>	<p>Perform a complete PE and look for:</p> <ul style="list-style-type: none"> • Abdominal distension or abdominal masses • Tenderness and involuntary guarding on palpation, location of this, rebound tenderness, pain on movement • Rigid abdomen • Absent bowel sounds on auscultation • Growth and pubertal status • Genital or testicular abnormalities 	<p>RED FLAGS</p> <p>Acute onset</p> <p>Tenderness to percussion, hopping or cough</p> <p>Migration of pain to right lower quadrant (RLQ) of the tummy</p> <p>Continuous pain in RLQ</p> <p>Fever >38c</p> <p>Lack of appetite (anorexia)</p> <p>Nausea/bilious vomiting</p> <p>Rigid abdomen</p> <p>Voluntary guarding</p> <p>Bloody vomit (hematemesis) or black stool (melena)</p>	<p>Surgical abdomen</p> <p>Possible acute appendicitis, bowel obstruction, ovarian torsion, testicular torsion, mesenteric adenitis</p>	<p>Get emergency surgical consultation</p>	<p>Follow up within 24 hours and secure feedback.</p>
		<ul style="list-style-type: none"> • Sexually active adolescent girls • Delayed/missed menstruation 	<p>Pregnancy complication</p>	<p>See H9: Suspected Pregnancy Algorithm.</p>	

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Where is the location of pain? Localized, midline, periumbilical, or diffuse? Did it shift, become more diffuse or more confined?</p> <p>Is it accompanied by: - Fever - Fullness or feeling full quickly - Bloating/burping - Weight loss - Nausea/retching/vomiting - Diarrhea/constipation - Pain when urinating - Cough</p> <p>Is there vaginal discharge/bleeding?</p> <p>Do you have a history of trauma?</p> <p>Do you skip meals?</p> <p>Does the pain increase when you eat? What makes the pain worse, and what relieves it? Are there foods, beverages, or medications that aggravate symptoms (like fatty foods, caffeinated</p>	<p>(imperforate hymen in girls, testicular torsion or incarcerated hernia in boys)</p> <p>Rectal and vaginal examinations are not routinely performed in adolescents, but perform them when indicated.</p>	<ul style="list-style-type: none"> • Pain and tenderness in lower abdomen • Pain during or after intercourse • Vaginal discharge, vaginal bleeding, or penile discharge 	<p>Pelvic inflammatory disease (PID)</p> <p>or</p> <p>Sexually transmitted infection (STI)</p>	<p>See H6-H8: STI Algorithms</p> <p>For all women diagnosed with PID: test for gonorrhea, chlamydia, HIV, and syphilis.</p> <p>Treatment: Ceftriaxone 500mg IM single dose Doxycycline 100mg orally 2x/day x 14days Metronidazole 500mg orally 2x/day for 14 days</p>	<p>Clinical improvement is seen after 3 days of initiation of therapy. If no clinical improvement in <72 hours after outpatient IM or oral therapy, hospitalization is advised for:</p> <ul style="list-style-type: none"> - additional diagnostics including laparoscopy for alternative diagnoses; - assessment of antimicrobial regimen; and - close monitoring.
		<ul style="list-style-type: none"> • Fever • Dysuria • Hematuria • Frequent urination 	<p>Urinary tract infection (UTI)</p>	<p>See H4: Dysuria Algorithm.</p>	
		<ul style="list-style-type: none"> • Bloody diarrhea • Fever • Vomiting • Signs of dehydration 	<p>Dysentery, infectious enteritis, colitis</p>	<p>Treatment</p> <p>For fluid losses: oral rehydration salts (ORS) For infection: oral ciprofloxacin 15mg/kg 2x/day for 3 days if there is no known antibiotic sensitivity</p>	<p>Follow up after 2–3 days of treatment, and look for signs of improvement such as:</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>beverages, nonsteroidal anti-inflammatory drugs)?</p> <p>Are you sexually active? For female, ask for menstrual history (last menstrual period, regular/irregular cycle)</p> <p>Does the pain come after your menstrual cycle?</p> <p>Do you have current stressors (e.g., start of school or other causes of stress; situation at home and school, relationships with family and peers)?</p> <p>Do HEADSSS to screen for psychological factors (e.g., depression)</p> <p>(See ANNEX B)</p>				<p>Foramoebiasis: Metronidazole 10mg/kg/dose 3x/day for 7 days (max 500mg/dose)</p>	<p>defervescence; - fewer stools with less to absence of blood; - improved appetite.</p> <p>If there is no improvement, refer to hospital.</p>
		<ul style="list-style-type: none"> • Non-bloody diarrhea 	Viral gastroenteritis	<p>Apply supportive management.</p> <p>Prescribe ORS.</p>	<p>Follow up after 2–3 days of treatment, and look for signs of improvement such as fewer stools with improved appetite.</p> <p>If there is no improvement, refer to hospital.</p>
		<p>Symptoms associated with ingestion of dairy products like milk, cheese, ice cream, etc.:</p>	Lactose intolerance	<p>Reduce or eliminate lactose from the patient's diet.</p> <p>Refer to specialist for confirmation of diagnosis.</p>	<p>Follow up in 4 weeks</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		<ul style="list-style-type: none"> • Frothy, watery diarrhea • Abdominal pain • Abdominal distension or bloating • Flatulence • Scratches or excoriations around the anus 			
		<ul style="list-style-type: none"> • Pain in the upper abdomen • Dull pain related to eating meals • Use of medications (steroids or NSAIDs) • Major stress 	Peptic ulcer disease	<p>Refer to specialist for: Endoscopy to confirm the diagnosis of peptic ulcers Gastric biopsy to test for H. pylori infection.</p> <p>May give proton pump inhibitors such as omeprazole 1 mg/kg once a day to relieve the pain and promote ulcer healing</p>	Follow-up in 4 weeks.
		<ul style="list-style-type: none"> • Menstruating adolescent girls • Cramps or pain in the lower abdomen before and during period 	Dysmenorrhea	See H1: Menstrual Pain Algorithm.	

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		<ul style="list-style-type: none"> • Pain or discomfort in the upper abdomen that worsens when eating, and makes one feel full easily, bloated, nauseated, or wanting to vomit 	Dyspepsia	<p>Advise patient to: Eat small frequent meals. Avoid food, beverages, and medications that aggravate symptoms (e.g., high-fat foods, caffeinated beverages, NSAIDS).</p>	Follow-up in 4 weeks.
		<ul style="list-style-type: none"> • Pain around the navel • Normal physical finding • Family history of functional disorder 	Functional abdominal pain	<p>Reassure patient. Advise on healthy diet, physical activity and ways to reduce anxiety, such as relaxation and adequate sleep.</p>	Follow up within 4 weeks. Refer for psychological support if no improvement.
		<ul style="list-style-type: none"> • Less than 3 times bowel movement in a week; difficulty pushing; stools larger than usual • Dry, hard or lumpy stool • Bleeding due to hard stool • Palpable feces on abdominal examination 	Constipation	<p>Give supportive care of proper diet with adequate fiber and fluid intake.</p> <p>If supportive care is insufficient, may give oral osmotic and lubricant laxatives: Polyethylene glycol 0.2 - 0.8 g/kg once a day (Max 17g/day)</p>	Follow up in 4 weeks.

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p>Types of Abdominal Pain</p> <ul style="list-style-type: none"> • Menstrual pain • Gastroenteritis • Appendicitis • Pain associated with complications of pregnancy. A detailed history and physical examination need to be done to determine the cause. The seriousness of an abdominal pain, its effect on your body, and its management and treatment will depend on what is causing it. <p>Management and Treatment Actions the Health Provider May Take</p> <p>Provide pain relief through:</p> <ul style="list-style-type: none"> • Physical therapies: rest, warm compress and massage • Medications: pain relievers, such as paracetamol <p>Identify and treat the underlying cause with:</p> <ul style="list-style-type: none"> • Antibiotics for urinary tract infections • Rest for a few days if caused by viral illness • Further treatment if appendicitis or pregnancy-related 	<p>What You Can Do</p> <ul style="list-style-type: none"> • Consult and follow the health worker's advice and recommended treatment • Do not take more medication than prescribed by the doctor. • Continue your normal daily activities (e.g. going to study or work), even though you may have a slight abdominal pain. • See a health worker right away if you experience any of the following: <ul style="list-style-type: none"> - your abdominal pain gets worse - your pain moves to the lower right part of your abdomen - you vomit everything you eat or drink - your abdomen becomes more than a little distended.

References and Resources for HSPS

Omnibus Health Guidelines for Adolescents, page 47, 50-52 (Recommended Non-pharmacological and Pharmacological Management for Conditions)

Resources for the client: None

Legal Framework: none



A8 Acne

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have pimples all over my face.

Parent: My son/ daughter has pimples all over his/her face.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How long have you had this problem?</p> <p>Have you had any treatment for it?</p> <p>What treatment was done and for long?</p> <p>For female patients:</p> <p>Are you taking oral contraceptive pills or using contraceptive injections? Which type?</p> <p>- Progesterone-only pills and injections can make acne worse.</p> <p>- Combined oral contraceptive pills can make acne better in some women.</p>	<p>Examine face, neck, chest, back and upper arms.</p> <p>Look for:</p> <ul style="list-style-type: none"> - Comedones- whiteheads or blackheads with no redness - Pustules - pus-filled pimples with no redness - Papules - pimples that appear red due to inflammation - Nodules - pimples that are deeper in the skin and can be particularly disfiguring due to inflammation (redness) - Cysts 	<ul style="list-style-type: none"> • Nodules, cysts or scarring which is inflamed • Papules with no nodules, no cysts and no inflamed scarring 	<p>Severe acne</p> <p>Moderate acne</p>	<p>Refer to dermatologist.</p>	<p>See again in 2 months.</p>
		<ul style="list-style-type: none"> • Comedones or papules with no nodules, no cysts, and no inflamed scarring 	<p>Mild acne</p>	<p>Prescribe:</p> <ul style="list-style-type: none"> • Topical benzoyl peroxide 2.5% and retinoid (Adapalene 0.1%) <p>Apply to the lesions 2x/day until 2 weeks after the lesions disappear. Avoid sun exposure.</p> <p>Counsel on general skin care: Wash face with mild soap twice daily (before topical applications).</p> <p>Provide psychosocial support for those with psychological distress due to acne.</p>	<p>See again in 2 months.</p> <p>If there is no improvement or acne is worsening, refer to dermatologist.</p>

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p><i>Acne</i></p> <ul style="list-style-type: none"> • A skin condition that shows up as small bumps, like blackheads, whiteheads, pimples, or cysts. • Common in teens because of the hormone changes during puberty. <p><i>What Causes Acne</i></p> <ul style="list-style-type: none"> • The hair follicles, or pores, in your skin become clogged from too much sebum (an oily substance) and too many dead skin cells. • Bacteria especially one called Propionibacterium acnes can then get trapped inside the pores and multiply. <p><i>Tips to Help Prevent Acne</i></p> <ul style="list-style-type: none"> • Wash your face 1-2 times a day with a mild soap and warm water. • Cleanse face gently. Do not scrub hard with a washcloth. • If you wear makeup or sunscreen, make sure it's "non-comedogenic/acneogenic" 	<ul style="list-style-type: none"> • When you remove your makeup, remove all of it so it does not clog your pores. • Keep hair sprays/gels away from your face. • May use over-the-counter lotions and creams containing salicylic acid or benzoyl peroxide to help prevent and clear acne. Follow the instructions exactly. • Avoid foods that you have found to cause acne breakouts when you eat them. <p><i>More to Know About Acne</i></p> <ul style="list-style-type: none"> • Sometimes even if you wash properly, try lotions and use oil-free makeup, you still get acne. • Some girls may get acne a few days before their period starts due to hormone changes (premenstrual acne). • Do not touch, squeeze or pick your pimple/acne. Doing so can leave tiny, permanent scars on your face.

References and Resources for HSPS

Omnibus Health Guidelines for Adolescents, page 47 (Recommended Non-pharmacological and Pharmacological Management for Conditions) Philippine Dermatological Society. <https://www.facebook.com/PhilippineDermatologicalSociety/>

Resources for the client: Acne (for Teens). <https://kidshealth.org/en/teens/acne.html#catskin-stuff>

Legal Framework: none



GROWTH AND DEVELOPMENT

- B1 Male Puberty Related Concerns
- B2 Female Puberty Related Concerns
- B3 Breast Related Concerns



BI

Male Puberty-Related Concerns

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: My classmates are all taller than me, and have facial hair but I don't. Is something wrong with me?

Parent: My son is not growing taller.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Have you noticed more hair growing and other changes in your body, especially in your genital area?</p> <p>Are you growing taller faster now than before? When did you notice this?</p> <p>Do you have any long-standing diseases (e.g., cystic fibrosis), chronic diseases (e.g., lung, heart or renal disease, etc.), prolonged or recurrent fever, or weight loss?</p> <p>Are you taking any medication?</p> <p>Did you grow fast or slow when you were a child? or recurrent fever, or weight loss? Are you taking any medication? Did you grow fast or slow when you were a child?</p>	<p>Tip to Health Worker</p> <p>Inform the adolescent what the examination will entail and obtain his consent. Always ensure privacy of setting.</p> <p>Check weight and height, then compute BMI.</p> <p>Do sexual maturity assessment using Tanner Staging.</p> <p>Examine:</p> <ul style="list-style-type: none"> • Pubic hair (growth, how thick/sparse) • Penis <ul style="list-style-type: none"> - If obese, retract the pubic fat to get accurate size and check presence of anatomical variants of the penis (e.g., hypospadias), and foreskin retractability • Testes and scrotum (mass, color, texture, swelling, pain) 	<ul style="list-style-type: none"> • No enlargement of penis or testes by age 15 • No pubic hair by age 15 • Underweight (BMI less than -2Z score for age) • Signs/symptoms of chronic illness 	<p>Delayed puberty, probably due to chronic illness or undernutrition</p>	<p>Treat or refer for further evaluation of underlying medical condition. Address the nutritional problems. See C1-C4: Nutritional Concerns Algorithms.</p>	<p>Follow up chronic illness and nutritional problems as needed.</p> <p>Reassess pubertal development in 6 months.</p>
		<ul style="list-style-type: none"> • If 14 years old and no increase in testicular size beyond Tanner's stage 2 (G2), or no progress in pubertal development in the last 2 years • If development is delayed (no increase in testicular size beyond Tanner's stage 2 (G2) but adolescent is less than 14 years old • Not undernourished (BMI less than -2Z score for age) • With no signs/symptoms of chronic illness 	<p>Delayed puberty, unlikely to be due to chronic illness or undernutrition</p>	<p>Refer to an endocrinologist.</p> <p>Advise him that his pubertal development is somewhat delayed. Reassure him that most boys will eventually develop and go through puberty although a small number do not so that is why he needs to be checked further.</p>	<p>Reassess after 6 months.</p>

Information for the Adolescent and Accompanying Adult

Puberty

This is the stage when, as a child becomes an adolescent, the body starts preparing for adulthood. It lasts for about 4-5 years and is characterized by:

- A growth spurt, with a gain of around 20–25 cm over this period
- Increase in muscle and fat tissue
- Appearance of body hair and acne
- Development of sexual organs and reproductive potential (fertility).

When Puberty Occurs

For boys, puberty usually starts at about 9 years old and lasts until 15 or 16.

Causes of Early and Late Puberty

- Early puberty:
 - Most common cause – it runs in the family
 - Rare causes – tumor in the brain or genital area, disturbances in body hormones or a head injury affecting specific parts of the brain.
- Late puberty
 - Most common cause -- in the body's makeup (called constitutional delay), which runs in the family.
 - Rare causes – hereditary conditions or long-standing illness

Effects on the Body

- Early puberty may affect your height due to early release of sex hormones that stop long bones of the arms and legs from growing further.
- Late puberty may cause you to grow taller.

Reasons for Little Facial and Body Hair

- Possible delayed puberty, which means your facial and body hair will grow later, when your puberty catches up.
- Family characteristic, which means it is not in your family's genes to grow a lot of hair, in which case it is only natural for you to have little facial and body hair even as you grow older.

Differences in Penis and Testes Sizes

- Sizes of penis and testes differ among different individuals depending on family traits.
- Size has nothing to do with maleness or sexual function.
- Size may also get bigger still as you grow in your adolescent years.

What You Can Do

- Keep track of changes that happen in your body, including:
 - Height changes
 - Weight changes
 - Growth of hair on your face and body, especially in the pubic area
 - Changes in the color and texture of the skin of the scrotum
 - Changes in the size of the penis and testes
- Have regular and adequate exercise and have a healthy and nutritious diet.
- Be positive in your outlook. Accept, be comfortable with, and do not be anxious about your height, facial and bodily hair, and changes that happen in your body as you grow.

References and Resources for HSPP

Resources for the client: Growing Up: Pagbibinata

1. Iba na ang Lahat: Mga Pagbabagosa Pagdadalaga at Pagbibinata.

<https://malayaako.ph/iba-na-ang-lahat-mga-pagbabago-sa-pagdadalaga-at-pagbibinata/>

2. Nagiging Mama naba Ako? Paano To? <https://malayaako.ph/nagiging-mama-na-ba-ako-paano-to/>

3. It's HAIR very where! Lahat na Lang may Buhok! <https://malayaako.ph/its-hair-very-where-lahat-na-lang-may-buhok/>

4. Lagyan ng Tuldok ang Putok: Mga Solusyonsa BO, at Ibang Puberty Problems.

<https://malayaako.ph/lagyan-ng-tuldok-ang-putok-mga-solusyon-sa-bo-at-ibang-puberty-problems/>

Legal Framework: none



B2 Female Puberty-Related Concerns

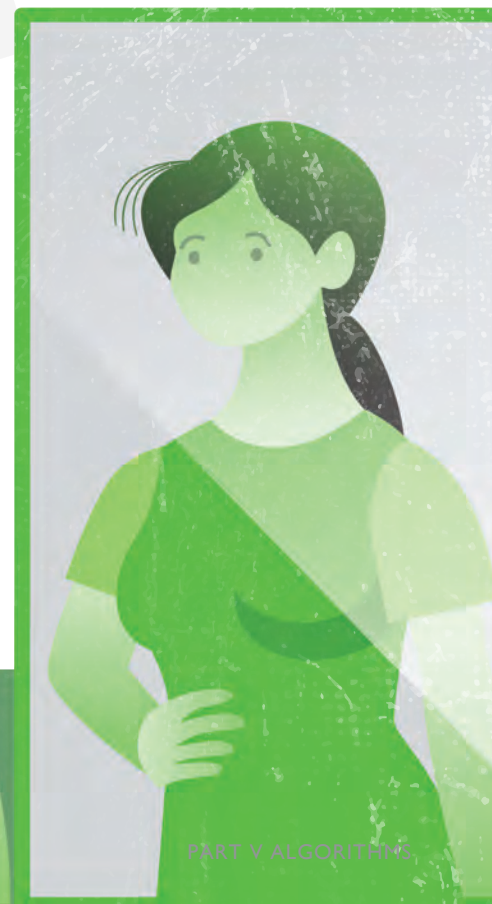
PRESENTING COMPLAINT/QUESTIONS:

Adolescent: My classmates are menstruating already and I'm not. Is something wrong with me?

Parent: Why is my daughter's breast not yet developed?

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>What changes have you noticed in the size of your breasts, the size of your nipples and color of the area around them, and hair growth in the genital area? When did you first notice these changes?</p> <p>Are you already having your monthly period?</p> <p>How old were you when you had your first period?</p> <p>Have you noticed any increase in your height or weight?</p> <p>Do you have any long-standing diseases?</p>	<p><i>Tip to Health Worker</i> Inform the adolescent what the examination will entail and obtain her consent. Always ensure privacy of setting.</p> <p>Check weight and height, then compute BMI.</p> <p>Do puberty/sexual maturity assessment using Tanner Staging.</p> <p>Check:</p> <ul style="list-style-type: none"> • Pubic hair growth (how thick/sparse) • Breast tissue • Color and size of the area around the nipples (areola) • Presence of anatomical variants in the genitals, labial adhesions, vulvar ulcers, vaginal discharge or bleeding. 	<ul style="list-style-type: none"> • No breast development by age 14 • No pubic hair by age 14 • Not menstruating by age 16 • Not menstruating for more than 5 years after first signs of breast development appeared • Undernourished (BMI less than -2Zscore for age) • With signs / symptoms of chronic illness 	<p>Delayed puberty, probably due to chronic illness or undernutrition</p>	<p>Treat or refer underlying medical condition.</p> <p>Address nutritional problems.</p> <p>See C1-C4: Nutritional Concerns Algorithms.</p>	<p>Follow up chronic illness as needed</p> <p>Follow up nutritional problems as needed.</p> <p>Reassess pubertal development in 6 months</p>
		<ul style="list-style-type: none"> • No breast development by age 14 • No pubic hair by age 14 • Not menstruating by age 16 • Not menstruating for more than 5 years after first signs of breast development appeared 	<p>Delayed puberty, unlikely to be due to chronic illness or undernutrition</p>	<p>Refer to an endocrinologist.</p> <p>Advise her that her pubertal development is delayed for her age. Reassure her that most girls will eventually go through puberty, although a small number do not, so she needs to be checked further.</p>	<p>Reassess after 6 months, and every 6 months thereafter until 14 years old.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
Do you have any long-standing diseases?		<ul style="list-style-type: none"> • Not undernourished (BMI less than -2Z score for age) • With no signs/symptoms of chronic illness 		If she is short for her age, refer to a specialist.	



Information for the Adolescent and Accompanying Adult

Puberty

This is the stage when, as a child becomes an adolescent, the body starts preparing for adulthood. This period lasts for 2-5 years. Chemicals in the body called hormones cause changes in a girl's body, including:

- Increase in height and weight, broadening of the hip, and narrowing of the waist
- Marked growth and development of the sexual organs, preparing your body for motherhood
- Pimples on the face, enlargement of breasts, and hair growing in the genital area and underarms.
- Having monthly menstruation

When Puberty Occurs

For girls, puberty may begin as early as 8 years old and last until 14-16 years old.

Causes of Early Puberty in Girls (before age 8)

- Overnutrition and resulting increase in body weight
- Family pattern of early puberty
- Steroids or drugs similar to sex hormones being taken as treatment of other illnesses
- Rarely, tumors in the brain or genitals, disturbances in hormones, or a head injury affecting parts of the brain that affect the onset of puberty.

Causes of Late Puberty in Girls (no bodily changes by age 14 and no menstruation by age 16)

- Undernutrition or underweight
- Problem in the body's makeup (called constitutional delay)
- Rarely, hereditary conditions, or an illness that lasts a long time

Effects of Puberty

- Early puberty, because of early release of sex hormones that may stop the long arm and leg bones from growing further, may prevent you from growing taller.
- Late puberty, may cause you to grow taller.
- An affected girl may be anxious whether she is normal. Her classmates and playmates may tease her, and make her feel awkward and unhappy.

What You Can Do

- Keep track of changes that take place in your body, like:
 - Height changes
 - Weight changes
 - Hair growth on your face and body, especially in the pubic area
 - Changes in size of breast and size and color of the areola
 - Onset of your first menstrual period
- Exercise regularly and eat a healthy diet.
- Have a positive outlook towards puberty. Do not be anxious if your body is not developing the same way as other girls. Different individuals develop differently.

References and Resources for HSPS

Resources for the client: Growing Up: Pagdadalaga

1. Iba Na Ang Lahat: Mga Pagbabago sa Pagdadalaga at Pagbibinata.

<https://malayaako.ph/iba-na-ang-lahat-mga-pagbabago-sa-pagdadalaga-at-pagbibinata/>

2. Dalaga Ka na, Hindi na Bata. <https://malayaako.ph/dalaga-ka-na-hindi-na-bata/>

3. Asan na ang Boobs Ko?! <https://malayaako.ph/asan-na-ang-boobs-ko/>

4. Lagyan ng Tuldok ang Putok: Mga Solusyon sa BO, at Ibang Puberty Problems.

<https://malayaako.ph/lagyan-ng-tuldok-ang-putok-mga-solusyon-sa-bo-at-ibang-puberty-problems/>

5. #CodeRED: Top 5 Tips para sa Malinis na Pagreregla. <https://malayaako.ph/codered-top-5-tips-para-sa-malinis-na-pagreregla/>

Legal Framework: none



PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I feel a lump in my breast.

Parent: My daughter complains of breast pain.

B3

Breast-Related Concerns

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How long have you had this breast pain? Is it only one or both breasts?</p> <p>Do you feel the pain before your menstruation? Or when menstruation is missed or delayed?</p> <p>When was your last menstrual period?</p> <p>Do you feel any mass in your breast? Is it painful when you touch it?</p> <p>Have you noted any discharge from your nipple/s? Or redness?</p> <p>Is there fever?</p> <p>Are you currently taking any medication?</p>	<p>Get menstrual history before proceeding.</p> <p>Check vital signs: temperature, etc.</p> <p>Do Tanner’s Staging of the breast.</p> <p>Examine the breast for any:</p> <ul style="list-style-type: none"> - Asymmetry - Redness - Nipple discharge (pus or blood) - Lumps (movable, fixed, hard, tender, non-tender) 	<ul style="list-style-type: none"> • Sexually active with absence of menses • Nausea/vomiting in the morning • Swelling or soreness in breasts 	Pregnancy	<p>Do pregnancy test; if positive, refer to health care provider.</p> <p>See H9: Suspected Pregnancy</p>	<p>Offer counseling. Give advice on prenatal care.</p>
		<ul style="list-style-type: none"> • Had trauma • Hematomas, bruises, or scars 	Trauma	<p>Apply cold compress for 15-20 minutes. Give NSAID such as ibuprofen to reduce pain or swelling.</p>	<p>Follow up after 1 week.</p>
		<ul style="list-style-type: none"> • Disclosure of abuse • Signs of abuse: hematoma, bruises, wounds, deformities, bite marks, scars 	Possible physical abuse	<p>See G2-G4: Abuse Algorithms.</p>	
	<p>WATCH OUT FOR SIGNS OF ABUSE:</p> <ul style="list-style-type: none"> - Hematomas, marks, scars, or bruises - Deformities (seen in chronic abuse) 	<ul style="list-style-type: none"> • Presence of fever, pain, and tenderness • *Predisposed if with superficial injury to the breast, obesity, mammary duct ectasia, hidradenitis suppurativa, local skin infection, and epidermoid cysts 	Breast abscess	<p>Start antibiotics. Refer for incision and drainage if needed.</p>	<p>Follow up after 1 week.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		<ul style="list-style-type: none"> • Signs of STI present 	Possible STI	See H6-H8: STI Algorithms.	
		<ul style="list-style-type: none"> • Pain occurring during or just before menstruation, with all other PE findings normal 	Poorly localized cyclic pain	Give reassurance. Recommend supportive brassiere. Give analgesic for the pain.	Follow up after 3 months.
		<ul style="list-style-type: none"> • Large breasts • Physically active adolescent with all other PE findings normal 	Adolescents with large breasts who are physically active may have pain related to stretching of ligaments	Give reassurance. Recommend supportive brassiere or sports bra. Give analgesic.	Follow up after 3 months.
		<ul style="list-style-type: none"> • Breast pain with palpable mass • Nipple discharge 	Fibroadenoma Fibrocystic disease malignancy	Refer to secondary or tertiary care facility.	
		<ul style="list-style-type: none"> • Recently started oral contraceptives (OCP) 	Side effect of OCP	Symptoms related to oral contraception typically improve within the first few months after initiation. If they do not, advise to reconsider the risks and benefits of oral contraceptives, or change to another method.	

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p><i>Breast Self-Awareness</i></p> <p>Adolescents should be aware of the normal appearance and feel of their breasts. Anything unusual, such as a mass, or redness, or nipple discharge, should be reported to the health care provider.</p> <p><i>Breast Pain</i></p> <p>Pain or discomfort in the breast is a frequent complaint of adolescent girls. It is often organic in origin, seldom psychosomatic. It is also called mastalgia, mastodynia or breast tenderness.</p> <p><i>Things to Know About Breast Pain</i></p> <ul style="list-style-type: none"> • Hormonal level changes related to menstruation or pregnancy are often responsible for breast tenderness. • It is common for pregnant women, especially the very young, to have breast tenderness in the first trimester of pregnancy. • Some swelling and tenderness commonly occur just before your menstrual period. Premenstrual tension can cause breast pain. • Breast pain is NOT a common symptom of cancer. • Injury, mastitis, and fibrocystic breast masses contain lumps that become tender just before the menstrual period. <p><i>Breast Lumps</i></p> <ul style="list-style-type: none"> • Fibroadenoma is a benign, solid, round or 	<p>oval breast tumor most common among women ages 15-35. It is rubbery, mobile, non-tender and rarely grows larger than 2-3cm. Fibrocystic diseases are best managed with analgesics. Rarely will surgery be needed.</p> <ul style="list-style-type: none"> • If the lump is due to an abscess, incision and drainage may be needed to remove the pus. Antibiotics will have to be given. <p><i>Gynecomastia</i></p> <p>This is breast enlargement in boys and men that usually occurs in Tanner Stage II-III. It is normal for some boys to have some breast swelling due to hormonal changes during adolescence, and sometimes it can be tender. Gynecomastia usually disappears in a year or two. It is not cancerous and it has nothing to do with a boy's sexuality.</p> <p><i>Breast Development</i></p> <ul style="list-style-type: none"> • Breasts develop early in puberty, usually before the menstrual period start. • Good nutrition and adequate exercise are important but breast development cannot be hurried; it will come in time. • Different girls go through puberty at different rates. So some girls may develop breasts earlier than others. • There is also significant variation in the breast size among girls, depending on stage of puberty, family traits, nutrition, and the normal differences in breast fat among females.

References and Resources for HSPS**Resources for the client:****Legal Framework:** none

DRAFT

NUTRITION

- C1 Undernutrition
- C2 Overweight and Obesity
- C2 Micronutrient Deficiency
- C3 Anemia



CI

Weight Concern: Underweight

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I lost weight; I don't want to be fat.

Parent: My son/daughter lost weight/is too thin.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Are you trying to lose weight? How? How much weight have you lost?</p> <p>Do you have any illnesses?</p> <p>How many times do you eat in a day (including snacks)? What do you usually eat, and how much do you eat?</p> <p>Do you exercise? What exercise do you do, how often and how long do you exercise?</p> <p>Do you spend so much time just sitting in front of your computer or cell phone screen? Is this related to school activities?</p> <p>What physical activities do you do in school?</p> <p>For girls: Do you have regular menses?</p> <p>How do you feel about your body and the way you look?</p>	<p>Check vital signs: temperature, HR, BP</p> <p>Get weight and height then compute for BMI and plot it on growth charts. See Annex C2 & C4</p> <p>Do complete PE and check for:</p> <ul style="list-style-type: none"> - Visible wasting - Muscle mass loss - Prominent clavicle, shoulder bones - Fat mass loss: flat facial cheeks, depressions between the ribs, flat buttocks - Dry skin, edema - Skin lesions (e.g. cheilosis) - Pale conjunctivae - Corneal dryness 	<ul style="list-style-type: none"> • BMI for age below -3 z-score line • Muscle wasting • Sunken eyes • Not able to stand/walk • Pitting edema 	<p>Severely underweight</p> <ul style="list-style-type: none"> • Severe undernutrition • Eating disorders • Chronic illness • Metabolic disease 	<p>Check CBC (to confirm type/degree of anemia)</p> <p>Refer for management of the following:</p> <ul style="list-style-type: none"> • Underlying medical condition (heart disease, TB, HIV, anemia, cancer, hyperthyroidism) • Marked weight loss, • Severe thinness • Eating disorders <p>Advise to:</p> <ul style="list-style-type: none"> • Eat more food and more often each day. • Eat more high energy/protein foods (fats, eggs, fish and meat) • Take zinc and micronutrient supplements • Limit physical activities, especially strenuous activities. 	<p>Follow up after 2 weeks and get feedback.</p> <p>Follow up identified health problems as needed.</p> <p>Reassess nutritional status after 1 month.</p> <p>For patients with signs of anemia:</p> <p>See C4: Anemia Algorithm.</p> <p>See Annex E: Pinggang Pinoy.</p>
		<ul style="list-style-type: none"> • Significant weight loss reported by adolescent • Compute for weight loss: $(\text{old weight} - \text{new weight}) \times 100 / \text{old weight}$ 	<p>Significant weight loss (computed weight loss > 5%)</p>		
		<ul style="list-style-type: none"> • BMI for age between -1 and -2 z-score line • BMI z-score for age < -2 to -3 • BMI z-score for age < -3 	<p>Underweight</p> <p>Moderate wasting</p> <p>Severe wasting</p>		

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I am worried about my weight I want to lose weight.

Parent: My son/daughter is overweight. Classmates are teasing him/her.

C2 Weight Concern: Overweight/Obesity

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How much weight have you gained? How do you feel about the way you look now?</p> <p>Are you trying to lose weight? How?</p> <p>Do you have any illnesses?</p> <p>Do you have headaches or joint pains? Do you snore when you sleep, or feel sleepy in the daytime? Do you often feel thirsty, and do you urinate frequently?</p> <p>What medications are you taking, if any?</p> <p>How many times a day do you eat (including snacks)? What and how much do you usually eat?</p> <p>Do you exercise? What exercise do you, how many times a week, and how long each time?</p>	<p>Check vital signs: temperature, HR, RR, BP</p> <p>Check character of breathing.</p> <p>Get weight and height, then compute and plot BMI. See Annex C2 and C4.</p> <p>Do complete PE and check for:</p> <ul style="list-style-type: none"> - Dark discoloration in armpit and neck (acanthosis nigricans) - Excessive facial hair (hirsutism) - Moon-facies (due to steroid use) - Stretch marks - Truncal obesity (excess fat in the center of the body) 	<ul style="list-style-type: none"> • BMI z-score for age > +2 • BMI z-score for age > +3 • Snoring • BP ≥120/80 mmHg • Daytime sleepiness • Joint pains • Increased thirst • Frequent urination • Family history of diabetes, hypertension and stroke 	<p>Obesity</p> <p>Morbid obesity</p>	<p>Refer to specialist for work up on comorbidities (hypertension, diabetes).</p> <p>Order laboratory tests:</p> <ul style="list-style-type: none"> • Urinalysis (check protein and sugar) • Fasting blood sugar • HbA1c • Lipid profile • Ultrasound of liver (assess fatty liver) 	<p>Reassess nutritional status after one month.</p> <p>May refer to a nutritionist.</p> <p>Get psychological support for those with depression.</p>
		<ul style="list-style-type: none"> • BMI z-score for age between > +1 and +2 • BP <120/80 mmHg 	<p>Overweight</p>	<p>Counsel on lifestyle modifications:</p> <ul style="list-style-type: none"> • Healthy diet • Physical activity • Limiting screen time • Adequate sleep • Active involvement in school, sports, community activities <p>Involve entire family in lifestyle change. Set realistic goals. Initiate lifestyle modification for all patients for at least 6 months.</p>	<p>Review nutritional status after 3 months.</p> <p>Refer those who do not improve after lifestyle modifications.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How much time do you spend in front of the screen (computer, cell phone, etc.)? Is this related to school activities?</p> <p>What physical activities do you do in school?</p> <p>For girls: Do you have regular menses?</p> <p>Do you have family members who are obese, have diabetes, or hypertension, or have had a stroke?</p>		<ul style="list-style-type: none"> • BMI z-scores for age between -2 and +1 • BP <120/80 mmHg 	<p>Normal</p>	<p>Reinforce good eating habits, the need for physical activity, and improvement of self-esteem.</p>	<p>Follow up after 3 months.</p>



DRAFT

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p><i>Steps in Lifestyle Modification</i></p> <p><i>A. Make the plan with the adolescent and the family.</i></p> <p>The willingness and cooperation of the adolescent and the family are needed for the plan to work. Ask the adolescent what changes he is ready to change. Then, together, lay down the plan starting with small realistic steps. Remember that the goal is not to target a specific weight, but to</p>	<p><i>Importance of Nutrition</i></p> <p>During adolescence, there are rapid increases in height and weight, bone growth and brain development; 25% of a person's final height is achieved during adolescence. Eating a healthy, balanced diet is therefore essential to attain one's growth potential.</p> <p><i>Malnutrition</i></p> <p>Malnutrition is either too much or too little – an unbalanced intake – of the nutrients that the body needs. So malnourished adolescents can be either too thin or too heavy. They are also often deficient in micronutrients (iron, folic acid, and calcium). Malnutrition is determined by history taking, physical examination, measuring height, weight and body mass index, and laboratory tests to detect micronutrient deficiencies.</p> <p><i>Body Mass Index (BMI)</i></p> <p>BMI is a measurement of the percentages of fat and muscle mass in the body, computed from height and weight, and compared to standard charts to determine the kind of malnutrition:</p> <ul style="list-style-type: none"> • Underweight if weight is less than most adolescents of the same age. • Wasting if weight is less than most adolescents who are of the same age and height. • Overweight or obese if weight is more than most adolescents who are of the same age and height. <p><i>Effects of Malnutrition</i></p> <ul style="list-style-type: none"> • May impair a person's ability to learn and to work well. 	<ul style="list-style-type: none"> • May also result in delayed puberty, stunting, fertility problems, and weak bones (osteoporosis) later in life. <p><i>Common Causes of Wasting</i></p> <ul style="list-style-type: none"> • Too little or unbalanced food intake • Long-standing illnesses (such as tuberculosis or HIV) • Eating disorders • Depression • Excessive use of alcohol and drugs that decrease the appetite • Excessive physical activity • It is associated with elevated cholesterol levels and high blood pressure. • Obesity may invite bullying from peers, and create in the adolescent poor self-image and depression. <p><i>Why Fasting and Fad Diets Are Not Good</i></p> <ul style="list-style-type: none"> • Fad diets are difficult to sustain as they are too restrictive. They also prohibit certain food groups (like carbohydrates) which the growing adolescent needs. • Drastic diets usually result in relapse after a period of weight loss. • Continuous dieting is associated with fatigue, irritability, impaired growth, impulse to binge, and may later lead to an eating disorder. • What is recommended and more sustainable is to maintain an age-appropriate balanced diet with less sugar intake. • Dieting should be done with professional guidance.

References and Resources for HSPS
Resources for the client:
Legal Framework: none

C3 Micronutrient Deficiencies

NUTRIENT REQUIREMENTS OF ADOLESCENTS
Source: Philippine Dietary Reference Intake, 2015 FNRI-DOST

NUTRIENT	13-15 YEARS OLD		16-18 YEARS OLD		19-29 YEARS OLD	
	Male	Female	Male	Female	Male	Female
Energy (Kcal)	2,700	2,170	3,010	2,280	2,530	1,930
Protein (g)	62	57	72	61	71	62
Vitamin Aa (µg RE)	700	500	800	600	700	600
Vitamin C (mg)	60	55	70	60	70	60
Vitamin Db (µg)	5	5	5	5	5	5
Vitamin Ec (mg µg-TE)	10	9	11	10	10	10
Vitamin K (µg)	49	46	59	52	61	53
Vitamin B6 (mg)	1.3	1.2	1.5	1.3	1.3	1.3
Vitamin B12 (µg)	2.3	2.2	2.7	2.4	2.4	2.4
Thiamin (mg)	1.2	1.0	1.4	1.1	1.2	1.1
Riboflavin (mg)	1.3	1.1	1.5	1.1	1.3	1.1
Niacind (mg NE)	15	13	18	14	16	14
Folatee (µg DFE)	400	400	400	400	400	400
Calcium (mg)	1,000	1,000	1,000	1,000	750	240
Iron (mg)	19	(28)	14	(28)	12	(28)
Iodine (µg)	150	150	150	150	150	150
Magnesium (mg)	220	210	265	230	240	210
Phosphorus (mg)	1,250	1,250	1,250	1,250	700	700
Zinc (mg)	9.2	7.4	9.0	7.2	6.5	4.5
Selenium (µg)	30	29	37	32	38	33
Flouride (mg)	2.4	2.3	3.0	2.6	3.0	2.6

Information for the Adolescent and Accompanying Adult

Micronutrient Deficiencies

These are deficiencies in essential vitamins and minerals that are needed to sustain cell function. Micronutrient deficiencies lead to a wide range of negative effects.

Micronutrient Deficiencies in Teenagers

- Iodine deficiency – can lead to goiter and hypothyroidism; young women of child-bearing age most commonly affected.
- Calcium deficiency – may affect bone development as calcium is required for bone building during adolescence; can also lead to post-menopausal osteoporosis.
- Folate deficiency – of concern during adolescence as folate is important in cell replication and growth; particularly critical in young mothers in early pregnancy since folate can prevent some neural tube defects in the fetus.
- Vitamin A deficiency – can cause night blindness, delayed growth, dry skin and acne, among other problems; often observed in girls on a vegan diet who do not eat meat and dairy products.
- Zinc deficiency – associated with abdominal pain, alopecia (bald patches), anorexia, diarrhea, impaired concentration, stomatitis (mouth ulcers), and poor wound healing.

Management

- Eat a diverse diet with increased intake of food rich in vitamins and minerals.
- For iodine deficiency: Eat more fish, shrimp and seafoods, dairy products and eggs; use iodized salt and take supplements; if with signs of hypothyroidism, see a specialist for work-up and treatment with thyroid hormone.
- For calcium deficiency: Continue intake of milk and milk products, or soya milk for the lactose intolerant.
- For folate deficiency: Eat peas, beans, legumes, citrus fruits, green leafy vegetables, liver, seafood, egg, dairy, meat and poultry; if with anemia and are undernourished, may need to have blood test; take daily doses of folic acid supplements.
- For vitamin A and zinc deficiency: Eat plenty of eggs, dairy

products, liver, meats including poultry and fish; may need to go for further workup; take vitamin A and zinc supplements.

Anticipatory Guidance for Adolescents

Healthy eating is crucial for good health both during adolescence and later in life.

Healthy eating means:

- Eating the right amounts of healthy food (not too little and not too much)
- Having regular meals and avoiding having snacks at different times
- Limiting fatty, sugary and salty foods
- Limiting sugary drinks
- Consuming adequate fluids (ideally water) daily, to replace the fluids lost through sweat, urine, etc.

Your body needs healthy food to grow, develop, and function optimally.

- Carbohydrates (cereals, such as rice, and tubers) provide the fuel your body needs for daily activities.
- Proteins (from animal sources such as meat, eggs and milk, and from vegetable sources such as lentils) are necessary to build muscles, bones and tissues.
- Vitamins and minerals (from vegetables, fruits, meat and milk) are essential for the body to function properly (e.g., to digest and absorb food, to produce blood, and to fight infections).

Anticipatory Guidance for Parents

Eating healthy is crucial for the healthy growth and development of your adolescents. Forming and maintaining healthy eating habits in your children will prevent them from being underweight or overweight during adolescence, and help prevent nutrition-related health problems in adulthood.

- Educate them about health-giving foods and healthy eating.
- Practice and promote healthy eating habits in the home.

References and Resources for HSPS

Resources for the client:

Legal Framework: none

C4 Anemia

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I get tired easily and they say I look pale.

Parent: My son/daughter looks pale.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you get tired easily? How long have you been feeling tired easily?</p> <p>Do you get breathless while doing routine activities? Or even at rest? Do you get rapid heartbeats while doing routine activities? At rest?</p> <p>Have you had any treatment for this? What medications are you taking? Did you take any meds for deworming recently?</p> <p>Ask for risk factors:</p> <ul style="list-style-type: none"> - Blood loss - For girls- heavy or long menstruation - Low Iron intake - Dietary history 	<p>Check vital signs: HR, RR</p> <p>Do complete PE and check for:</p> <ul style="list-style-type: none"> - Pallor in the conjunctiva, palms, tongue, and nails - Signs of hemolysis (Jaundice, icteric sclera or yellowing of the eye white, dark urine) <p>Request for:</p> <ul style="list-style-type: none"> - Complete blood chemistry (CBC) - Iron tests (serum iron and ferritin) - Reticulocyte count 	<ul style="list-style-type: none"> • If hemoglobin is < 80g/L for both boys and girls over 12 years old • Severely pale conjunctiva or palm • Mild or moderate pallor with any of the following: <ul style="list-style-type: none"> - Respiratory rate of more than 30/min at rest - Heart rate of more than 100/min at rest (in the absence of fever). - Signs of active bleeding 	Severe anemia	Refer.	Follow up referral after 1 week and get feedback.
		<ul style="list-style-type: none"> • If hemoglobin is 80-109g/L for both boys and girls over 12 years old • Pale conjunctiva or palms 	Moderate anemia	Start iron therapy: iron-folic acid (IFA) 200mg. Dose: 1 tablet 3 times a day for 3 months	Follow up after 2 weeks to assess compliance and iron dietary intake. Ask if there is any sign of intolerance (stomachache, constipation)

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<ul style="list-style-type: none"> - Chronic illness - Previous history of iron deficiency anemia (IDA) 		<ul style="list-style-type: none"> • If hemoglobin is 110-119g/L in adolescents 12-14 years old and adolescent girls over 15 years old OR • 110-129g/L for adolescent boys over 15 years old • Mildly pale conjunctiva or palms 	Mild anemia	<p>Advise to eat iron-rich foods and avoid tea and coffee with meals (since these decrease iron absorption).</p> <p>If the patient did not take deworming agent recently, give a single dose of albendazole 400mg or mebendazole 500mg.</p>	<p>After 3 months, repeat CBC and ferritin levels.</p> <p>Refer clients who do not improve after 3 months and those suspected to have anemia from other causes.</p>



Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p><i>Iron Deficiency</i> Iron deficiency, which leads to iron deficiency anemia, is common among adolescents – boys since they develop muscles so they need more iron, and girls since they need more iron to compensate for blood lost during their monthly menstrual periods. Iron requirements may also be increased by infections such as malaria, schistosomiasis, hookworm infestation, HIV and tuberculosis, or other conditions causing malabsorption of Iron or blood loss. If adolescents do not get the needed amounts of iron from their diet or supplementation, they develop anemia. Some athletes, after a very strenuous exercise, also have intravascular hemolysis where some blood goes into their urine. This loss of blood can also cause iron deficiency anemia.</p> <p><i>Consequences of Iron Deficiency Anemia</i></p> <ul style="list-style-type: none"> • Poor concentration and capacity to work • Delayed growth • Impaired cognitive development in prolonged anemia • Poor pregnancy and labor outcomes • Higher risk for cardiovascular problems in babies born to mothers who are anemic, and risk of hypertension as adults 	<p><i>Management of Anemia</i></p> <ul style="list-style-type: none"> • Determine the type and severity of anemia. • Treat with iron and other medications. <p><i>What You Can Do</i> For mild/moderate anemia: Eat food rich in iron and folic acid (such as green leafy vegetables, beansprouts, and red meat). For severe anemia: Go to the specialist you are referred to.</p> <p>See Anticipatory Guidance for Adolescents and Parents in C3: Micronutrient Deficiencies Algorithm</p>

References and Resources for HSPS

Resources for the client:

Legal Framework: none



PSYCHO-SOCIAL CONCERNS

- D1 Alcohol Use
- D2 Substance Use
- D3 Smoking, Vaping and Tobacco Use
- D4 Problematic Internet and Social Media Use



DI Alcohol Use

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I get drunk frequently.

Parent: think my son/ daughter is drinking alcohol too much.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you have friends or family members who drink alcohol?</p> <p>Have you been invited to drink alcohol? Have you tried drinking?</p> <p>If YES,</p> <p>When did you start drinking?</p> <p>How did you start? Were you invited?</p> <p>What do you usually drink? How much/how many bottles do you drink?</p> <p>How often do you drink? Do you drink more often now than before?</p>	<p>Check vital signs. Look for signs of intoxication:</p> <ul style="list-style-type: none"> Any changes in sensorium: - Severe: confusion, stupor - Moderate: mood swings, drunken gait, increased sedation, impaired judgment - Mild: euphoria, mild impaired coordination, mild sedation <ul style="list-style-type: none"> Flushed skin, diaphoresis (unusual sweating) Dilated and sluggishly reacting pupils Hand or body tremors, seizures, lack of muscle coordination, gait disturbances, 	<ul style="list-style-type: none"> Any sign of intoxication Severe changes in sensorium, confusion, stupor 	<p>Alcohol intoxication</p>	<p>Refer to addiction specialist/psychiatrist or institution.</p>	<p>Follow up within 1 week for reassessment.</p>
		<ul style="list-style-type: none"> 2 of the following symptoms present for at least 12 months: Alcohol often taken in larger amounts or over a longer period than intended Persistent desire but unsuccessful efforts to cut down alcohol use Recurrent alcohol use resulting in failure at work, school, home and interpersonal relations Recurrent alcohol use in physically hazardous situations 	<p><i>Tip to Health Worker</i></p> <p>Alcohol intoxication may occur in any part of the alcohol use spectrum.</p>	<p>Refer to addiction specialist/psychiatrist or institution.</p>	<p>Refer to a support group. Follow up within 1 month.</p>
		<ul style="list-style-type: none"> Recurrent alcohol use in physically hazardous situations 	<p>Hazardous alcohol use</p>	<p>Refer to addiction specialist/psychiatrist or institution.</p>	<p>Refer to a support group. Follow up within 1 month.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
What effects does drinking have on you? Do you black out or forget what happened? Cannot recall?	hyperreflexia, dysarthria (unclear speech) • Physical injuries due to fall/passing out	• Binge drinking (5 or more drinks for males and 4 or more drinks for females per occasion)			
Do you want to quit or do you intend to continue drinking? If NO, • Do you intend to drink alcohol? Do CRAFFT.		• Drank alcohol out of curiosity or peer pressure • May or may not have signs of intoxication	Low-risk alcohol consumption or experimental use	Discuss the dangers of substance use. Advise on how to resist pressure. Clarify what the expectations of the adolescent and parents are. Evaluate the support system. Refer immediately if needed.	Reassess alcohol use at every visit.
		• Does not drink alcohol	Non-alcoholic drinker	Praise the adolescent. Provide preventive health guidance.	Reassess at every health visit. Provide information about alcohol use.

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p><i>Dangerous Effects of Alcohol Use in Teens</i></p> <ul style="list-style-type: none"> • Decreased ability to pay attention • Greater likelihood of having alcohol problem in later life if drinking started at an early age. • Risk of vehicular accidents, which can be fatal. Many deaths from vehicular accidents (including motorcycle crashes) and other violent deaths involve teens. • Thoughts of committing suicide • Tendency to engage in sexual activity, especially unprotected sex or sex with a stranger • Emotional problems, like anxiety or depression, masked by alcohol • Use of other drugs, like marijuana <p><i>Alcohol Intoxication</i> This is when the quantity of alcohol the person consumes exceeds the individual's tolerance for alcohol and produces behavioral or physical abnormalities.</p> <p><i>Alcohol Use Disorder</i> It is "a problematic pattern of alcohol use leading to clinically significant impairment or distress" with symptoms showing over a period of 12 months. "Symptoms include strong desire to drink, unsuccessful attempts to cut down use, continued use despite problems, and needing more amounts to get intoxicated."</p>	<p><i>Advice to Parents</i></p> <ul style="list-style-type: none"> • Know where your teenager is, with whom, what they are doing, and when they will be home. • Talk about the use of alcohol and other substances, and your expectations about them in your young adolescent children. • Discuss the influence of peers and media and the importance of deciding what is best for themselves. • If you notice signs of substance use by your teenager, discuss the matter with them, and together seek help from a health care provider, if needed. <p><i>Advice to Adolescents</i></p> <ul style="list-style-type: none"> • Prepare how to react if peers pressure you to drink alcohol or use substances. Get advice from friends, parents or other adults. • Ask friends, parents or other trusted adults about their experience in misusing, and controlling, alcohol or other substances. • Avoid driving a car, motorcycle or bicycle while under the influence of alcohol or other substances. • If you intend to go home, find someone sober to drive for you, or take a cab. Or stay overnight.

References and Resources for HSPS

Omnibus Health Guidelines, page 33 (Recommended Screening Tools for Adolescents) and page 57 (Primary Care Procedures)
Substance abuse hotline: 1550.

Resources for the client:

Alcohol (for Teens). <https://kidshealth.org/en/teens/alcohol.html> Binge Drinking (for Teens). kidshealth.org/en/teens/binge-drink.html

Legal Framework:

Republic Act No 10586. "Anti-Drunk and Drugged Driving Act of 2013". https://lawphil.net/statutes/repacts/ra2013/ra_10586_2013.html



ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you plan to quit? If you are no longer using drugs, do you still intend to use?</p> <p>If NO, Do you intend to try any drugs?</p> <p>Do CRAFFT.</p>		<ul style="list-style-type: none"> Occasional use of substance Use due to curiosity or social pressure With or without changes in emotional state or behavior No strong urge or desire to use the substance Able to fulfill obligations at home, school or work <p><i>Physical findings include:</i></p> <ul style="list-style-type: none"> Redness of sclera, pupils react larger or smaller than usual Change in appetite, sleep pattern, physical appearance Unusual smell on breath, body or clothing Impaired coordination 	Experimental substance use	<p>Discuss with the adolescent how to quit.</p> <p>Provide information on substance use.</p> <p>Provide social or family support.</p>	Follow up after 2 weeks.
		Does not use any substance	Non-user	<p>Praise for not using drugs.</p> <p>Provide information on substance use.</p> <p>Provide preventive healthguidance.</p>	

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p><i>Dangerous Effects of Alcohol Use in Teens</i></p> <ul style="list-style-type: none"> • Decreased ability to pay attention • Greater likelihood of having alcohol problem in later life if drinking started at an early age. • Risk of vehicular accidents, which can be fatal. Many deaths from vehicular accidents (including motorcycle crashes) and other violent deaths involve teens. • Thoughts of committing suicide • Tendency to engage in sexual activity, especially unprotected sex or sex with a stranger • Emotional problems, like anxiety or depression, masked by alcohol • Use of other drugs, like marijuana <p><i>Alcohol Intoxication</i> This is when the quantity of alcohol the person consumes exceeds the individual's tolerance for alcohol and produces behavioral or physical abnormalities.</p> <p><i>Alcohol Use Disorder</i> It is "a problematic pattern of alcohol use leading to clinically significant impairment or distress" with symptoms showing over a period of 12 months. "Symptoms include strong desire to drink, unsuccessful attempts to cut down use, continued use despite problems, and needing more amounts to get intoxicated.</p>	<p><i>Advice to Parents</i></p> <ul style="list-style-type: none"> • Know where your teenager is, with whom, what they are doing, and when they will be home. • Talk about the use of alcohol and other substances, and your expectations about them in your young adolescent children. • Discuss the influence of peers and media and the importance of deciding what is best for themselves. • If you notice signs of substance use by your teenager, discuss the matter with them, and together seek help from a health care provider, if needed. <p><i>Advice to Adolescents</i></p> <ul style="list-style-type: none"> • Prepare how to react if peers pressure you to drink alcohol or use substances. Get advice from friends, parents or other adults. • Ask friends, parents or other trusted adults about their experience in misusing, and controlling, alcohol or other substances. • Avoid driving a car, motorcycle or bicycle while under the influence of alcohol or other substances. • If you intend to go home, find someone sober to drive for you, or take a cab. Or stay overnight.

References and Resources for HSPS

Omnibus Health Guidelines, page 33 (Recommended Screening Tools for Adolescents) and page 57 (Primary Care Procedures)
Substance abuse hotline: 1550

Resources for the client:

Alcohol (for Teens). <https://kidshealth.org/en/teens/alcohol.html> Binge Drinking (for Teens). kidshealth.org/en/teens/binge-drink.html

Legal Framework:

Republic Act No 10586. "Anti-Drunk and Drugged Driving Act of 2013". https://lawphil.net/statutes/repacts/ra2013/ra_10586_2013.html



D3 Smoking, Vaping and Tobacco Use

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I smoke occasionally.

Parent: I think my son/ daughter smokes.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you have friends/family members who smoke/vape?</p> <p>Has anyone encouraged/ invited you to smoke/vape?</p> <p>Have you tried smoking or vaping?</p> <p>If YES:</p> <p>When did you start?</p>	<p>Get vital signs.</p> <p>Look for cigarette smell, teeth stains, burn marks.</p> <p>Check for withdrawal symptoms:</p> <ul style="list-style-type: none"> - Depressed mood - Insomnia - Irritability/ frustration/anger - Anxiety - Difficulty concentrating - Restlessness - Decreased heart rate - Increased appetite /weight gain 	<ul style="list-style-type: none"> • Daily use of tobacco • Smokes more than ½ pack per day • Smokes within 1 hour upon waking up • Four or more withdrawal symptoms during a quit attempt • No plan of quitting • May or may not have friends/family who smoke 	Tobacco use addiction	<p>Advise to quit smoking.</p> <p>Provide social and family support.</p> <p>Do emergency or urgent referral depending on adolescent's condition.</p> <p>Educate regarding smoking cessation programs.</p> <p>Give information on healthy behavior and lifestyle.</p>	Reassess after 2 weeks.
<p>How often do you smoke/vape? How much do you smoke/vape in a day? Do you smoke/vape more now than before? How do you pay for it?</p> <p>What effects does it have on you?</p>		<ul style="list-style-type: none"> • Occasional use of tobacco • Use only due to curiosity or social pressure • May or may not have plans to quit • May or may not have friends/family who smoke. 	Experimental smoker	<p>Advise to quit smoking.</p> <p>Give information on smoking cessation.</p> <p>Provide social and family support.</p> <p>Give information on healthy behavior and lifestyle.</p>	Follow-up after 2 weeks

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you plan to quit? Or, if you are not smoking/vaping now, do you still want to try it?</p> <p>If NO:</p> <p>Do you intend to try smoking/vaping?</p>		<ul style="list-style-type: none"> • May or may not have plans to start smoking • With or without social pressure/curiosity to smoke • May or may not have friends/family who smoke 	Potential smoker non-smoker	<p>Praise decision not to smoke.</p> <p>Offer preventive health guidance.</p> <p>Give information on healthy behavior and lifestyle.</p>	



Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>Clinical Guidelines on Smoking Cessation</p> <ul style="list-style-type: none"> • Ask about smoking at each health visit, even if the visit is for a different health complaint. • Advise all smokers to quit. Give advice that is clear and personally relevant. Reinforce good behavior. • Assess willingness to quit. Ask about his thoughts and feelings about quitting. • Assist those who want to stop smoking. Set a quit date. Have him keep a journal. Advise him to change smoking routine, and avoid environmental cues and activities that make him smoke. Give alternatives to smoking, Elicit support from friends/family. • Arrange follow-up. Success in quitting gets better with regular follow-up. See the patient every 1 or 2 weeks during the first 3 months. 	<p>Reasons Why Adolescents Smoke</p> <ul style="list-style-type: none"> • Social norm (“to be cool”) • Curiosity • Advertising • Social pressure • Pleasure • Addiction <p>Health Effects of Tobacco</p> <ul style="list-style-type: none"> • Tobacco can cause several types of cancer. • Tobacco can have harmful effects on the skin, bones, eyes, heart, lungs, stomach, reproductive and immune systems. • During pregnancy, tobacco can lead to complications to both mother and the unborn child. <p>Guide for Adolescents</p> <ul style="list-style-type: none"> • Quitting is not easy but you can do it. • Getting ready to quit: • Monitor your smoking pattern for several days and identify likely temptations. • Set a quit day that is personally meaningful to you and fits with your smoking pattern. 	<ul style="list-style-type: none"> • Break the familiar pattern. For example, before lighting a cigarette, do something else first. • Identify ways that family members and friends can assist in the effort to quit. • Plan how to reward yourself for achieving subgoals. • On quitting day: • Get rid of all cigarettes. • Change morning routine. • When you get the urge, do something else. • Carry substitutes to put in your mouth. • Reward yourself at the end of the day. • Staying smoke-free: • Do not be upset if you feel sleepy or short-tempered. • Exercise regularly. • Think about the positive effects of not smoking. • Eat regular meals. • Put the money you would have spent on cigarettes in a jar and watch it grow. • Let other people know you have stopped smoking. • If you feel bad, try to face and solve the cause of the problem. Tell yourself that smoking will not make things better. • If you yield and smoke, do not give up. Quit again.

References and Resources for HSPS

Omnibus Health Guidelines, page 33 (Recommended Screening Tools for Adolescents) and page 57 (Primary Care Procedures) Quit line (for Smokers): 1558

Resources for the client:

Tobacco (for Teens). <https://kidshealth.org/en/teens/drug-alcohol/tobacco>
 Smoking (for Teens). <https://kidshealth.org/en/teens/smoking.html>
 Vaping: What You Need to Know (for Teens). <https://kidshealth.org/en/teens/e-cigarettes.html>

Legal Framework:

Republic Act No. 9211 – Tobacco Regulation Act of 2003. <https://www.officialgazette.gov.ph/2003/06/23/republic-act-no-9211>
 Republic Act No. 11900 – Vaporized Nicotine and Non-Nicotine Products Regulation Act. https://lawphil.net/statutes/repacts/ra2022/ra_11900_2022.html



PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I can stay until 2am playing with the computer.

Parent: My son/daughter is always on his phone all day.

D4 Problematic Internet and Social Media Use

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How often do you use the internet and for what purpose?</p> <p>How many hours do you spend using gadgets?</p> <p>How does the amount of time you spend on the internet and gadgets affect your grades, health, sleep, and your relations with your family and peers?</p> <p>What do you think are the positive and negative aspects of your online use?</p>	<p>Look for:</p> <ul style="list-style-type: none"> - Worsening mental health - Dry eyes or strained vision - Headaches - Neck and back aches - Carpal tunnel syndrome - Weight gain/loss 	<p>RED FLAGS</p> <ul style="list-style-type: none"> • Posting and exchanging sexist and racist opinions, messages, pictures or videos • Accessing websites with brutal, violent or pornographic images • Boasting of illicit activities or self-harming behavior • Bullying through internet or social media • Sending or receiving sexually explicit messages, pictures or videos • Establishing a relationship with an adult whose aim is to engage in child pornography or sexual abuse • Sign of worsening mental health. • Physical symptoms 	Problematic use	<p>Educate the adolescent about the benefits and drawbacks of ICT use and about alternative ways to connect with others.</p> <p>Encourage the adolescent to talk to a trusted adult if they think they are being scammed, groomed, bullied, subjected to identity theft, or receiving inappropriate content on the internet.</p> <p>Counsel the adolescent on the recommended maximum recreational screen time by age.</p> <p>If the adolescent is misusing ICTs, consider setting up a talk between teenager and parents to help them find a compromise.</p>	Monitor the situation over time.
		Continuing to engage in sports and social activities while enjoying the positive aspects of information and communication technologies (ICTs)	Recreational use		

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p>Problematic Internet Use(PIU) It is “internet use that is risky, excessive, or impulsive in nature, leading to adverse life consequences, specifically physical, emotional, social, or functional impairment.”</p> <p>Internet Addiction This may be an extreme case of PIU. While PIU covers a broader array of problems related to internet use(including social, behavioral and emotional issues), internet addiction would involve both loss of control and feelings of withdrawal.</p> <p>Potentially Health-Threatening Effects of Effects of Excessive Internet Use on Health</p> <ul style="list-style-type: none"> • Fatigue, sleeping problems • Poor school performance; failing grades • Less time with peers, family and real-life social and sports activities leading to isolation • Conflicts with parents on the use of ICTs • Psychological problems • Disruption of eating patterns • Obesity or backache linked with physical inactivity • Addiction <p>Advice to Parents</p> <ul style="list-style-type: none"> • Consistently monitor teen’s use of the internet and social media, how and why they use them, until the age of 14 or 15. 	<ul style="list-style-type: none"> • While being open and allowing yourteen some autonomy, negotiate and set limits to ICT use. • Familiarize yourself, with your teenager’s help, with the ICTs they are using,like the games they play. • Turn off devices during meals and at least an hour before bedtime. • Research video and computer games before letting your teen get them. • Spend time together watching TV, playing games, or going online. • Keep the computer in a common area where you can watch what is going on. • Set a good example. • Encourage teens to be involved in variety of free-time activities. <p>One Approach Parents Can Use Focus on just 3 key concepts:</p> <ul style="list-style-type: none"> • Balance: There should be a balance between online and offline time. • Boundaries:Set limits on the time teens spend online. Talk about what personal information is safe to share and post online. • Communication: Discuss social media and use of technology with your adolescents early and often. Establish house rules for social media and technology use as soon as they begin using them.

References and Resources for HSPS

AAP – Media Use in School -aged Children and Adolescents. <https://publications.aap.org/pediatrics/article/138/5/e20162592/60321/...>
 AAP – Screening for Problematic Internet Use. <https://publications.aap.org/.../Screening-for-Problematic-Internet-Use>

Resources for the Client:

- AAP’s Family Media Plan Tool – lets parents create a media plan for their family
- Common Sense Media – has information about age and content appropriateness of video games and other media

Legal Framework:

None



SCHOOL

- E1 School Performance
- E2 Bullying
- E3 Sports Clearance



EI

School Performance

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I am failing in school.

Parent: My son/ daughter is having difficulties in school.

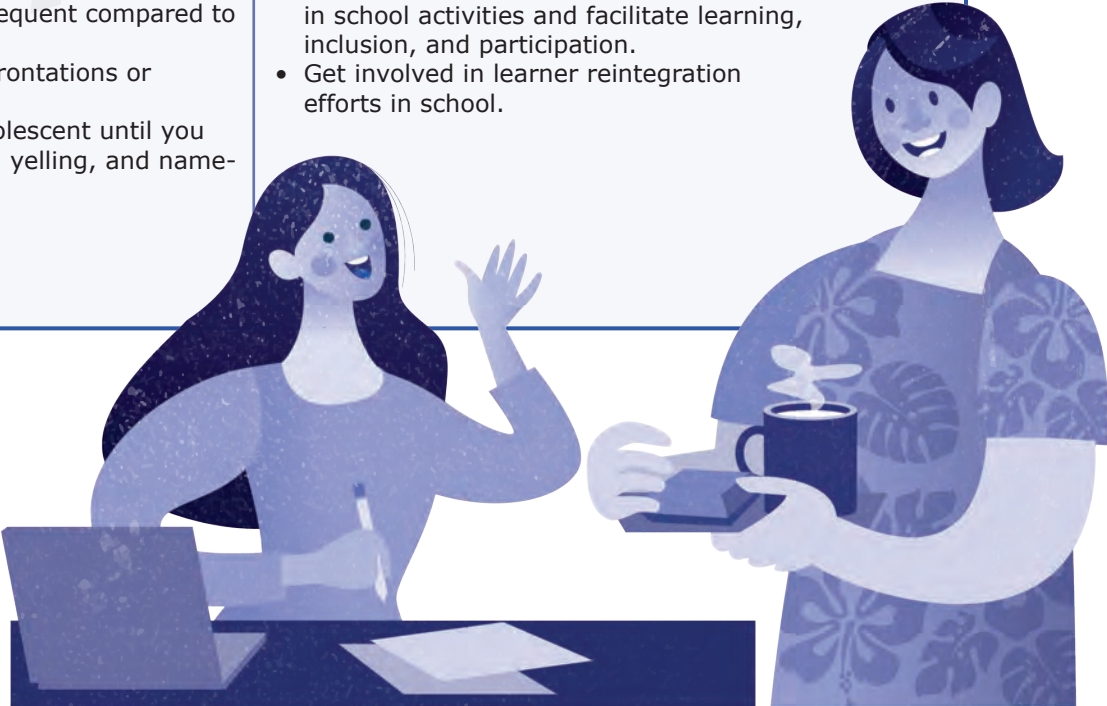
ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Are you performing poorly in school? Do you have failing grades in more than 1 subject?</p> <p>Do you have difficulty understanding instructions?</p> <p>Do you have difficulty in interacting with others and adjusting to changes?</p>	<p>Check vital signs: height, weight, BMI</p> <p><i>Tip to Health Worker</i> Before considering learning disorder or intellectual disability, check for the following:</p> <ul style="list-style-type: none"> Any signs of iodine deficiency, anemia, malnutrition, acute or chronic illnesses. <p>SEE A1-8: General Health Concerns Algorithm and C1-4: Nutritional Concerns</p> <ul style="list-style-type: none"> Visual/hearing impairment <p>*Refer to available primary care physician or school health physician for workup and treatment if these conditions are present.</p>	<ul style="list-style-type: none"> Difficulties with school-learning, reading, and writing Difficulty communicating and interacting with others Difficulty in self care and everyday household activities 	<p>Consider learning disorder or intellectual disability</p>	<p>Refer to a developmental specialist.</p> <p>Provide psychoeducation.</p> <p>Provide information on developmental disorders.</p>	<p>Follow up every 3 months or more often, if needed.</p>
<p>Do you find it very difficult to remain seated? Do you move restlessly?</p> <p>Do you repeatedly stop tasks and switch to other activities?</p>	<p>Watch for the following behavior traits:</p> <ul style="list-style-type: none"> Short attention span; easily distracted Makes careless mistakes Forgets or loses things 	<p>All of the following:</p> <ul style="list-style-type: none"> Symptoms present in multiple settings (home, playground, school) Symptoms lasted at least 6 months 	<p>Consider attention deficit and hyperactivity disorder (ADHD)</p>	<p>Refer to a developmental specialist.</p> <p>Provide psychoeducation.</p>	<p>Follow up every 3 months or more often, if needed.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you frequently do things without thinking first?</p> <p>Do you have repetitive behaviors or mannerisms that disturb others?</p> <p>Did you notice a sudden change in your behavior or your relations with peers?</p> <p>Do you have severe and persistent behavioral symptoms that cause difficulty in your daily functioning? (See behaviors in the next column.)</p>	<ul style="list-style-type: none"> • Unable to stick to tasks or carry out instructions • Constant changing of activity • Difficulty in organization • Unable to sit still; constantly fidgeting • Unable to concentrate on tasks • Excessive physical movement or talking • Unable to wait their turn • Acts without thinking • Interrupts conversations • Little or no sense of danger 	<ul style="list-style-type: none"> • Symptoms inappropriate for adolescent's developmental level • Symptoms considerably affect daily functioning 		<p>Provide information on developmental disorders.</p>	
<p>Do you often feel irritable, easily annoyed, down-hearted, sad or tearful?</p> <p>Have you lost interest in or enjoyment of activities that you used to like?</p> <p>Do you have considerable difficulty with daily functioning?</p>		<ul style="list-style-type: none"> • Feels irritable, down or sad often • Has lost interest in activities • Feels down-hearted, unhappy or tearful often • With difficulty in daily functioning 	<p>Consider Depression</p>	<p>See F1: Depression Algorithm</p>	

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you often worry about many things?</p> <p>Do you have many fears or get easily scared?</p> <p>Do you often complain of headache, sickness, or stomachache?</p> <p>Are there certain situations that you avoid or strongly dislike?</p>		<ul style="list-style-type: none"> • Often worried or has many worries • Easily scared or has many fears • Often complains of headache, stomachache or sickness • Avoids or strongly dislikes certain situations 	Consider anxiety		
<p>Have you been physically, mentally or socially bullied?</p>	<p>Look for injuries in the following parts:</p> <ul style="list-style-type: none"> • Face • Hands, wrists, forearms • Chest including the breast • Other parts of the body 		Consider bullying	See E2: Bullying Algorithm	
<p>Have there been any major changes or stressful events in your life in the last 6 months?</p>		<p>Able to identify cause of stress</p> <p>Stress is proportional to what is causing it</p> <p>Activities of daily living are not affected</p>	Consider Normal reaction to stress.	Inform the adolescent that it is normal to feel anxious from time to time.	Monitor adolescent regularly. Re-evaluate if symptoms persist beyond 6 months.

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p><i>Rights of the Adolescent and Family</i></p> <p>Health service providers must be aware of, and be vigilant in promoting and protecting the human rights and dignity of the adolescent with developmental problems, and his/her family.</p> <ul style="list-style-type: none"> • Educate carers to avoid institutionalization. • Promote access to health information and services. • Promote access to schooling and other forms of education. • Promote access to occupations. • Promote participation in family and community life. 	<p><i>Psychoeducation for Adolescent, Parents and Carers</i></p> <ul style="list-style-type: none"> • It is important for adolescents and parents to identify strengths and resources. • Praise the carer & adolescent for their effort • Parenting an adolescent with an emotional, behavioral developmental delay or disorder can be rewarding but also very challenging. • Persons with mental disorders should not be blamed for having it. • Carers should be kind and supportive and show love and affection. • Individuals with mental problems have rights that must be protected, and the family must be vigilant about maintaining human rights and dignity. • Carers need to have realistic expectations. It would help for them to contact other carers of adolescents with similar conditions for mutual support. <p><i>Psychoeducation for Parents/ Carers of Adolescents with Developmental Delay/Disorder</i></p> <ul style="list-style-type: none"> • Learn the strengths and weaknesses of the adolescent, how they learn best, what is stressful to them, what makes them happy, and what causes problem behavior and what prevents them. • Learn how the adolescent communicates and responds. Explore using words, gestures, nonverbal 	<p>expression, and behaviors that they respond to.</p> <ul style="list-style-type: none"> • Engage in the everyday activities and play of the adolescent. • Adolescents with developmental delay learn best during activities that are fun and positive. • Involve them in everyday life, starting with simple tasks, one at a time. Break complex activities down into simple steps and reward them for every step done. • Make predictable daily routines by scheduling regular times for eating, playing, learning, and sleeping. • Keep their environment stimulating. Avoid leaving them alone for hours without someone to talk. Limit time spent watching TV and playing electronic games. • Keep them in the school setting for as long as possible, attending mainstream schools even if only part-time. • Use balanced discipline. Reward them for doing something good, and distract them from things they should not do. • Do not use threats or physical punishments when the behavior is problematic. And never physically abuse the child. • Persons with developmental disorders may often have associated behavioral problems that are difficult for the carer to manage.

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
	<p>Guidance to Parents/ Carers for Improving Behavior</p> <ul style="list-style-type: none"> • Spend time and give loving attention to your adolescent every day. • Provide opportunities for your child to talk to you. • Be consistent about what your adolescent is allowed and not allowed to do. Give clear, simple, and short instructions on what he/she should or should not do. • Give the adolescent simple daily household tasks that match their ability level, and praise them immediately after they do the task. • Praise or reward the adolescent for good behavior. Do not give rewards when behavior is problematic. • Respond only to important problem behaviors. Make punishment mild and infrequent compared to the praises. • Find ways to avoid severe confrontations or foreseeable difficult situations. • Put off discussions with the adolescent until you are calm. Avoid using criticism, yelling, and name-calling. 	<ul style="list-style-type: none"> • Encourage sports, drawing or other hobbies, and offer support in practical ways such as with homework or other life skills. <p>How to Collaborate with Teachers and School Staff</p> <ul style="list-style-type: none"> • Secure consent to prepare a plan with the teacher on how to support the adolescent with learning and participation in school activities. • Inquire about any stressful situations in school that may have an adverse impact on the adolescent's emotional well-being and learning. • If the adolescent is being bullied, advise the teacher on appropriate action to stop it. • Explore strategies to help engage the adolescent in school activities and facilitate learning, inclusion, and participation. • Get involved in learner reintegration efforts in school.



**References and Resources for HSPS**

Omnibus Health Guidelines, page 33 (Recommended Screening Tools for Adolescents)
mhGAP pages 70-89 (Child and Adolescent Mental and Behavioral Disorders)

Resources for the client:**For Parents**

Autism Spectrum Disorder (for Parents). <https://kidshealth.org/en/parents/pervasive-develop-disorders.html>

Autism Special Needs Checklist: Teens and Young Adults (for Parents). <https://kidshealth.org/en/parents/autism-checklist-teens.html>

ADHD (for Parents). <https://kidshealth.org/en/parents/adhd.html#catbehavior>

Parenting a Teen with ADHD. <https://kidshealth.org/en/parents/parenting-teen-adhd.html#catbehavior>

ADHD and School (for Parents). <https://kidshealth.org/en/parents/adhd-school.html#catbehavior>

For Teens

Autism Spectrum Disorder (for Teens). <https://kidshealth.org/en/teens/autism.html>

What to Say: Answers for Teens with Autism. <https://kidshealth.org/en/teens/autism-conversation.html>

Making Friends: Answers for Teens with Autism. <https://kidshealth.org/en/teens/making-friends.html>

How to Tell if Someone Is Nice: Answers for Teens with Autism. <https://kidshealth.org/en/teens/autism-bullying.html>

ADHD (for Teens). <https://kidshealth.org/en/teens/adhd.html>

ADHD: Tips to Try (for Teens). <https://kidshealth.org/en/teens/adhd-tips.html>

Legal Framework:

Republic Act 7277 - Magna Carta of Disabled Person. <https://www.ncda.gov.ph/disability-laws/republic-acts/republic-act-7277/>

Republic Act 11650 - Instituting a Policy of Inclusion and Services for Learners with Disabilities in Support of Inclusive Education Act. <https://www.officialgazette.gov.ph/2022/03/11/republic-act-no-11650/>

Republic Act 11036 - Mental Health Law. <https://www.officialgazette.gov.ph/2018/06/20/republic-act-no-11036/>

Republic Act 10627 - Anti-Bullying Act of 2013. <https://www.officialgazette.gov.ph/2013/09/12/republic-act-no-10627/>

E2 Bullying

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I experienced bullying in school.

Parent: My son/ daughter experienced being bullied in school.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Have you heard about or seen bullying happening in school? How did the school handle it? What do you think of it? What would you have done if you were there?</p> <p>You seem stressed/upset. Has anything happened? Is there something going on at school that might be upsetting you? Has anything happened between you and your friends in school?</p> <p>Do you sometimes feel sick or have frequent pains like headache or stomachache?</p>	<p>Look for unexplained injuries or signs of abuse.</p> <p>Do abdominal PE for those complaining of frequent stomachache.</p> <p>Do extensive neurologic PE for those complaining of frequent headache.</p>	<ul style="list-style-type: none"> • Unexplainable injuries • Lost or destroyed clothing, books, electronics, or jewelry • Frequent headaches or stomachaches, feeling sick or faking illness • Changes in eating habits • Difficulty sleeping or frequent nightmares • Declining grades, loss of interest in school, or not wanting to go to school • Sudden loss of friends or avoidance of social situations • Feelings of helplessness or lowered self-esteem • Running away, harming themselves, or talking about suicide 	<p>Probable bullying</p>	<p>Record and Report to DepEd Learner Rights and Protection Office (LRPO).</p> <p>Refer to Child Protection Desk/ Unit, National Center for Mental Health.</p>	<p>Monitor progress of the case.</p>

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>Supporting Adolescents Who Are Bullied</p> <ul style="list-style-type: none"> • Encourage the adolescent to tell you what has been going on, listen, and show that you want to help. • Assure the adolescent that being bullied is not his/her fault. • Understand that adolescents who are bullied may find it hard to talk about it. So you may have to refer him/her to a school counselor, psychologist or mental health service provider. • Give advice about what to do. This may involve role-playing and thinking how the adolescent might react if the bullying happens again. • Work together with the adolescent, the parents, and the school to resolve the situation and protect the bullied adolescent. They may have valuable input. Work with them on the following: <ul style="list-style-type: none"> - Discuss what can be done to make the adolescent feel safe. - Minimize changes in routine. - Have a game plan. - Maintain open communication between schools, organizations, and parents. • Be persistent. Bullying may not end overnight. Commit to making it stop and consistently support the bullied adolescent. 	<p>Bullying Bullying is a form of violence where a person or group of people use their power to hurt or scare another person. The hurting could be physical, written, verbal, electronic, or a combination of any of these acts. This puts the victim in reasonable fear of physical or emotional harm or damage to his/her property, and makes him feel rejected and unwanted. Bullying can happen in school, at work, at play, or other places.</p> <p>Supporting the Bullied Adolescent</p> <ul style="list-style-type: none"> • Show support to adolescents who are bullied to make sure the bullying does not continue and effects can be minimized. • Avoid these mistakes: <ul style="list-style-type: none"> - Never tell the adolescent to ignore the bullying. - Do not blame the adolescent for being bullied. - Do not tell the adolescent to physically fight back against the kid who is bullying. - Resist the urge to contact the other parents involved. • Follow up and show a commitment to making bullying stop. <p>Addressing Bullying Behavior</p> <ul style="list-style-type: none"> • Parents, school staff, and organizations all have a role to play. • Young people who bully must learn that their behavior is wrong and harms others. • Show the adolescent that bullying is taken seriously. Model respectful behavior when addressing the problem. • Work with the adolescent to understand some of the reasons he or she bullies. 	<ul style="list-style-type: none"> - Sometimes adolescents bully to fit in. It may benefit them to participate in positive activities, like sports and clubs, where they will feel they belong. - Other adolescents act out because they also have problems bothering them. They also may have been bullied. They also need support to address their problems. • Use consequences that involve learning or building empathy to teach the bully and prevent him from bullying again. • Involve the bully in making amends or repairing the situation. Have him: <ul style="list-style-type: none"> - Write a letter apologizing to the person he bullied. - Do a good deed for the person he bullied. - Clean up, repair, or pay for any property that was damaged. • Advise schools to avoid strategies that do not work or have negative consequences, like: <ul style="list-style-type: none"> - Suspending or expelling students who bully - Conflict resolution and peer mediation - Group treatment for students who bully • Follow up. After the bullying issue is resolved, continue helping the child who bullied to understand how what they do affects other people. <p>Concern for the Bystanders Who Witness Bullying Kids who witness bullying may be affected even if they are not the bullied or bully. They may want to stop it but do not know what to do. They may not feel safe stepping in but there are other steps they can take.</p>



References and Resources for HSPS

Record and Report

DepEd: Learner Rights and Protection Office (LRPO). <https://www.deped.gov.ph/learner-rights-and-protection-office/>

Facebook: [depded.lrpo](https://www.facebook.com/depdedlrpo)

Contact numbers: 0945-1759777, (02)8637-2306 (02)8632-1372

Refer

Philippine General Hospital - Child Protection Unit

Contact numbers: Child Helpline: 0968-7311032

(+632) 8353-0667 / (+632) 8524-1512 / 8554-8400 loc. 2545

WCPU Desks in local police

WCPU in local hospitals

WCPU Helpline Directory. <https://www.childprotectionnetwork.org/wcpu-helpline-directory/>

Resources for the client:

Educational Videos

Wag Kang Bully: Ano ang Bullying at Bakit Hindi Ito Cool. <https://malayaako.ph/wag-kang-bully-ano-ang-bullying-at-bakit-hindi-ito-cool/>

Bullying: Ano Ito at Anong Dapat Gawin? <https://youtu.be/Z6JP7r8QlvY>

Bullying: Paano TumulongsaBiktima Nito? <https://youtu.be/jppmFofp8PA>

For schools:

Respond to Bullying. <https://www.stopbullying.gov/prevention/on-the-spot>

Prevention at Schools. <https://www.stopbullying.gov/prevention/at-school>

Bystanders to Bullying. <https://www.stopbullying.gov/prevention/bystanders-to-bullying>

For Others:

Resources for Teens, Parents and Teachers. <https://www.stopbullying.gov/resources/external>

Legal Framework:

Republic Act 10627 - Anti-Bullying Act of 2013. <https://www.officialgazette.gov.ph/2013/09/12/republic-act-no-10627/>

DepEd Order No 55 - DO 55, S. 2013 - Implementing Rules and Regulations (IRR) of Republic Act (RA) NO. 10627 otherwise known as the Anti-Bullying Act of 2013.

<https://www.deped.gov.ph/2013/09/24/do-43-s-2013-implementing-rules-and-regulations-irr-of-republic-act-no-10533-otherwise-known-as-the-enhanced-basic-education-act-of-2013/>

DepEd Order No 40 - Policy and Guidelines on Protecting Children in School from Abuse, Violence, Exploitation,

Discrimination, Bullying and Other Forms of Abuse. <https://www.deped.gov.ph/2012/05/14/do-40-s-2012-deped-child-protection-policy/>

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: Can I be allowed to participate in sports?

Parent: Can I allow my son/daughter to participate in sports?

E3 Sports Clearance

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you have any concerns that you would like to discuss with me?</p> <p>Have you ever been denied or restricted in your participation in sports for any reason?</p> <p>Do you have any ongoing medical issues or recent illness?</p> <p>Have you ever had surgery? What were these surgical procedures?</p> <p>Are you taking medicines and supplements?</p> <p>Do you have any allergies?</p> <p>Additional direct questions can be found in: https://www.aap.org/en/patient-care/preparticipation-physical-evaluation/</p>	<p>Check vital signs.</p> <p>Check for:</p> <ul style="list-style-type: none"> • Wheeze, crackles • Skip beats, murmur • Limitation of movement; bone, muscle, ligament or joint injury • Groin or testicular pain, hernia • Memory problems; sensory or motor deficit 	<ul style="list-style-type: none"> • Asymptomatic • No significant risk factor from the history 	<p>Medically eligible for all sports without restriction</p>	<p>Advise possible workups like chest X-ray and ECG.</p> <p>Refer to specialist.</p>	<p>Coordinate follow-up visits.</p>
		<ul style="list-style-type: none"> • With risk factors identified in the history 	<p>Medically eligible for all sports with recommendations for further evaluation</p>	<p>If with any risk factor in history or RED FLAGS in PE, refer to specialist.</p>	<p>Coordinate follow-up visits.</p>
		<p>RED FLAGS:</p> <ul style="list-style-type: none"> • Passed out or nearly passed out during or after exercise • Lightheadedness or shortness of breath during exercise • Cough, wheeze, or difficulty breathing during or after exercise • Chest discomfort, pain, tightness, or pressure during exercise • Palpitations, skip beats or murmurs • Bone, muscle, ligament, or joint injury • Uncontrolled seizures 	<p>Medically eligible for certain sports</p>	<p>Advise possible diagnostic workups.</p>	
			<p>Not medically eligible pending further evaluation</p>		
			<p>Not medically eligible for any sports</p>		

DRAFT

MENTAL HEALTH

- F1 Depression
- F2 Anxiety
- F3 Assessment of Suicide Risk



F I Depression

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I feel sad most of the time and have no energy to carry out most of my tasks.

Parent: My son/daughter seems to have lost interest in doing anything at all and he/she has become more irritable and easily triggered.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>About Current Symptoms/Concerns</p> <p>Do you often complain of headache, stomachache or sickness? Or persistently experience multiple physical symptoms with no clear cause?</p> <p>Have you experienced any of the following in the last 2 weeks or for at least 2 weeks?</p> <ul style="list-style-type: none"> • Persistent depressed mood • Much diminished interest in or pleasure in activities • Disturbed sleep or sleeping too much • Significant change in appetite or weight • Beliefs of worthlessness or excessive guilt • Fatigue or loss of energy • Reduced concentration • Indecisiveness 	<p>Get vital signs.</p> <p>Rule out physical conditions that may resemble or exacerbate depression, such as:</p> <ul style="list-style-type: none"> • Thyroid disease • Infection, HIV/AIDS • Anemia • Obesity • Malnutrition • Asthma • Medication side effects • Substance use • COVID-19 <p>Do mental status examination (MSE) and note the following:</p> <ul style="list-style-type: none"> • Appearance and behavior • Mood and affect 	<p>RED FLAGS on self-harm:</p> <ul style="list-style-type: none"> • With history of self-harm • With signs of poisoning or intoxication • Current thoughts, plans or act of self-harm or suicide • Self-inflicted injuries, bruises or bleeding wounds • Loss of consciousness or extreme lethargy • Psychotic symptoms (delusions or hallucinations) 	<p>Medically serious act of self-harm</p> <p>Imminent risk of self-harm</p>	<p>Refer to the nearest institution with mental health specialist.</p> <p>See F3: Suicide Algorithm.</p> <p>Help the adolescent do safety planning.</p> <ul style="list-style-type: none"> • Recognize warning signs (thoughts, moods, behavior or situations associated with suicide or self-harm). • Identify internal coping strategies (what the child can do on his own to cope with thoughts of suicide or self-harm). • Identify social contacts and settings as means of distraction (whom the child can call or where he can I go to distract himself from thoughts of suicide or self-harm). • Enumerate people who may help resolve the suicidal crisis. 	

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<ul style="list-style-type: none"> • Observable agitation or physical restlessness • Talking or moving more slowly than usual • Hopelessness • Suicidal acts or thoughts <p>Are you having difficulty with your daily personal, family, social, educational or other functions?</p>	<ul style="list-style-type: none"> • Content of thoughts (delusions, paranoia, suspiciousness, suicidal ideation) • Any perceptual disturbances (auditory or visual hallucination) • Any cognitive disturbances (attention, memory, judgment, reasoning, problem solving, comprehension and decision-making) 			<ul style="list-style-type: none"> • Identify mental health professionals and agencies, with contact numbers, that the child can contact during a suicidal crisis. • Reduce potential lethal means to make the child’s environment safer. <p>Provide psychoeducation to the adolescent and carers.</p>	
<p>About Triggers/ Stressors Are there events that trigger stress in you? Have you had similar problems in the past?</p> <p>About Coping Strategies How do you usually cope with difficulties? Which of these ways worked and which did not?</p> <p>About Support Systems Who can you run to for support? How is your relationship with them? Have you ever sought professional help for mental health concerns? Do you have an emergency contact list?</p>		<p>If with at least one of these core symptoms for at least 2 weeks on most days of the week:</p> <ul style="list-style-type: none"> • Persistent depressed mood • Markedly diminished interest in or pleasure in activities <p>Plus several of the following additional symptoms for at least 2 weeks:</p> <ul style="list-style-type: none"> • Disturbed sleep or sleeping too much • Significant change in appetite or weight • Thoughts of worthlessness or excessive guilt 	<p>Consider depression</p>	<p>Address immediate needs identified by the adolescent.</p> <p>Refer to a mental health professional.</p> <p>Provide guidance on adolescent well-being.</p> <p>Provide the following as needed:</p> <ul style="list-style-type: none"> - Psychiatric consultation - Psychotherapy/ counseling - School accommodations Social skills training 	<p>Have the adolescent and caregiver consult a mental health professional</p> <p>Continue to follow up until the adolescent no longer has any symptoms of depression.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Treatment Are you currently taking any medications or undergoing therapy for mental health? Do you regularly take these medications and regularly undergo therapy?</p> <p>Substance Use Do you smoke cigarettes or vape? Do you drink alcohol? Have you ever tried any prohibited drugs?</p>		<ul style="list-style-type: none"> • Fatigue or loss of energy • Reduced concentration • Indecisiveness • Observable agitation or physical restlessness • Talking or moving more slowly than usual • Hopelessness • Suicidal acts or thoughts <p>Plus considerable difficulty with daily personal, family, social, educational, occupational or other functions.</p>		<p>Provide psychoeducation to the adolescent and carers (self-care, emotion regulation, task management, etc).</p> <p>Provide carer support.</p> <p>Liaise with teachers and other school staff.</p> <p>Link with other available resources in the community.</p>	



Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>Psychoeducation and Parenting Advice to Give to Parents/Carers</p> <ul style="list-style-type: none"> • Explain the mental condition and help them identify strengths and resources. • Explain the factors that may contribute to depression and explain the parent’s role in creating a safe environment at home. • Praise them for their effort. • Explain that adolescents with depression should not be blamed for having it. Encourage carers to be kind and supportive and to show love and affection to the teen. • Help carers to have realistic expectations and encourage them to contact other carers of adolescents with similar conditions for mutual support. • Address any stressful situation in the family environment, such as parental discord or a parent’s mental disorder. <p>Psychoeducation to Give to Adolescents with Depression</p> <ul style="list-style-type: none"> • Provide psychoeducation on the following as needed: self-care, emotion regulation, task management. • Provide opportunities for quality time spent with the carer and the family. • Encourage and help the adolescent to continue (or restart) pleasurable and social activities. 	<p>Depressive Mood in Teens Depressive mood is common in adolescents. Depression is often not a complaint of the adolescent but is reported by others. Depression must be differentiated from mood fluctuations and short-lived emotional responses to everyday challenges, which are not pathological and do not require a health care intervention.</p> <p>Promoting Adolescent Well-being and Functioning <i>Adolescents should:</i></p> <ul style="list-style-type: none"> • Identify and understand emotions, reassured that negative emotions may be normal at times • Be comfortable with speaking up and sharing your concerns with a trusted individual to alleviate your worries. • Continue or restart pleasurable and social activities. • Have morning and bedtime routines. • Get enough sleep and adopt regular sleep habits; remove TV and electronic devices with screens from the sleeping area. • Eat regularly, three meals a day (breakfast, mid-day, and evening) plus snacks. • Be physically active, engaging in physical activity (daily activities, play or sports) for at least 60 minutes a day. 	<ul style="list-style-type: none"> • Participate in school, community, and other social activities. • Spend time with trusted friends and family. • Avoid drugs, alcohol, and nicotine. <p><i>Parents/carers should:</i></p> <ul style="list-style-type: none"> • Spend time with your adolescent in enjoyable activities. • Give loving attention to your adolescent, and engage them in daily conversations. • Offer practical support (for homework or skills) • Listen to your adolescent and show understanding and respect. • Protect them from maltreatment, including bullying and exposure to violence at home, at school and in the community. • Anticipate major life changes in the adolescent (such as puberty, starting school or birth of a sibling) and provide support. • Not use threats or physical punishment which may harm your relationship. • Put off serious discussions until calm; avoid blunt criticism, yelling and name-calling. • Be consistent about what is allowed and not. • Give praise or reward for good behavior.

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<ul style="list-style-type: none"> • Encourage the adolescent to practice regular physical activity, gradually increasing the duration of sessions. • Consider training the adolescent and carer in breathing exercises, progressive muscle relaxation, and other cultural equivalents. • Make predictable routines in the morning and at bedtime. • Promote regular sleep habits. Schedule the day with regular times for eating, playing, learning, and sleeping. • Explain that depression is common and can happen to anybody. Being depressed does not mean that he/she is weak or lazy. • Depression can cause unjustified thoughts of hopelessness and worthlessness. Explain that these views are likely to improve once the depression improves. • Make the adolescent aware that if he/she experiences thoughts of self-harm or suicide, he/she should tell a trusted person and come back for help immediately. 	<p>Myths About Mental Health</p> <p>Dispelling myths about mental health can help break the stigma and create a culture that encourages people to seek support when they need it.</p> <p><i>Myth:</i> Persons with mental health conditions have low intelligence.</p> <p><i>Fact:</i> Mental illness, like physical illness, can affect anyone regardless of intelligence, social class, or income level.</p> <p><i>Myth:</i> You only need to take care of your mental health if you have a mental health condition.</p> <p><i>Fact:</i> Everyone should take active steps to promote their mental health and well-being, in the same way that they should engage in healthy habits to optimize their physical health.</p> <p><i>Myth:</i> Poor mental health is not a big issue for adolescents. They just have mood swings caused by hormones and act out to get attention.</p> <p><i>Fact:</i> Adolescents often experience mental health problems. They do have mood swings often, but they may also struggle with serious mental health issues, like suicide, which is one common cause of death among adolescents.</p> <p><i>Myth:</i> Nothing can be done to protect people from developing mental health conditions.</p>	<p><i>Fact:</i> Strengthening social and emotional skills, seeking help and support early on, developing supportive, loving, warm family relationships, having a positive school environment, and having healthy sleep patterns can protect adolescents from developing mental health conditions.</p> <p><i>Myth:</i> A mental health condition is a sign of weakness; a stronger person would not have this condition.</p> <p><i>Fact:</i> Anyone can develop a mental health condition and this has nothing to do with being weak or lacking willpower. It actually takes strength and courage to recognize the need to accept help for a mental health condition.</p> <p><i>Myth:</i> Adolescents who get good grades and have a lot of friends will not have mental health conditions because they have nothing to be depressed about</p> <p><i>Fact:</i> Depression results from social, psychological and biological factors and can affect anyone regardless of socioeconomic status or how good their life may appear to be. Adolescents who do well in school may feel academic pressure or may have challenges at home which may cause anxiety /depression.</p>

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult
<p><i>Liaising with Teachers and School Staff</i></p> <ul style="list-style-type: none"> • After getting consent from the adolescent and carer, contact the adolescent’s teacher and guide them in making a plan on how to support the adolescent with learning and participation in school activities. • Explain that the adolescent’s mental disorder is affecting their learning behavior and social functioning and that there are things the teacher can do to help. • Ask about any stressful situations in school that may have an adverse impact on the adolescent’s emotional well-being and learning. If the adolescent is being bullied, advise the teacher to take appropriate action to stop it. • Explore strategies to help engage the adolescent in school activities and facilitate learning, inclusion, and participation. <p><i>Tips to Give to Teachers and School Staff</i></p> <ul style="list-style-type: none"> • Provide opportunities for the adolescent to use their skills and strengths. • During the reintegration period, give the student reasonable academic accommodations or allowances if needed, as prescribed by a physician (e.g., extra time to understand and complete assignments, dividing long assignments into smaller pieces, excuse from quizzes or exams). • Provide extra praise for effort and rewards for achievements. • DO NOT use threats, physical punishments, or excessive criticism. • For students with significant difficulties in the classroom, recruit a volunteer to come to class to provide one-on-one attention or pair the student with a peer who can provide support or help with learning. • If the adolescent has been out of school, help him/her return as soon as possible by creating a gradually increasing reintegration schedule. During the reintegration period, the student should be excused from quizzes and exams. 	<p><i>Myth:</i> Bad parenting causes mental conditions in adolescents.</p> <p><i>Fact:</i> Many factors may influence the well-being and mental health of adolescents, including their relationship with caregivers. Bad parenting may lead to mood and emotion dysregulation which may cause problems, even adolescents from loving, supporting homes can also experience mental health difficulties.</p> <p><i>Myth:</i> Mental health problems are due to lack of faith.</p> <p><i>Fact:</i> Depression is not caused by lack of faith but rather by the inability to effectively cope with stressful situations or life events. Taking medication or undergoing counseling are essential in the management of depression and do not imply a lack of trust in a higher being or in prayer.</p>



References and Resources for HSPs:

Links to Referral Networks:

Mental Health PH Directory <https://mentalhealthph.org/directory/>

National Mental Health Crisis Hotline (DOH/NCMH)
National Center for Mental Health Hotline: 1553
Luzon-based toll-free hotline:
Globe/TM subscribers: 0966-351-4518/0917-899-8727/0917-899 USAP
Smart/Sun/TNT subscribers: 0908-639-2672

Hopeline PH by Natasha Goulbourn Foundation
24/7 suicide prevention and crisis support helpline
PLDT: (02) 804-4673
Globe: (0917) 558-4673
Toll-free for Globe/TM: 2919

Manila Lifeline Center
Tele-counseling hotline that focuses on suicide prevention, awareness,
and support: (02) 896-9191 / 0917 854-9191

Tawag Paglaum - Centro Bisaya
24-hour telephone service in Cebu for people who are in suicide and
emotional crisis: (0939) 937-5433/ (0927) 654-1629

Philippine Society for Child and Adolescent Psychiatry (PSCAP)
Email address: pscap.org@gmail.com
Facebook page link: https://www.facebook.com/Philippine-Society-for-Child-and-Adolescent-Psychiatry-PSCAP-312501562143282/?ref=page_internal

Psychological Association of the Philippines
Email address: admin@pap.ph
Landline number: 8244-90-53
Mobile numbers: 0915-4225189 (Globe) or 0947 571 7629 (Smart)
List of Certified Psychologists - <https://pap.ph/certified>

Resources for the client:

#SadBoi lang ba or Depressed na. <https://malayaako.ph/sadboi-lang-ba-o-depressed-na/>
Breathe In, Breathe out: Ano ang Stress at Paano ItoHaharapin. <https://malayaako.ph/ano-ang-stress-at-paano-ito-haharapin/>
Mental Health: Paano Humingi at Magpaabot ng Tulong. <https://malayaako.ph/mental-health-paano-humingi-at-magpaabot-ng-tulong/>
Mental Health: Saan Ako Pwedeng Humingi ng Tulong. <https://malayaako.ph/mental-health-saan-ako-pwedeng-humingi-ng-tulong/>
'Ma, Pa May Sasabihin Ako...' Pakikipag-usap sa Magulang Tungkol sa Mental Health. <https://malayaako.ph/ma-pa-may-sasabihin-ako-pakikipag-usap-sa-magulang-tungkol-sa-mental-health/>

Legal Framework:

[Republic Act 11036 - Mental Health Law.https://www.officialgazette.gov.ph/2018/06/20/republic-act-no-11036/](https://www.officialgazette.gov.ph/2018/06/20/republic-act-no-11036/)

F2 Anxiety Disorder

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have been having chest pain/difficulty of breathing and loss of consciousness.

Parent: My son/daughter has been having chest pain/difficulty of breathing and loss of consciousness.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Have you been bothered by the following problems over the last 2 weeks?</p> <ul style="list-style-type: none"> - Feeling nervous, anxious or on the edge - Not being able to sleep or control worrying <p>Do you have difficulties in doing schoolwork, helping at home, or getting along with other people?</p> <p>Do you have frequent panic attacks? How often? For how long? And how severe? How and when does it start?</p> <p>Did you have specific thoughts that trigger anxiety?</p>	<p>Get vital signs.</p> <p>Do chest examination.</p> <p>Do cardiac examination.</p> <p>Do mental status examination.</p>	<p><i>Symptoms present in the last 2 weeks</i></p> <ul style="list-style-type: none"> • Worrying too much about different things • Trouble relaxing • Being so restless that it is hard to sit still • Easily annoyed or irritable • Feeling afraid, as if something awful might happen 	<p>Consider anxiety</p>	<p>Refer to a mental health professional.</p> <p>Provide information.</p> <p>Provide guidance on general adolescent well-being.</p> <p>Manage triggers, reduce stress and strengthen social support.</p> <p>Investigate whether the adolescent's environment can be improved (e.g., school setting, leisure activities)</p>	<p>Monitor progress and compliance with psychotherapeutic treatment and interventions.</p>
		<ul style="list-style-type: none"> • Fear of social situations like going to school, performing in front of others, reading out loud, interacting with adults or peers 	<p>Consider social anxiety</p>		

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Were there associated symptoms during the episodes?</p> <p>Did your anxiety interfere with everyday life?</p> <p>Were there co-existing problems?</p> <ul style="list-style-type: none"> - Sleeping problems - Eating problems - Behavioral problems - Drug and substance abuse <p>Was there family history of anxiety or panic attacks?</p> <p>Do you drink coffee or other caffeinated beverages?</p> <p>Do you smoke cigarettes or vape?</p>		<ul style="list-style-type: none"> • Extreme fear about a specific thing or situation, such as dogs, insects or going to the doctor • Excessive and uncontrollable worry about events or activities • Repeated episodes of sudden, unexpected, intense fear accompanied by heart pounding, trouble breathing and feeling dizzy, shaky or sweaty 	<p>Consider phobia</p> <p>Consider general anxiety</p> <p>Consider panic attacks</p>	<p>Provide acute management during a panic attack.</p> <ul style="list-style-type: none"> • Do not leave the adolescent alone, make sure that a trusted adult is present. • Rule out medical conditions (asthma, etc.) and treat accordingly. • Encourage breathing exercises and relaxation. <p>Refer: For serious cases or when first-line interventions are ineffective and there is no improvement after 2 months, refer to a mental health professional.</p>	<p>Follow up after 2-4 weeks if with no improvement in symptoms, or anytime symptoms worsen.</p>

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p><i>Psychoeducation to Give to Parents/Carers</i></p> <ul style="list-style-type: none"> • Explain that the adolescent should not be blamed for the problem. • Explain that caring for an adolescent with anxiety can be challenging but also very rewarding. • Praise the caregivers for their efforts and sacrifices. • Help caregivers to have realistic expectations. • Counsel on how to support their adolescent’s mental health. • Assess the psychosocial impact of the adolescent’s problem on the caregiver and offer psychosocial support. • Support the family in handling social and familial problems: <ul style="list-style-type: none"> -Address stressful situations in the family. -Help identify strengths and resources. -Promote necessary support and resources for family life, employment, social activities, and health. 	<p><i>Common Anxiety Triggers</i></p> <ul style="list-style-type: none"> • Alcohol, caffeine, drugs • A stressful home or school environment • Driving or travelling • Withdrawal from or side effects of certain medications • Phobias • Health issues or concerns • Social interaction with peers, both online and face-to-face <p><i>How Adolescents Can Manage Stress</i></p> <ul style="list-style-type: none"> • Be aware of your anxiety and of what you can do and what you should avoid in order to manage and prevent your anxiety from getting worse. • Ask for help in tasks where you need help. • Exercise and eat regularly. • Get enough sleep and have a good sleep routine. • Avoid excess caffeine which can increase anxiety and agitation. • Avoid illegal drugs, alcohol and tobacco. • Learn relaxation exercises (abdominal breathing/muscle relaxation techniques). • Develop assertiveness training skills. State your feelings in polite, firm but not overly aggressive nor passive ways. • Rehearse what to do in situations that cause 	<p>stress (e.g., taking a speech class if talking in front of a class makes you anxious).</p> <ul style="list-style-type: none"> • Learn practical coping skills. Break larger tasks into smaller, more attainable tasks. • Decrease negative self-talk. Replace negative self-talk with alternative, neutral, or positive thoughts. (For example, instead of saying “My life will never get better”, say “I may feel hopeless now, but my life will get better if I work at it and get help.”) • Learn to feel good about doing a “good enough” job rather than demanding perfection from yourself and others. • Take a break from stressful situations. Listen to music, talk to a friend, draw, write or spend time with a pet to reduce stress. Limit social media use if it causes distress. • Build a network of friends who can help you cope in a positive way.

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>-Arrange for a trustworthy carer to assume care for a short period to give the primary caregiver a break.</p> <p>-Encourage them to contact other caregivers facing similar dilemmas for mutual support.</p> <p>Psychoeducation to Give to Adolescents with Anxiety</p> <ul style="list-style-type: none"> • Explain that emotional problems are common and can happen to anyone; these may cause unjustified thoughts of hopelessness and worthlessness which can be dispelled with good support. • Counsel that if they have thoughts of self-harm or suicide, they should tell a trusted person and come to the health provider for help immediately. • May provide training in breathing exercises and progressive muscle relaxation. • Acknowledge their feelings and worries and encourage them to confront their fears. • Praise the adolescents or give small rewards when they try new things. 	<p>Techniques for Coping with Anxiety</p> <ol style="list-style-type: none"> 1. <i>Breathing exercises</i>– These can immediately help reduce anxiety and calm you down. <ul style="list-style-type: none"> • Long exhale: Spend a bit longer exhaling than you do inhaling. Exhale fully, and then take a big, deep breath for 4 seconds. Then exhale for 6 seconds. • 4-7-8 technique: Breathe in for 4 seconds. Hold your breath for 7 seconds, and exhale for 8 seconds. 2. <i>Muscle relaxation techniques</i>–These can help you focus on yourself and release tension in the body. <ul style="list-style-type: none"> • Breathe in and tense the muscles on your face, squeezing your eyes shut. • Clench your jaw and keep your face tensed for 5 seconds. • Gradually relax your muscles over the time it takes to count to 10, then take a deep breath. You can say ‘relax’ as you relax. • Next, do this on to your neck and shoulders, and gradually move down your body. Be careful with any injuries or pain that you have. 3. <i>Talking to someone you trust</i> 4. <i>Lifestyle changes for coping with anxiety</i> 	<p>Promoting Adolescent Well-being and Functioning</p> <p>(See Promoting Adolescent Well-being and Functioning under F1-Depression above)</p> <p>How Parents Can Help Adolescents Cope with Stress</p> <ul style="list-style-type: none"> • Monitor if stress is affecting your teen’s health, behavior, thoughts or feelings. • Listen to them and observe if they are feeling emotionally overloaded. • Learn and model stress management skills. • Support your teens’ involvement in sports and other prosocial activities.

Information for the Health Service Provider

- Encourage and help them face the feared situation one step at a time.
- Create a plan together to help the adolescent cope with the feared situation.
- Connect the adolescent with supportive peers or trustworthy online resources.

Liaising with Teachers and School Staff

- After getting consent from the adolescent and carer, contact the school.
- Explore strategies to engage the adolescent in school activities and facilitate learning, inclusion and participation.

Tips to Give to Teachers and School Staff

- Provide opportunities for the adolescent to use their skills and strengths.
- Give special accommodations if and when needed by the student or prescribed by a physician (e.g., allow extra time to understand and complete assignments, divide long assignments and assign one at a time).
- DO NOT use threats, physical punishments, or excessive criticism.
- For students with significant difficulties in the classroom, recruit a volunteer to come to class to attend to the student one-on-one, or pair the student with a peer who can provide support or help with learning.
- If the adolescent has been out of school, help him/her return as soon as possible by gradually increasing reintegration schedule. During the reintegration period, excuse the student from quizzes and exams.

References and Resources for HSPS

(See Links to referral networks listed under F1 – Depression above)

Resources for the client:

Shy Type ba or Social Anxiety na? <https://malayaako.ph/shy-type-lang-ba-o-social-anxiety-na/>

'Praning lang baAko or may Anxiety na?' Anxiety sa Teens at Paano Ito I-manage.

<https://malayaako.ph/praning-lang-ba-ako-o-may-anxiety-na-anxiety-sa-teens-at-paano-ito-i-manage/>

Kalma, Bes! Bago ang Lahat, Hinga ka Muna - <https://malayaako.ph/kalma-bes-bago-ang-lahat-hinga-ka-muna/>

Breathe In, Breathe Out: Ano ang Stress at Paano ItoHaharapin. <https://malayaako.ph/ano-ang-stress-at-paano-ito-haharapin/>

Mental Health: Paano Humingi at Magpaabot ng Tulong. <https://malayaako.ph/mental-health-paano-humingi-at-magpaabot-ng-tulong/>

Mental Health: SaanAkoPwedengHumingi ng Tulong. <https://malayaako.ph/mental-health-saan-ako-pwedeng-humingi-ng-tulong/>

'Ma, Pa may SasabihinAko....' Pakikipag-usap sa MagulangTungkolsa Mental Health.

<https://malayaako.ph/ma-pa-may-sasabihin-ako-pakikipag-usap-sa-magulang-tungkol-sa-mental-health/>

Legal Framework:

Republic Act 11036 - Mental Health Law. <https://www.officialgazette.gov.ph/2018/06/20/republic-act-no-11036/>



F3 Suicide

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I feel hopeless. I want to end my sufferings. I have thoughts of harming myself.

Parent: My son/daughter seems to have thoughts/plans of harming himself/herself

Adapted from mhGAP

Suicide and Self-Harm Terminology

- Suicide attempt, suicidal behavior -- nonfatal, potentially injurious behavior with an INTENT to die; might not result in injury.
- Suicidal ideation, suicidal thoughts -- thinking about, considering, or planning suicide.
- Self-injury, non-suicidal self-injury -- purposeful acts of physical harm to the self with the potential to damage body tissue but performed WITHOUT intent to die.
- Suicide, death by suicide, or suicide death -- death caused by injurious behavior to self and with intent to die.

Suicide is the act of deliberately killing oneself. Self-harm is a broader term referring to intentional self-inflicted poisoning or injury, which may or may not have a fatal intent or outcome.

Any person over 10 years of age experiencing any of the following conditions should be asked about thoughts or plans of self-harm in the last month, and about acts of self-harm in the last year. These conditions include depression, disorders due to substance use, mental and behavioral disorders, psychosis and epilepsy.

Evaluate for thoughts, plans and acts of self-harm during the initial assessment and periodically thereafter, as required. Attend to the person's mental state and emotional distress.

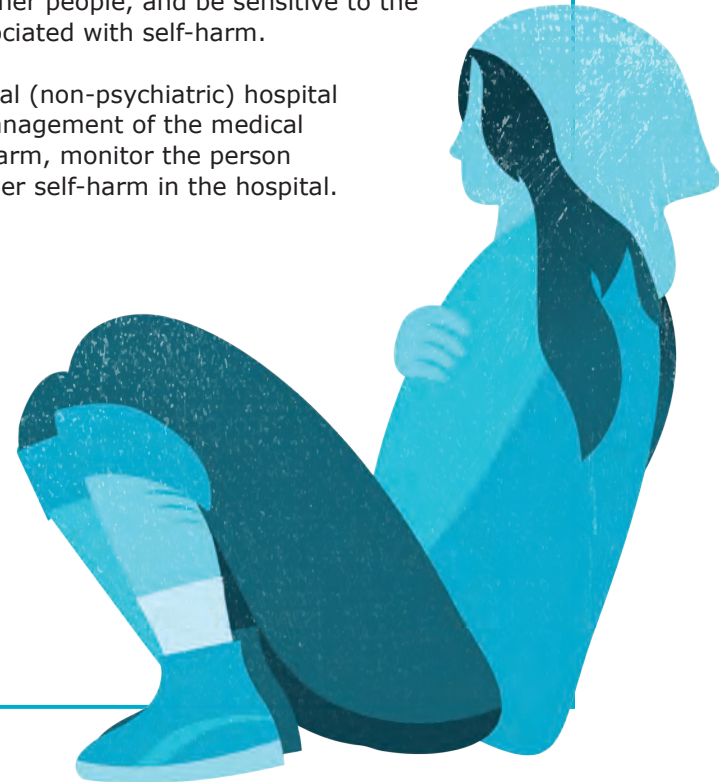
Clinical Tip:

Asking about self-harm does NOT provoke acts of self-harm. It often reduces anxiety associated with thoughts or acts of self-harm and helps the person feel understood.

However, try to establish a relationship with the person before asking questions about self-harm. Ask the person to explain their reasons for harming themselves.

Treat people who have self-harmed with the same care, respect and privacy given to other people, and be sensitive to the emotional distress associated with self-harm.

If admission to a general (non-psychiatric) hospital is necessary for the management of the medical consequences of self-harm, monitor the person closely to prevent further self-harm in the hospital.



ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you feel extreme hopelessness and despair?</p> <p>Have you wished you were dead or will not wake up from sleep?</p> <p>Have you had thoughts of killing yourself?</p> <p>Have you been thinking about how you might kill yourself?</p> <p>Have you had these thoughts and had some intention of acting on them?</p> <p>Have you started to work out or planned the details of how to kill yourself? Do you intend to carry out this plan?</p> <p>Do you know anyone who recently attempted to commit suicide or died from suicide?</p> <p>Do you have friends who are also having suicidal thoughts?</p>	<p>Get vital signs.</p> <p>Check for:</p> <ul style="list-style-type: none"> - Bleeding from self-inflicted wounds - Loss of consciousness - Extreme lethargy - Signs of poison ingestion - Signs of intoxication 	<ul style="list-style-type: none"> • Extreme hopelessness and despair • Thoughts of killing himself with intent to act on these thoughts • Thoughts of killing self with detailed plans of how to do it, which may have been fully or partially carried out • Signs of self-harm 	<p>Medically serious act of self-harm</p>	<p>Refer to a medical facility for medical management of the self-inflicted injury. Find a facility with a mental health specialist.</p> <p>For all cases: Do not leave the person alone. Place him in a room with a secure but supportive environment. Medically treat poisoning or any injury if facility is equipped. Monitor the patient closely at all times to prevent any more attempts at suicide.</p> <p>Care for the person with self-harm. (See S.1)</p>	<p>Maintain regular contact (via telephone, home visits, letters) daily or weekly for the first 2 months. Continue to follow up for 2 years.</p> <p>At every contact, assess routinely for thoughts and plans of self-harm.</p> <p>Assess for improvement:</p> <ul style="list-style-type: none"> • If improving, decrease contact as person improves. e.g. Once every 2-4 weeks after first 2 months and twice in the second year. • If not improving, increase frequency or duration of contact. <p>Refer to mental health specialist as needed.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
			<p>Medically serious act of self-harm</p>	<p>While awaiting transfer or treatment:</p> <ul style="list-style-type: none"> • Offer and activate psychosocial support. (See S.2) • Offer carer support. (See S.3) • Maintain regular contact and follow-up 	<p>Contact parents/ family/loved ones for close monitoring.</p>
<p>Have you ever thought of harming yourself?</p> <p>Have you ever done or started to do anything to hurt yourself?</p> <p>When was the last time you did something to hurt yourself?</p>	<p>Watch for signs of agitation, distress or violence.</p> <p>Does not communicate</p>	<ul style="list-style-type: none"> • Endorses thoughts of suicide and has thought of at least one way to do it. • Signs of agitation or violence • Does not communicate and not respond to screening questions 	<p>Imminent risk of self-harm/ suicide</p>	<p>Refer to mental health specialist.</p> <p>Remove access to any means/ objects he may use for self-harm/suicide.</p> <p>Place him in a secure and supportive environment, if possible in a separate room, while awaiting transport or treatment.</p>	

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		<ul style="list-style-type: none"> Physical signs of prior self-harm*(scars not just limited on the arms, also assess inner thighs and abdomen) 		<p>Do not leave him alone.</p> <p>Attend to patient's mental state and emotional distress.</p> <p>Provide psychoeducation to the adolescent and his carers. (See S.4)</p> <p>Offer and activate psychosocial support. (See S.2)</p> <p>Offer carer support. (See S.3)</p> <p>Maintain regular contact and follow-up.</p>	
	<p>Watch for:</p> <ul style="list-style-type: none"> - Signs of recent self-harm - Signs of prior self-harm* 	<ul style="list-style-type: none"> - Has not had thoughts of wishing to be dead - No thought of killing himself 	<p>Possible non-suicidal self-injury (NSSI)</p>		

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		<ul style="list-style-type: none"> • Has done or attempted to do acts to hurt self • Signs of self-harm 			
	<p>Watch for signs of prior self-harm*</p>	<ul style="list-style-type: none"> • Endorses thought about wishing to be dead • General, nonspecific thoughts of ending one's life without intent or plan • Signs of prior self-harm 	<p>Imminent risk of suicide is unlikely but the risk may still persist</p>	<p>Consult a mental health specialist if available.</p> <p>Offer and activate psychosocial support. (See S.2)</p> <p>Identify family members/loved ones who can monitor the person.</p>	<p>Maintain regular contact and follow-up.</p>

DRAFT

S.1 Care for the person with self-harm

Place the person in a secure and supportive environment at a health facility. Do not leave them alone.

If the person must wait for treatment, offer an environment that minimizes distress; if possible, in a separate, quiet room with constant supervision and contact with a designated staff or family member to ensure safety at all times.

Remove access to means of self-harm.

Consult a mental health specialist, if available.

Mobilize family, friends and other concerned individuals or available community resources to monitor and support the person during the imminent risk period. [See S.2.](#)

Provide emotional support to carers if they need it. [See S.3.](#)

Ensure continuity of care.

S.2 Offer and activate psychosocial support

Offer support to the person

- Offer company and help him/her to feel reassured.
- Focus on the person's strengths by encouraging him/her to talk of how earlier problems were resolved.
- Consider problem-solving therapy to help people with acts of self-harm within the last year, if sufficient human resources are available.

[\(See F1: Depression Algorithm\)](#)

Activate psychosocial support

- Mobilize family, friends, and available resources to ensure close monitoring of the person as long as the risk of self-harm or suicide persists.
- Advise them to restrict the person's access to means of self-harm/suicide (guns, toxic substances, medications).
- Optimize social support from community resources (relatives, school and religious leaders), and crisis centers, and local mental health centers if available.

S.3 Carer support

Inform carers and family members that asking about suicide will often help the person feel relieved, less anxious, and better understood.

Carers and family members of people at risk of self-harm often experience severe stress. Provide emotional support to them if they need it.

Inform carers that even though they may feel frustrated with the person, they should avoid hostility and severe criticism towards the person at risk of self-harm/suicide.

S.4 Psychoeducation

Key messages to the patient and the carers:

If one has thoughts of self-harm or suicide, seek help immediately from a trusted family member, friend or healthcare provider. It is okay to talk about suicide. Talking about suicide does not provoke the act of suicide.

Suicides are preventable.

Having an episode of self-harm/suicide is an indicator of severe emotional distress. The person does not see an

alternative or a solution. Therefore, it is important to get him/her immediate support for emotional problems and stressors.

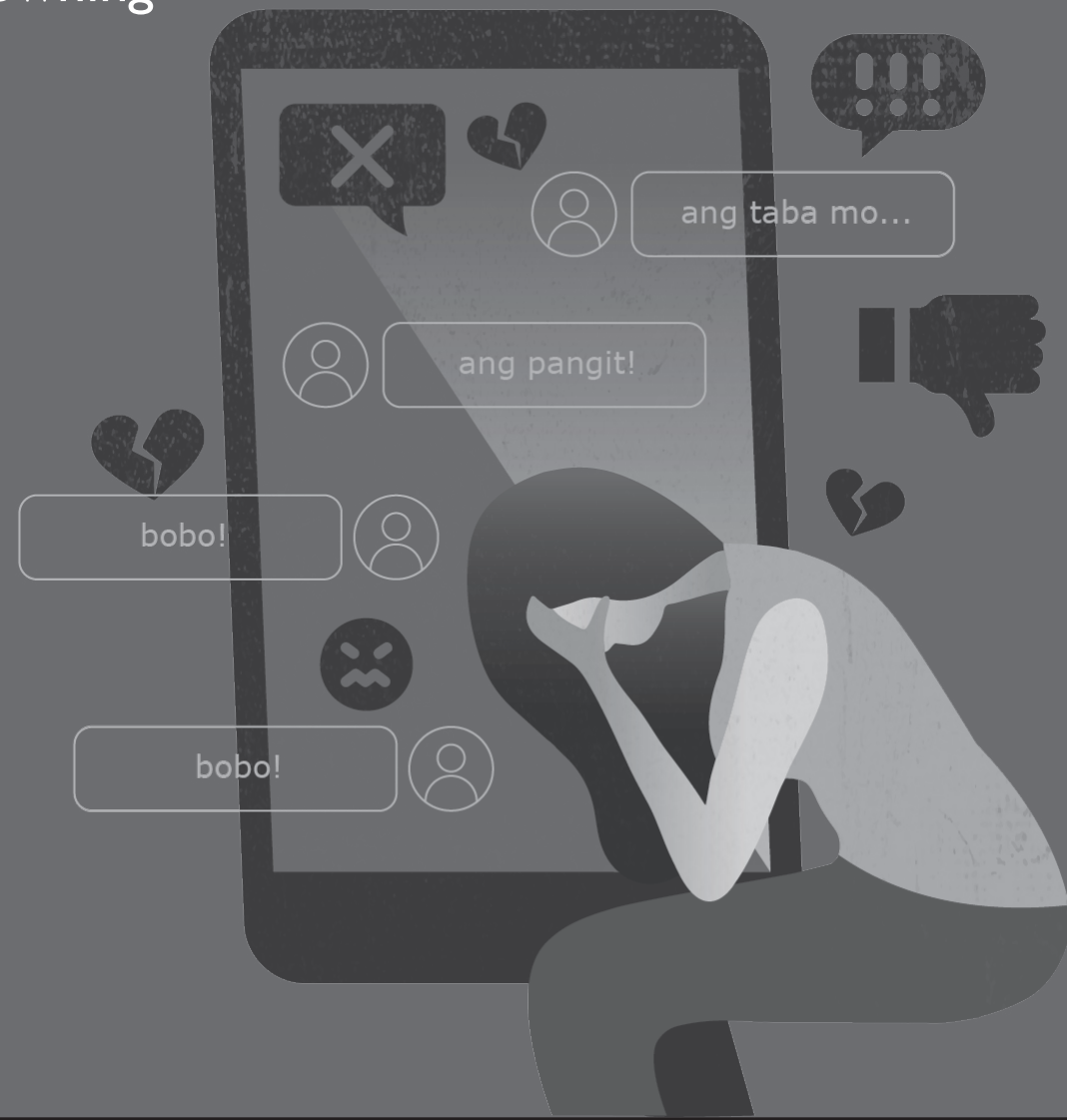
Means of self-harm (e.g., pesticides, firearms, medications) should be removed from the home.

The social network, including the family and relevant others, is important in providing the patient social support.

DRAFT

INJURIES, ABUSE AND VIOLENCE

- G1 Accidents/Injuries/Drowning
- G2 Violence
- G3 Physical Abuse
- G4 Sexual Abuse
- G5 Cyberbullying
- G6 OSAEC
- G7 SG-CSAM



GI

Accidents, Injuries and Drowning

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I suffered an injury due to a traffic accident/fall/drowning.

Parent: My son/daughter has a toothache, dental caries, gum bleeding,

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Have you been in an accident or had an injury? Can you describe what happened?</p> <p>What injury did you sustain?</p> <p>Did you take drugs or alcohol before the incident?</p> <p>Are you prone to accidents?</p> <p>Do HEADSSS. See Annex B.</p>	<p>Check for signs of injury:</p> <ul style="list-style-type: none"> - Old or new injuries, hematomas, bleeding, bruises, abrasions, lacerations - Any pain/tenderness in any part of the body - Hair being pulled out or recently missing teeth - Internal trauma in the abdomen - Ruptured eardrum - Vaginal/penile discharge <p>Check for disability from an injury/accident.</p> <p>Check for alcohol breath or substance use if instruments are available.</p> <p>Do a quick mental health examination.</p>	<p>Signs of injuries</p>	Accident	<p>Provide initial or emergent care, as needed.</p> <p>Screen for alcohol or drug use if suspected.</p>	<p>Follow up as needed to monitor resolution of injury.</p> <p>Update on any referrals done or need to be done (like alcohol or drug rehabilitation)</p>
			Injury	<p>Refer to a specialist.</p> <p>Refer if needed to a mental health specialist.</p>	
			Traffic accident		
			Drowning		

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>Risk Factors for Motor Vehicular Accidents Among Teens</p> <ul style="list-style-type: none"> • Male teens’ death rates 3 times higher than females • Inexperience • Distracted driving, including use of phone • Nighttime and weekend driving, • Speeding • Not using seat belts • Using drugs or substances <p>Risk Factors for Drowning</p> <ul style="list-style-type: none"> • Alcohol consumption • Swimming inability/inexperience • Medical emergency in the water, including heart attack, stroke, seizure, animal bite or stinging in the water • Fatigue or exhaustion • Failure to consider the environmental risk or take needed precautions (like diving into shallow water, or not wearing life jacket) • Suicide attempts 	<p>Precautionary Tips for Adolescents</p> <ul style="list-style-type: none"> • Learn how to take care and protect yourself from accidents. • Provide first aid promptly and seek medical help to save lives. • Avoid drinking while driving or swimming. • Wear seat belts and helmets. <p>Tips to Parents on Prevention and Anticipatory Guidance</p> <p><i>Injury</i></p> <ul style="list-style-type: none"> • Make your home and community safe. • Discuss the risk of accidents at home. • Teach your kids how to avoid risks, how to give first-aid and where to call for help when someone is injured. • Supplement anticipatory guidance with appropriate educational materials. • Teach adolescents on how to recognize and respond to hazards and violence in their environment. • Practice safe firecracker use within the designated firecracker areas. <p><i>Motor Vehicular Accidents</i></p> <ul style="list-style-type: none"> • Drive carefully. Parents’ driving behavior is a powerful model for teens. • Make sure your teens are aware of the causes of accidents and the driving risks they should avoid (driving inexperience, night driving, drinking alcohol, etc.) • Make sure they know what to do if accidents occur. 	<ul style="list-style-type: none"> • Discuss the dangers of distracted driving and risk of substance use while driving. • Counsel adolescents on seat belt use and responsible use of technology. • Promote the use of active and alternative transport modes. • Use age-appropriate restraints and protective gears in both motor and nonmotor vehicles (e.g., helmets, seatbelts). • Choose a vehicle with safety features. • Remember that monitoring, supervision, and involvement by parents can help keep teens safer on the road. <p><i>Drowning</i></p> <ul style="list-style-type: none"> • Practice and teach kids on safe swimming and water safety skills, including: <ul style="list-style-type: none"> - Swimming in designated areas - Wearing lifejackets whenever aboard boats and ships - Not jumping or diving to the water head first to avoid spinal cord injuries • Install physical safety features to prevent drowning: <ul style="list-style-type: none"> - Guardhouses - Barriers in parts where there is danger of drowning - Safety lines in coastal areas - Signs to warn people of drowning



**References and Resources for HSPS**

Omnibus Health Guidelines for Adolescents, pages 22,23,33,57 Table 10, 64-67 Table 12
United Nations Road Safety Collaboration 2010. <https://www.ncbi.nlm.nih.gov/books/NBK525212/>

Resources for the client: none

Legal Framework:

Legal Framework:

Republic Act [RA] No. 10913 "Anti-Distracted Driving Act"

RA No. 10586 "Anti-Drunk and Drugged Driving Act of 2013"

RA No. 4136 "Land Transportation and Traffic Code"

RA 8750 "Seat Belts Use Act of 1999"

RA 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 Therefore"

RA No. 7183 "An Act Regulating the Sale, Manufacture, Distribution and Use of Firecrackers and Other Pyrotechnic Devices"

DRAFT

G2 Violence

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have been attacked/involved in a fight.

Parent: My son/daughter has been attacked/involved in a fight.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Have you been involved in street fights? Please describe.</p> <p>Do you feel safe at home? In school? In your neighborhood?</p> <p>Have you ever been touched, hit, slapped, kicked or shoved by any person?</p> <p>Are you currently in a relationship where you have been hurt, threatened, or made to feel afraid?</p> <p>(See FISTS)</p> <p>Do HEADSSS. (See Annex B)</p>	<p>Look for injuries in different parts of the body, including the inside of the mouth, inner surfaces, breast and genitals</p> <p>Examine for any evidence of:</p> <ul style="list-style-type: none"> - Old or new injuries, hematomas, bleeding, bruises, abrasions, lacerations - Pain/tenderness in any part of the body - Hair pulled out, recently missing teeth - Internal trauma in the abdomen - Ruptured eardrum - Vaginal/penile discharge - Genital injuries <p>Check for disability from injury/accident.</p> <p>Check for alcohol breath or substance use, if detector is available.</p>	<ul style="list-style-type: none"> • Any serious or unusual injury without a suitable explanation • Injuries in unusual locations • Multiple injuries, old or in different stages of healing • Lost or destroyed clothing, books, gadgets or jewelry • More than one physical fight in the last 12 months • History of teen dating violence • Carries weapon for self-defense 	Child abuse	See G2-G4: Abuse Algorithms.	
			Bullying	See E2: Bullying Algorithms.	
			High risk	<p>Discuss with family and patient about recent fights and ways to avoid them.</p> <p>Referral to a mental health specialist if required.</p> <p>Discuss anger management strategies.</p>	
		<ul style="list-style-type: none"> • History of physical fights • History of multiple or serious injuries • Involvement with drugs/substance or alcohol 	Moderate risk	<p>Discuss the most recent fight and strategies to de-escalate.</p> <p>Discuss anger management strategies.</p>	

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
	Do a quick mental health examination.			Referral to a mental health specialist if required.	
			Low risk	Validate low-risk behavior. Encourage teen to continue to resolve conflicts while avoiding fights.	

DRAFT

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p><i>Some Consequences of Youth Violence</i></p> <ul style="list-style-type: none"> • Firearm attacks more often end fatally than assaults involving fists, knives, and blunt objects. • Youth violence not only contributes to the global burden of premature death, injury and disability, but also have a serious, often lifelong, impact on a person’s psychological and social functioning, which also affect his/her families, friends and communities. • Youth violence increases the costs of health, welfare and criminal justice services; reduces productivity, and decreases the value of property. • Youth violence leads to increased health risk behaviors such as smoking, substance abuse, unsafe sex, and further violence. <p><i>Some Primary Interventions to Reduce Youth Violence</i></p> <ul style="list-style-type: none"> • Identify stressed, socially isolated parents and provide home visitation and early intervention parenting training programs. • Increase financial stability of impoverished families at risk, particularly single parents. • Identify and refer pregnant and parenting teenagers and their parents to teen parenting programs. • Encourage nonviolent conflict resolution in schools and communities. • Reduce child exposure to violent social media, including cartoon violence. • Engage teenagers in supervised recreational activities. • Provide safe routes to and from schools, especially in troubled neighborhoods. • Prevent school truancy and dropouts. • Develop skills and employment opportunities for out-of-school youth. • Include in the curricula youth training on: alternative solution generation, peer negotiation, problem-solving, and anger 	<p><i>Advice to Adolescents</i></p> <ul style="list-style-type: none"> • Try to deal with disagreements and disputes in a nonviolent manner; restrain yourself from responding to provocation with violence. • Talk about your feelings with a trusted friend or adult who can help. • Express criticism, disappointment, anger, or displeasure without losing your temper or fighting. • Listen carefully and respond without getting upset when someone gives negative feedback. • Negotiate. Work out problems with someone else by looking at alternative solutions and compromises. • Take a time-out and calm down before responding to a situation or person that is triggering anger. • Avoid being in places or situations where you could be assaulted. • If you find yourself in a situation where you feel threatened, leave quickly and call for help if necessary. Inform your parents or other responsible adults so they can prevent this from happening again. • If you have been physically or sexually assaulted or coerced into doing something you do not want, tell your parents or other responsible adults, so that they can give you the care and support you need, and bring the perpetrators to justice. 	<p><i>Information for Parents</i></p> <ul style="list-style-type: none"> • Many adolescents experience physical and psychological violence, including sexual violence, among girls as well as boys. This often occurs in their communities, and sometimes in their own homes. It is perpetrated both by adults and by fellow adolescents. In addition to physical effects, violence can have psychological effects that are severe and long-lasting. • Working with members of your community to create awareness of the dangers of violence, to prevent it from occurring and to bring the perpetrators to justice can make a real difference. • Ensuring that your son/daughter is well aware of the risks of violence, how to avoid it, and what to do if and when it occurs, will make the better prepared to deal with any untoward incident they encounter. Make sure that he/she knows how to prevent it, avoid it, and deal with it if and when it happens to them • Discipline your teens and teach them their rights. • Know the signs of abuse and report it.

**References and Resources for HSPS**

Strategies to Prevent Youth Violence. <https://malayaako.ph/mental-health-saan-ako-pwedeng-humingi-ng-tulong/FISTS-Questionnaire>. https://www.vdh.virginia.gov/content/uploads/sites/50/2016/11/FIST_Cards_PDF_File_B.pdf
The Real Roots of Youth Violence. <https://www.youtube.com/watch?v=uWNTMmktOCQ>
Teen Health: Violence Prevention. <https://www.youtube.com/watch?v=8ixNuGRX7YY>
Fighting Fair: How Do You Resolve Conflicts? https://youtu.be/gu8gSuF_lvw

Resources for the client:

PennState Pro Wellness - Teen Health: Violence Prevention. <https://www.youtube.com/watch?v=8ixNuGRX7YY>
Ted Talks: The Real Roots of Youth Violence - Craig Pinkney. <https://www.youtube.com/watch?v=uWNTMmktOCQ>

Legal Framework:

Republic Act 10627 or the Anti-Bullying Act
Republic Act 6949: Anti-Violence Against Women and Their Children Act of 2004
Republic Act 11648: An Act Providing for Stronger Protection Against Rape and Sexual Exploitation and Abuse, Increasing the Age for Determining the Commission of Statutory Rape

DRAFT

G3 Physical Abuse

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I am being hit by my grandfather.

Parent: My son/daughter was hit by his/her teacher.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How did you get this injury/bruise?</p> <p>Have you ever been hurt physically by a friend or person you know? Where did this happen?</p> <p>In any of these incidents, were there weapons involved?</p> <p>Have you ever been threatened by someone?</p> <p>Have you seen anyone, especially a loved one, being hurt, at home or in any place?</p> <p>Ask about gender-based violence to an LGBTQ client.</p>	<p>Note the pattern of bruises which may be suggestive of abuse:</p> <ul style="list-style-type: none"> - Multiple bruises in various stages of healing - Hand or oval finger marks - Belt marks - Loop pattern from cord, rope or wire - Petechiae or instrument pattern on buttocks - Ligation pattern on neck, wrists, ankles - Gag pattern on corners of the mouth - Color of bruises <p>Note location of bruises which may be suggestive of abuse:</p> <ul style="list-style-type: none"> - Upper thighs, especially inner thighs - Trunk, buttocks - Upper arms - Sides of face, ears, neck - Genitalia 	<ul style="list-style-type: none"> • Any serious or unusual injury without a suitable explanation • Multiple injuries in different stages of healing, • Patterned injuries • Injuries in unusual locations • Unexplained bruises, fractures, burns and abdominal trauma 	<p>Physical abuse</p>	<p>Refer adolescents with severe, life-threatening injuries for emergency treatment immediately.</p> <p>Give primary level treatment to adolescents with less severe injuries, like cuts, bruises and superficial wounds:</p> <ul style="list-style-type: none"> - Medications for the relief of pain - Antibiotics to prevent wounds from becoming infected - Tetanus vaccine <p>Manage cases of abuse:</p> <ul style="list-style-type: none"> - <i>Record</i> your findings and the treatment provided. - <i>Report</i> the matter. - <i>Refer</i> to Child Protection Unit/Desk. 	

Information for the Health Service Provider

Tips on Providing Health Service to Victims of Physical Abuse

- Have a good understanding of local protocols, rules and laws applicable to the field of assault and violence.
- Your overriding priority must always be the health and well-being of the victim.
- Be free of bias or prejudice in the provision of services to victims.
- Treat victims with respect and compassion.
- Ensure privacy and confidentiality. Discuss the limits of confidentiality with the client beforehand. Any case of abuse discovered must be reported to the appropriate authority.
- Perform a thorough physical examination of assault victims for documentation and reporting purposes. Forensic evidence will be collected under Child Protection Services.
- Obtain informed consent for examination and treatment, and for the release of information to third parties.
- Explain all parts of the examination in advance. During the examination, inform the adolescents when and where touching will occur, and allow him/her to ask questions. The adolescent's wishes must be upheld at all times.
- Document all findings carefully. Use standard examination forms to ensure that no important details are omitted.

Assessing and Ensuring Ongoing Safety

- In many cases violence occurs in the home of the adolescent. Ascertain where the adolescent will be going to after leaving the health facility and with whom they will be staying.
- If it is not safe for the adolescent to return home, make arrangements for shelter or safe housing, or identify with them a safe place they can go to.
- Discuss with them what can be done to prevent another assault.

Providing Information on Examination Findings and Treatment

- Discuss with the adolescent any findings, and what the findings may mean.
- Encourage the adolescent to ask questions and voice their concerns, and respond to them in detail, making sure they understand.

Care of Injuries

- Teach the adolescent how to properly care for their injuries.
- Explain how injuries heal and describe the signs and symptoms of wound infection.
- Explain the importance of completing the course of any medications given and discuss any likely side effects.

Psychological Support

- Explain to the adolescent, and to family members and/or significant others with the adolescent's permission, that there is a wide range of normal physical, psychological, and behavioral responses that the adolescent may experience.
- Encourage the patient to confide in and seek emotional support from a trusted family member or friend.

Arranging Counseling and Social Support

- Determine the level of social support or psychological counseling needed on a case-to-case basis since these will vary among different victims depending on the degree of psychological trauma suffered and the victim's own coping skills and abilities.
- Try to encourage male victims more strongly as they tend to be reluctant to obtain counseling services.
- Counseling services can be delivered through both individual and group sessions.
- Refer adolescents to the appropriate support services:
 - Shelters or safe houses
 - Organizations that provide counseling

Information for the Health Service Provider

Tips on Dealing with Adolescent Victims of Violence and Assaults

- Establish rapport with the adolescent.
- Maintain a calm demeanor; do not express shock, anger or distress.
- Take your time in dealing with the adolescent victim; do not give the impression that you are in a hurry.
- Be empathetic and nonjudgmental as the adolescent recounts his/her experiences.
- Probe to clarify issues that are not clear, but do so gently.
- Do not express disbelief, and avoid victim-blaming statements.

Information to Record and Report to the Police

- Type of injury
- Circumstances the injury was sustained
- Locations on the body of the injury
- Mechanism by which the injury was produced
- Immediate and potential long-term consequences of the injury
- Treatment provided

- Organizations that run support groups
- Organizations that provide specialized support, such as social, financial, legal or other forms of support
- Be aware of the resources that are available locally for victims of violence and assault.
- Inform the adolescent what services they can get, where and who they could get them from, and other information about the facilities to make the adolescent more comfortable in accessing these services.
- Help the adolescent choose the most suitable option for their particular requirements.
- Display posters and pamphlets about violence and where to go for help on the walls of your health facility.

Arranging Follow-Up Visits

- Stress the importance of follow-up visits. Follow-up visits are recommended at 2 weeks, 3 months and 6 months post assault.
- Follow up concerning:
 - Long-term emotional and behavioral consequences and psychological interventions

- Physical injuries and adequate healing
- Recurrent maltreatment
- Changed form of maltreatment
- Consequences of maltreatment.
- Tell the adolescent that he/she can come into the health facility any time they have any questions, complications related to the assault, or other medical problems.

The 2-week follow-up visit

- Examine any injuries for proper healing.
- Assess the adolescent's psychological status, and encourage him/her to seek support if this has not been done yet.
- Assist them in obtaining support.

The 3-month follow-up visit

- Assess the adolescent's psychological status and encourage him/her to seek support if he/she has not yet done so.
- Assist them in obtaining support.

The 6-month follow-up visit

- Assess the adolescent's emotional status and refer if necessary.



**References and Resources for HSPs:***Report*

CONTACT MAKABATA 1383 HELPLINE

Telephone/Mobile Number: 1383

(Globe) 09158022375

(Smart) 09603779863

Facebook: Makabata Helpline (PIA-NCR)

Website: <https://pia.gov.ph/news/2022/11/03/report-child-abuse-now>

DSWD (Department of Social Welfare and Development)

(632) 931-8101 to 07

Website: <https://www.dswd.gov.ph/feedback/>

Refer

Philippine General Hospital - Child Protection Unit

Child Helpline: 0968-7311032; (+632) 8353-0667 / (+632) 8524-1512 / 8554-8400 loc. 2545;

WCPU Desks in local police

WCPU in local hospitals

WCPU Helpline Directory - <https://www.childprotectionnetwork.org/wcpu-helpline-directory/>

Resources for the client:

Abuse: What You Need to Know. <https://kidshealth.org/en/teens/family-abuse.html>

Abusive Relationships. <https://kidshealth.org/en/teens/abuse.html>

Am I in a Healthy Relationship. <https://kidshealth.org/en/teens/healthy-relationship.html>

Intimate Partner Violence. <https://youtu.be/vK3RhRwMwIg>

Legal Framework:

Republic Act No. 7610 - Special Protection of Children Against Abuse, Exploitation and Discrimination Act.

<https://www.officialgazette.gov.ph/1992/06/17/republic-act-no-7610/>

Republic Act 8353 - Anti-Rape Law of 1997. <https://www.officialgazette.gov.ph/1992/06/17/republic-act-no-7610/>

Republic Act 11648 - Act Promoting for Stronger Protection Against Rape and Sexual Exploitation and Abuse,

Increasing the Age for Determining the Commission of Statutory Rape.

<https://www.officialgazette.gov.ph/1992/06/17/republic-act-no-7610/>

G4 Sexual Abuse

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I felt violated by someone I don't know.

Parent: I think my son/daughter has been sexually abused.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you ever feel afraid or feel controlled by a friend or someone you are dating?</p> <p>Have you ever been hurt or threatened by someone?</p> <p>Have you been forced to have sex without your consent?</p>	<p>Check for injuries in the anogenital region and other parts of the body.</p> <p>Test for urinary tract infection, blood in urine or feces, painful urination.</p> <p>Test for pregnancy or STI (especially if less than 16 years old).</p> <p>Observe fear of a certain person or place.</p>	<ul style="list-style-type: none"> • Afraid or controlled by someone adolescent is dating • Hurt or threatened by someone • Forced by someone to have sex • Injury in the anogenital region • Itching, bruises, lacerations, redness, swelling or bleeding in the anogenital area 	<p>Sexual abuse</p>	<p>Refer to a gynecologist.</p> <p>See H6-H8: STI and HIV Algorithms.</p> <p>Offer hepatitis B testing and immunization.</p> <p>Manage the abuse:</p> <ul style="list-style-type: none"> - Record your findings and treatment provided. - Report the matter. - Refer to Child Protection Unit/ Desk. <p>See Management of Abuse in G3: Physical Abuse Algorithm.</p>	<p>Follow up at 2 weeks, 3 months and 6 months post-assault</p>

Information for the Health Service Provider		Information for the Adolescent and Accompanying Adult
<p>See “What the health care provider should know?” in G3: Physical Abuse Algorithm</p> <p>Managing STIs Resulting from Sexual Assault</p> <ul style="list-style-type: none"> • Discuss the signs and symptoms of STIs/HIV and the need to return for treatment if any is experienced. • Stress the need to use a condom during sexual intercourse until STI/HIV status is determined. • Stress the need to refrain from sexual intercourse until the STI has been fully treated, for the person, and the partner if necessary. <p>Arranging Follow-Up Visits</p> <p>Schedule follow-up visits at 2 weeks, 3 months, and 6 weeks post-assault.</p> <p>2-week follow-up visit</p> <ul style="list-style-type: none"> • Ask about symptoms. • Do screen test for STI (if available) after explaining it and getting the adolescent’s consent. • Check if prophylactic antibiotics (if given in the first visit) have been completed. • Remind to return for hepatitis B vaccinations in 1 and 6 months, and HIV testing in 3 and 6 months. • If pregnancy is indicated (depending on circumstances of the case), test for pregnancy, and if positive, advise on options. (See Suspected Pregnancy Algorithm) • Assess psychological status, and encourage and assist the adolescent in seeking support, 	<p>3-month follow-up visit</p> <ul style="list-style-type: none"> • Test for HIV. Make sure counseling is given before and after testing, on the spot or through referral. • Screen for STI if not done earlier. • Assess pregnancy status if appropriate, and give advice and support if positive. (See Suspected Pregnancy Algorithm) <p><i>6-month follow-up visit</i></p> <ul style="list-style-type: none"> • Test for HIV if not done earlier, giving pre- and post-testing counselling on the spot or through referral. • Administer the 2nd dose of the hepatitis B vaccine <p>Tips for Staying Safe</p> <p><i>For Teens</i></p> <ul style="list-style-type: none"> • Expect respect from others, and keep away from people who do not show you respect. • Be clear about your limits: let the other person know what you want and do not want. You always have the right to change your mind, to say “no,” or to allow some sexual activities and not others. • Do not allow anyone to touch you if it makes you uncomfortable. If someone crosses your boundaries or you sense danger, speak your mind and act immediately. Make a scene if necessary. 	<ul style="list-style-type: none"> • Avoid excessive drinking or drugs, which reduce your ability to think and communicate clearly. Make it clear that being drunk or high does not give anyone permission to assault you. • Do not accept mixed drinks or drinks from large containers as they could be spiked or drugged. • Do not hang out in places that isolate you from others. • Trust your instincts. If you feel that you are not safe with a person or in a place, leave. • If you are going to a party, make sure someone you trust knows where you are going. • Have a back-up plan Have a person you can call to get you if you need to leave, or carry money for a car service or a cab. <p><i>For Parents</i></p> <ul style="list-style-type: none"> • Provide teens the information and support they need to make smart choices. Answer their questions openly and honestly. • Educate teens about sexual intercourse, how to be protected from sexually transmitted disease and pregnancy, and the dangers of alcohol and drugs. • Be a model of healthy and respectful relationships for your teens.

**References and Resources for HSPs:**

See References and Referrals under G3-Physical Abuse

Resources for the client:

Sexual Abuse can happen to anyone? - <https://youtu.be/STyNOVjgxcM>

What is sexual assault? - https://youtu.be/Y_vJZ9G-tt4

Ano ang sexual harassment? - <https://youtu.be/LylnhExDCTY>

Teen Sexual Assault: Information for Teens - <https://www.nctsn.org/resources/teen-sexual-assault-information-teens>

Teen Sexual Assault: Information for Parents - <https://www.nctsn.org/resources/teen-sexual-assault-information-parents>

Legal Framework:

Republic Act No. 7610 - Special Protection of Children Against Abuse, Exploitation and Discrimination Act.

<https://www.officialgazette.gov.ph/1992/06/17/republic-act-no-7610/>

Republic Act 8353 - Anti-Rape Law of 1997 - <https://www.officialgazette.gov.ph/1997/09/30/republic-act-no-8353/>

Republic Act 11648 - Act Promoting for Stronger Protection Against Rape and Sexual Exploitation and Abuse, Increasing the Age for Determining the Commission of Statutory Rape. <https://www.officialgazette.gov.ph/2022/03/04/republic-act-no-11647-2/>

DRAFT



G5 Cyberbullying

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I was bullied online.

Parent: My son/daughter was bullied online.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<ul style="list-style-type: none"> • I've noticed that you seem stressed/ anxious/ upset – has anything happened? • I've noticed that you're spending more time alone/on your phone/in your room is there anything you want to talk about? • Is there something going on at school that might be upsetting you? • I've noticed that you don't talk about your friend(s) anymore. Has anything happened? 	<p>Check vital signs: weight, Height, BMI.</p> <p>Do appropriate exam, if with stomachache or headache.</p>	<ul style="list-style-type: none"> • Unexplained stomachaches or headaches • Trouble sleeping • Unexplained weight loss or gain • Noticeable increase or decrease in device use • Exhibits emotional responses to what is happening on their device • Hides gadget screen when someone is near, and avoids discussing what they are doing on their device. • Social media accounts are shut down or new ones appear • Avoids social situations, even those he/she used to enjoy before. • Becomes withdrawn or depressed, or loses interest in people and activities 	Cyberbullying	<p>Record and report to the DepEd Learner Rights and Protection Office (LRPO).</p> <p>Refer to:</p> <ul style="list-style-type: none"> - Child Protection Desks/Units - National Center for Mental Health 	

Information for the Adolescent and Accompanying Adult

Cyberbullying

It is bullying done through an electronic medium, such as digital devices cellphones, computers and tablets via text messages, social media, or internet sites. Cyberbullying includes sending, posting or sharing content that is negative, harmful, false or mean about someone else.

Concerns with Cyberbullying

- Comments, photos, posts, and content shared by individuals on social media and digital forums can be viewed not only by acquaintances but also by strangers.
- The content an individual shares online—including personal content as well as any negative, mean, or hurtful content—creates a kind of permanent public record of their views, activities, and behavior. This public record, which is like an online reputation, is accessible to schools, employers, colleges, clubs, and others researching on the individual.
- Cyberbullying can harm the online reputations of both the person being bullied the person doing the bullying or participating in it.

What to Do If Cyberbullying Happens

- *Notice.* Recognize if there has been a change in the mood or behavior of the adolescent, and explore if these changes have something to do with his/her use of digital devices.
- *Talk.* Ask what is happening, how it started, and who is involved.
- *Document.* Keep a record of what is happening and where. Take screenshots of harmful posts or content if possible.
- *Report.* If a student is cyberbullying, report it to the school. Most social media platforms and schools have clear policies and reporting processes. Or contact the app or social media platform to report offensive content and have it removed. If there are physical threats, a potential crime, or illegal behavior, report it to the police.

- *Support.* Peers, mentors, and trusted adults can sometimes intervene publicly to positively influence the situation, such as by posting positive comments about the person being smeared, or by shifting the conversation in a positive direction. Try to determine if professional support, from a guidance counselor or mental health specialist, is needed for those involved.

Tips to Adolescents on How to Deal with Bullies

- *Ignore.* Walk away. Do not react or respond to negative comments. If someone threatens you, report it to a parent, teacher, or other trusted adult!
- *Block.* If someone is bullying you, making negative or hateful comments on your posts or account, block them. If they are threatening you, tell your parents, report it to the platform, and take screenshots.
- *Be kind and respectful,* even to haters. It shows that you are in control of your emotions and that you are not letting negativity bring you down.
- *Stick with supporters.* Having a friend not only makes it less likely that an incident might happen, but also means you will have positive reinforcements just in case.
- *Remind yourself* that comments from a hater are more a reflection of them than of you. People who feel good about themselves do not need to put others down.
- *Understand that criticism can be a sign of pain.* People sometimes lash out because they have their own life struggles. Negative comments may have nothing to do with you.
- *Acknowledge your feelings.* Talk to a trusted adult or friend and get some encouragement and support.
- *Keep being you.* Move forward, pursue your interests, and be who you are.



References and Resources for HSPs:

Record and Report

DepEd: Learner Rights and Protection Office (LRPO)

Facebook: [deped.lrpo](https://www.facebook.com/deped.lrpo)

Contact numbers: 0945-1759777, (02)8637-2306

(02)8632-1372

Website: <https://www.deped.gov.ph/learner-rights-and-protection-office/>

Refer

Child Protection Network

Philippine General Hospital - Child Protection Unit

Contact numbers: Child Helpline: 0968-7311032

(+632) 8353-0667/(+632) 8524-1512 / 8554-8400 loc. 2545

WCPU Desks in local police

WCPU in local hospitals

WCPU Helpline Directory.

<https://www.childprotectionnetwork.org/wcpu-helpline-directory/>

National Center for Mental Health (NCMH) Helpline for Bullying/Cyberbullying.

<https://findahelpline.com/ph/topics/bullying>

Resources for the client:

Is It Cyberbullying? <https://youtu.be/vtfMzmkYp9E>

Report Cyberbullying. <https://www.stopbullying.gov/cyberbullying/how-to-report>

Establishing Rules. <https://www.stopbullying.gov/cyberbullying/establishing-rules>

Additional Sources: <https://www.stopbullying.gov/resources/external>

Legal Framework:

Republic Act 10627 – Anti-Bullying Act of 2013 - <https://www.officialgazette.gov.ph/2013/09/12/republic-act-no-10627/>

DepEd Order No 55 - DO 55, S. 2013 – IMPLEMENTING RULES AND REGULATIONS (IRR) OF REPUBLIC ACT (RA)

NO. 10627 OTHERWISE KNOWN AS THE ANTI-BULLYING ACT OF 2013 - [HTTPS://WWW.DEPED.GOV.PH/2013/09/24/DO-43-S-2013-IMPLEMENTING-RULES-AND-REGULATIONS-IRR-OF-REPUBLIC-ACT-NO-10533-OTHERWISE-KNOWN-AS-THE-ENHANCED-BASIC-EDUCATION-ACT-OF-2013/](https://www.deped.gov.ph/2013/09/24/do-43-s-2013-implementing-rules-and-regulations-irr-of-republic-act-no-10533-others-known-as-the-enhanced-basic-education-act-of-2013/)

DepEd Order No 40 - Policy and Guidelines on Protecting Children in School from Abuse, Violence, Exploitation,

Discrimination, Bullying and Other Forms of Abuse - <https://www.deped.gov.ph/2012/05/14/do-40-s-2012-deped-child-protection-policy/>

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>Examples of Online Cases of Abuse and Exploitation</p> <p><i>Online Sexual Abuse and Exploitation of Children (OSAEC)</i></p> <p>OSAEC is the sexual abuse and exploitation of children by means of information and communications technology (ICT). It includes: (a) production, dissemination and possession of Child Sexual Abuse and Exploitation Material (CSAEM); (b) online grooming of children for sexual purposes; (c) sexual extortion of children; (d) sharing image-based sexual abuse; (e) commercial sexual exploitation of children; (f) exploitation of children through online prostitution; and (g) live-streaming of sexual abuse, with or without the consent of the victim.</p> <p><i>Self-Generated Child Sexual Abuse and Exploitation Material (SG-CSAM)</i></p> <p>SG-CSAM refers to sexually explicit content that is created by children below 18 years old that features themselves. The images in these cases can be taken by the child and then intentionally shared to others. Majority of these instances are the result of online grooming and sextortion. The distribution of SG-CSAM involves sexting, nonconsensual sharing of consensual images, and sextortion.</p>	<p>For Teens: How to Stay Safe Online</p> <ul style="list-style-type: none"> • Never post or share your personal details: phone number, credit card details, home address, school’s name, your location, and details about your life. • Accept friend requests only from people you personally know. • Never meet in person anyone you just met online. If someone asks to meet you, tell your parents or guardian right away. • Never respond to mean, nasty, suggestive or rude emails, messages or photos. Unfriend or block people you find bothersome, distasteful and inappropriate. • Do not hang around a chatroom if someone writes something that makes you uncomfortable or worried. • Do not join groups that post nasty content. • Do not share your password with anyone. • Tell your parents or guardian if you see bad language, distasteful pictures and inappropriate videos online. • Do not believe every message you receive. If someone makes you an offer that is too attractive like getting rich instantly, meeting a celebrity, or making you famous, the offer is likely a trap. • Think carefully before posting, sharing or having your picture or video taken. Anyone can use your personal photo or video to blackmail you in the future. • Keep your body to yourself. Whatever happens, or whatever you the return, never share your privates to anyone. Only you should have control over your body. • Set accounts to private. Let only your 	<p>friends and family have access to your posts.</p> <ul style="list-style-type: none"> • Do not use inappropriate screen names. <p>For Parents: Dealing with Online Sexual Harassment Concerns</p> <ul style="list-style-type: none"> • Talk about these concerns with your teens before you give them a phone or let them set up a social media account. • Keep the conversation going. Not a one time big talk but everyday casual conversations. Adapt to your teens’ maturity level. • Do not pretend these issues do not exist and that your adolescent is not involved. • When you sense something wrong, do not just punish your teens, but listen to and understand them. Focus on their emotions. Do not be judgmental. • Be curious about the technology your teen is using and stay up to date with platforms, apps and trends. • Set boundaries. Decide on rules and boundaries with your teens, allowing them to input. <p>For Parents: Talking to Teens About Issue of Sharing Nude Images</p> <ul style="list-style-type: none"> • Be proactive. Start talking to your teens about the risks of sharing pictures when you give them a phone. • Warn them that if someone sends them naked pictures, they should not send it on to anyone else. • Do not assume your teen is not involved, as sharing nude photos is common among young people. Warn them about its risks, and be prepared to support them if something goes wrong.

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>Issues of Concern</p> <p>OSAEC</p> <ul style="list-style-type: none"> • An alarming issue is that millions of children worldwide have been made to either do sexual acts live in front of an online audience or blackmailed for sexual reasons. • Millions of child sexual abuse material are being marketed online. In our country, 1 in 2 children is a victim of internet violence and the worst form of which is OSAEC. • Majority of cases were found to have poverty as the primary motivator for children and their families to be involved in such activities. • Older children who sold their sexual pictures or videos to foreigners were bribed with education and money. • The younger ones end up in the homes of perpetrators with promises of candies and chocolates. <p>SG-CSAM</p> <ul style="list-style-type: none"> • Some of the images are the result of grooming and coercion of children whose trust and vulnerabilities were manipulated. • For others, especially the teenagers, the sharing of nude images is done as an act of love and as part of their sexual exploration. • WeProtect Global Alliance in its 2021 Global Threat Assessment reported the Philippines as the “global epicenter of livestream sexual abuse trade.” 	<p><i>If your teen tells you that they have shared someone else’s nude:</i></p> <ul style="list-style-type: none"> • Be very clear that pressuring someone to give you something as personal as a naked picture, and more so sharing it, is wrong. Talk with your teen about how and why it happened. • Remind your teen that we are all vulnerable and can make mistakes, but the important thing is to be honest and responsible after it has happened. • Seek advice from the safeguarding officer at your teen’s school. <p><i>If your teen tells you that a nude image of him/her has been shared:</i></p> <ul style="list-style-type: none"> • Offer practical advice such as helping them contact tech platforms to stop the images from circulating. • Be emotionally supportive to your teen. The young person is in a vulnerable state, and is likely to be feeling fear and embarrassment, among other emotions. Give assurance that you love him/her and that you will work things out together. <p>For Parents: Advising Teens About Editing Photos and Body Images</p> <ul style="list-style-type: none"> • Converse with them, asking questions that allow them to express their thoughts. • Build confidence in your teens and assure them that they do not need to manipulate their photo images to feel good about themselves. • Tell them that the pictures they see online are often manipulated. Say that it can be fun and creative to edit pictures, but editing can also be used to mask insecurities. • Explain to them that there is one single 	<p>standard of beauty. Let them see how beauty is seen in other cultures for them to acquire a global outlook and see that there is not only one set of beauty standards.</p> <p>For Parents: Advice to Give to Teens Regarding Peer Pressure</p> <ul style="list-style-type: none"> • Set boundaries and rules, time limits and screen breaks. Do not let social media become your teen’s only reality and influence everything they do. • Talk openly about peer pressure. Knowing that your teens might sometimes be pressured only into doing something even if they do not want to do it, explain that they do not have to join in just because social media is saying that is the in thing, and that in fact, not everyone is doing it. It will take real strength of character for anyone to resist it, but assure your teen you are there to support his/her decision. • Find positive role models for your teen to follow and be influenced by. • Social media, online gaming, messaging, and video platforms should be merely extra fun to your teens, not a dominant preoccupation in their life. • Allow them to explore their hobbies and interests online (crafting, sports, music, dance, etc.) and then apply their new skills offline.



References and Resources for HSPs:

Record and report to:

Actionline Against Human Trafficking:

1343 for Metro Manila or (02)1343 for outside Metro Manila

Website: <https://www.1343actionline.ph/>

Council for the Welfare of Children/Bantay Bata 163:163

Website: <https://foundation.abs-cbn.com/child-welfare>

Philippine Red Cross: 143

Website: <https://redcross.org.ph/contact-us/>

PNP AlengPulis: 0919 777 7377

Website: <http://wcpc.pnp.gov.ph/contact-informations/>

Refer to:

DepEd: Learner Rights and Protection Office (LRPO)

Facebook: [deped.lrpo](https://www.facebook.com/deped.lrpo)

Contact numbers: 0945-1759777, (02)8637-2306

(02)8632-1372

Website: <https://www.deped.gov.ph/learner-rights-and-protection-office/>

Child Protection Network

Philippine General Hospital - Child Protection Unit

Contact numbers: Child Helpline: 0968-7311032

(+632)8353-0667/(+632)8524-1512/8554-8400 loc. 2545

WCPU Desks in local police

WCPU in local hospitals

WCPU Helpline Directory.

<https://www.childprotectionnetwork.org/wcpu-helpline-directory/>

Resources for the client:

Wise on the Web. <https://youtu.be/MB5VDIebMd8>

LigtasnaPaggamit ng Internet. <https://youtu.be/RUxCtJhx6H0>

Sex Trafficking What Is It. <https://youtu.be/STdXo0qpwmo>

Ano ang Sexting? <https://youtu.be/FkAVrGdv5Yq>

Talking to your Child About Online Sexual Harassment: A guide for parents.

<https://www.childrenscommissioner.gov.uk/resource/talking-to-your-child-about-online-sexual-harassment-a-guide-for-parents/>

Legal Framework:

Republic Act 9775 - Anti-Child Pornography Act of 2009. https://lawphil.net/statutes/repacts/ra2009/ra_9775_2009.html

Republic Act 7610 - Special Protection of Children Against Abuse, Exploitation and Discrimination Act.

<https://www.officialgazette.gov.ph/1992/06/17/republic-act-no-7610/>

Republic Act 9208 - Anti-Trafficking in Persons Act of 2003. <https://www.officialgazette.gov.ph/2003/05/26/republic-act-no-9208-s-2003/>

Republic Act 10364 - Expanded Anti-Trafficking in Persons Act of 2012. https://lawphil.net/statutes/repacts/ra2013/ra_10364_2013.html

Republic Act 9231 - An Act Providing for the Elimination of the Worst Forms of Child Labor and Affording Stronger Protection for the Working Child - https://lawphil.net/statutes/repacts/ra2003/ra_9231_2003.html

Republic Act -9344- Juvenile Justice and Welfare Act of 2006. <https://republicact.com/docs/statute/541/ra-9344-juvenile-justice-welfare-act-2006>

Republic Act 10175 - Cybercrime Prevention Act of 2012. <https://republicact.com/docs/statute/541/ra-9344-juvenile-justice-welfare-act-2006>

Republic Act 11930 - Anti-Online Sexual Abuse or Exploitation of Children (OSAEC) and Anti-Child Sexual Abuse or Exploitation Materials (CSAEM) Act. -

https://lawphil.net/statutes/repacts/ra2022/ra_11930_2022.html

SEXUAL AND REPRODUCTIVE HEALTH

- H1 Menstrual Pain
- H2 Irregular Menstrual Bleeding
- H3 Excessive Menstrual Bleeding
- H4 Dysuria
- H5 Scrotal Pain or Swelling
- H6 STI: Male Urethral Discharge
- H7 STI: Vaginal Discharge/Lesion
- H8 STI: HIV
- H9 Suspected Pregnancy
- H10 Confirmed Pregnancy
- H11 Contraceptive Counseling



HI

Menstrual Pain

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have dysmenorrhea.

Parent: My daughter complains of abdominal pain during menstruation.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP	
Are you having your period now?	Do a complete PE and check for: - Swelling or tenderness in the lower abdomen - Rebound tenderness - Abdominal mass - Any abnormal vaginal discharge - Signs of STI Check for signs of pregnancy (palpable uterus in the lower abdomen) and do a pregnancy test if available.	<ul style="list-style-type: none"> Moderate/severe or rebound abdominal tenderness Abdominal mass 	Possible surgical condition	Make emergency referral to nearest hospital.	Follow up within 24 hours and secure feedback.	
Do you have pain in your lower abdomen during your cycle?		<ul style="list-style-type: none"> Sexually active Not using any contraception Any sign or symptom of pregnancy 	Pregnancy-related condition	Refer to nearest hospital.	Follow up within 24 hours and secure feedback.	
Are you able to continue with your daily activities when you're having menstrual pains?		<ul style="list-style-type: none"> Abnormal vaginal discharge Swelling/tenderness in or around lower abdomen Pain with periods or in mid-cycle Pain when defecating Lower abdominal pain even when not menstruating Pain during sexual intercourse 	Secondary dysmenorrhea (endometriosis, PID)	Refer to a specialist for further evaluation.	Follow up after 3 months with specialist.	
Do you have vaginal discharge?		<ul style="list-style-type: none"> Signs of STI 	Possible STI	See H7-H8: STI		
Have you had sex? Are you using any methods to prevent pregnancy? Do you think you could be pregnant?		<ul style="list-style-type: none"> Able to do daily activities Pain with periods Normal pelvic exam 	Primary dysmenorrhea (mild to moderate)	Algorithms. Manage pain with NSAIDS. Apply hot compress. Advise to continue with normal daily activities.	Follow up after 3 months. If pain persists despite NSAIDS, refer.	
Do HEADSSS . See Annex B.						

Information for the Adolescent and Accompanying Adult

Dysmenorrhea

This is pain in the lower abdomen, sometimes extending to the back and inner thigh, felt before or during menstruation. The pain can be continuous or crampy, usually more severe in the first few days of menses. The pain is due to the substance prostaglandin, which causes muscles of the uterus to contract.

Effects on the Body and Recommended Treatments

Dysmenorrhea commonly comes with headache, diarrhea, nausea and vomiting. The pain may be severe but has no long-term negative effects, and usually can be reduced with common over-the-counter pain-relieving medicine. The medicine works best if taken as soon as the pain starts, even if the menstrual period has not started.

Dysmenorrhea will not affect the body's ability to bear a child in the future. It may be good though to be checked by a specialist to find if there are other medical problems that may affect one's ability to have a child.

It has been the experience of some women that their dysmenorrhea disappeared after they got married or got into a sexual union. It also disappeared after they had born a child.

What to Do

- Apply a hot compress (hot water bottle or a warm pad of cloth) on the abdomen and back to soothe the pain.
- Take pain-relieving medicine to reduce the pain.
- Rest if the pain is really severe.
- Continue with your daily routine once the pain subsides.
- Consult a health care provider If there is no improvement.

References and Resources for HSPS

ACOG Committee Opinion No. 760: Dysmenorrhea and Endometriosis in the Adolescent (2018).
Obstetrics and Gynecology, 132(6), e249-e258. -

<https://doi.org/10.1097/aog.0000000000002978>

Omnibus Health Guidelines for Adolescent, page 47 (Non-pharmacological and Pharmacological Management for Conditions)

Resources for the client:

Normal lang bang Sumakit ang PusonKapagNireregla?

<https://malayaako.ph/sumasakit-ang-aking-puson-tuwing-nireregla-ako-ano-ang-gagawin-ko/>

Ano'ng PMS? Meron ba Talaga 'Non? <https://malayaako.ph/anong-pms-meron-ba-talaga-non/>

Legal Framework: none



H2 Irregular Menstrual Bleeding

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have irregular menstruation.

Parent: My daughter's menstrual cycle is not regular.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
How old were you when you had your first menstrual period?	Get weight, height and BMI.	<ul style="list-style-type: none"> • Missed/delayed periods • Sexually active • Not using contraceptives • Any signs/symptoms of pregnancy 	Possibly pregnant	See H9: Suspected Pregnancy Algorithm.	
When was your last period?	Look for signs of possible pelvic pathology: - Excessive hair growth	<ul style="list-style-type: none"> • More than 2 years since first period • Signs and symptoms of undernutrition, chronic illness or possible pelvic pathology • Irregular periods -No periods for last 3 months -Menstrual cycle <21 days or >35 days -With spotting/bleeding between periods 	Irregular periods or bleeding between periods possibly due to undernutrition, chronic illness, or possible pelvic pathology	If underweight, see C1-C4: Nutritional Concerns Algorithm. If with chronic illness, or possible pelvic pathology, refer to specialist for further evaluation.	Review within 3 months.
Usually, how many days are there between your periods?	- Acne - Oily skin - Lower abdominal swelling or tenderness				
Do you have spotting in-between your periods?	Look for signs of pregnancy (palpable uterus).				
Do you use a contraceptive method to regulate your periods? Do you use contraception to prevent pregnancy?	Do a pregnancy test if available.	<ul style="list-style-type: none"> • Using hormonal contraception within last 6 months • Irregular periods -No periods for last 3 months -Menstrual cycle <21 days or >35 days -With spotting/bleeding between periods 	Irregular periods or bleeding between periods associated with use of hormonal contraceptives	If taking OCP for over 4 months or DMPA more than 6 months, refer.	Review within 4 months.
Are you having sex?					

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you think you could be pregnant?</p> <p>Do you have any long- standing illness?</p>		<ul style="list-style-type: none"> • Less than 2 years since first period • Irregular periods <ul style="list-style-type: none"> -No periods for last 3 months -Menstrual cycle <21 days or >35 days -With spotting/bleeding between periods 	Menstrual irregularity of early adolescence	Reassure the patient that irregular bleeding is common in the first 2 years after the first period.	Advise to return if menses are still irregular.
		<ul style="list-style-type: none"> • Menstrual cycle between 21 days and 35 days • Infrequent spotting between periods 	Normal menstrual period	Reassure the adolescent that her menstrual pattern is normal.	Follow up if menstrual abnormalities arise.



Information for the Adolescent and Accompanying Adult

Irregular Menstruation

Menstrual periods are irregular when the time between the first day of one period and the first day of the next period is less than 21 days or more than 35 days. It is also considered irregular when the interval between the shortest and the longest menstrual periods is more than 20 days (e.g., some periods are 20 days apart and some are 41 days apart).

Causes and Effects of Irregular Menstruation

It is normal to have irregular menses during the first 2 years of your menstrual cycle. As the body matures after 2 years the menstrual periods should become regular.

Among adolescents using hormonal contraceptives (oral contraceptive pills and depot medroxyprogesterone acetate (DMPA), bleeding in between periods may be experienced in the first few months after starting.

Less commonly, irregular menstrual bleeding may also be caused by other underlying causes (like malnutrition or diseases) that affect the release of chemical substances/hormones in the body responsible for maintaining a regular menstrual cycle.

If there are no underlying causes, irregular bleeding usually

does not produce adverse effects. Excessive bleeding, however, may lead to anemia, which is noted by pallor and getting tired easily.

Treatment

The aim of the treatment is to reduce and regulate the bleeding during the periods. Medication may have to be taken during every cycle (as advised). As the bleeding during the periods gradually become normal, the medication will no longer be needed. Treatment will need to be continued longer, however, among those who are sexually active and want to avoid pregnancy.

What to Do

Change your sanitary pads frequently when the bleeding is heavy.

Take some rest if you feel tired, then continue with your daily activities.

If you are diagnosed with a systemic illness or pelvic/reproductive pathology, complete the treatment and come back for follow-up as advised.

References and Resources for HSPS

Menstruation in Girls and Adolescents: Using the Menstrual Cycle as a Vital Sign ACOG. Number 65. 2015.
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/12/menstruation-in-girls-and-adolescents-using-the-menstrual-cycle-as-a-vital-sign>

Screening and Management of Bleeding Disorders in Adolescents with Heavy Menstrual Bleeding. ACOG. Number 785. 2019.
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/09/screening-and-management-of-bleeding-disorders-in-adolescents-with-heavy-menstrual-bleeding>

Resources for the client:

Menstrual Cycle: Bakit Kaya Magkakaiba? <https://malayaako.ph/menstrual-cycle-bakit-kaya-magkakaiba/>
#CodeRED: Top 5 naParaan Para Mas Mapangalagaan ang SariliHabang may Regla.
<https://malayaako.ph/codered-top-5-na-paraan-para-mas-mapangalagaan-ang-sarili-habang-may-regla/>

Legal Framework: none



PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have excessive menstrual bleeding.

Parent: My daughter's menstrual flow is more than usual.

H3 Excessive Menstrual Bleeding

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How many days do you have your period? How many sanitary pads do you consume each day during your periods?</p> <p>Are you having your periods now?</p> <p>For anemia: Do you feel tired most of the time?</p> <p>For bleeding disorders: Do you have nose bleeding? Gum bleeding? Easy bruising? Excessive bleeding during dental procedures like tooth extraction?</p>	<p>Get vital signs: weight, height</p> <p>Check for signs of bleeding: - Lower conjunctival pallor; palmar pallor - Bruises and blood clots Do a hemoglobin test.</p> <p>Check for thyroid problem: - Cold, dry skin - Less sweating - Edema of face and eyelids - Delayed puberty</p> <p>Look for signs of pregnancy (palpable uterus) Do a pregnancy test if available.</p>	<ul style="list-style-type: none"> • Bleeding and possibly pregnant - Sexually active - Not using contraceptives - Signs of pregnancy 	Possible pregnancy-related bleeding	Make emergency referral to a hospital.	Follow up within 24 hours and secure feedback.
		<ul style="list-style-type: none"> • Bleeding with signs of bleeding disorder or hypothyroidism • Hemoglobin <9gm% • Not possibly pregnant 	Possible systemic illness; with anemia	Make emergency referral to a hospital.	Follow up within 24 hours and secure feedback.
		<ul style="list-style-type: none"> • Periods last more than 7 days or needs more than 7 pads/day • Hemoglobin <12 gm%; with any signs of anemia • Not possibly pregnant • Does not use IUD or DMPA 	Possibly with an endometrial pathology With anemia	Reassess after 24 hours. If stable, follow up after 3 months.	
		<ul style="list-style-type: none"> • Periods last more than 7 days or needs more than 7 pads/day • Hemoglobin > 12gm%; no signs of anemia 	Possibly with an endometrial pathology With anemia		Regulate bleeding using one or a combination of the following:

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p><i>For hypothyroidism:</i> Is your skin dry? Do you often feel colder than others? Do you get constipated?</p> <p><i>For pregnancy and contraception:</i> Are you sexually active? Do you use any method to prevent pregnancy? Do you think you could be pregnant?</p>	<p>If IUD had been inserted, check to see or feel the thread.</p> <p>Check for signs of STI.</p>	<ul style="list-style-type: none"> Does not use IUD or DMPA 		NSAIDS, tranexamic acid 1 gm orally 3x a day, combined	Review after 3 months.
		<ul style="list-style-type: none"> Period lasts more than 7 days or needs >7 pads/day Uses IUD or DMPA 	<p>Without anemia</p> <p>Abnormal uterine bleeding possibly associated with use of IUD or DMPA</p>	<p>OCP's, progesterone.</p> <p>Prevent anemia with iron-folic acid tablets 200mg orally once a day.</p> <p>Observe bleeding pattern (heavy bleeding during the 6 months of DMPA use)</p> <p>Keep menstrual diary.</p>	
		<ul style="list-style-type: none"> Periods last less than 7 days and needs less than 7 pads/day 	Normal menstrual bleeding	<p>Reassure the patient.</p> <p>Prevent anemia.</p> <p>Keep menstrual diary.</p>	

Information for the Adolescent and Accompanying Adult

Excessive Menstrual Bleeding

In this condition, one's menstrual periods are regular but the bleeding is heavier than normal.

Possible Causes

- May be that the menstrual period is still not well-regulated, if the excessive bleeding happens during the first few months from the onset of menstruation.
- Insertion of an IUD
- Thyroid and blood diseases of thyroid and blood diseases.
- NOT necessarily because of something wrong with the body; usually not associated with any serious underlying condition.

Possible Effects on the Body

- Anemia
- Feeling of tiredness and weakness if the blood is not carrying enough oxygen to parts of the body due to anemia.

Treatment and Management

- Medication is needed to reduce and regulate the bleeding. The medication needs to be taken during every cycle (as advised), until the bleeding becomes normal and the medication will no longer be needed.
- Among those who are sexually active and want to avoid pregnancy, however, treatment will need to be continued longer.
- Meanwhile, while the bleeding has not yet decreased, the adolescent is advised to just change her sanitary pads frequently, rest if she feels tired, and continue with her normal daily activities.

What to Observe to Know if Periods Are Normal

- How many days each period normally lasts
- How much bleeding occurs on each day of the periods
- Whether the periods occur in a cyclic manner

References and Resources for HSPS

[Screening and Management of Bleeding Disorders in Adolescents with Heavy Menstrual Bleeding. \(2019\). *Obstetrics and Gynecology*, 134\(3\), e71–e83.](https://doi.org/10.1097/aog.0000000000003411)
<https://doi.org/10.1097/aog.0000000000003411>

Resources for the client:

Menstrual Cycle: Bakit Kaya Magkakaiba? <https://malayaako.ph/menstrual-cycle-bakit-kaya-magkakaiba/>
 #CodeRED: Top 5 naParaan Para Mas Mapangalagaan ang SariliHabang may Regla.
<https://malayaako.ph/codered-top-5-na-paraan-para-mas-v-mapangalagaan-ang-sarili-habang-may-regla/>

Legal Framework: none



H4 Dysuria

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: It's painful when I urinate.

Parent: My son/daughter complains of discomfort when he/she urinates.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Have you experienced any of the following:</p> <ul style="list-style-type: none"> - Change in urine color, smell, volume, frequency - Pain in urinating - Unable to hold your urine - Post-void dribbling - Abdominal or flank pain - Hematuria - Change in strength of urine stream <p>Have you had sex?</p>	<p>Check vital signs: BP, temperature</p> <p>Do a complete PE, specifically in the abdomen, external genital and perianal area, and look for:</p> <ul style="list-style-type: none"> - Anatomical variations - Inflammation of external genital areas - Genital ulcers - Vaginal or urethral discharge - Perianal excoriation (scratch) - Signs of sexual abuse - Abdominal pain or masses (palpable bladder) 	<ul style="list-style-type: none"> • Fever for at least 24 hours without obvious cause • Vomiting or poor feeding • Irritability, lethargy • Lower abdominal pain • Loin or suprapubic tenderness • Pain on passing urine • More frequent urinating • Incontinence 	<p>Uncomplicated UTIs with no structural or neurological urinary tract abnormalities.</p> <p>Complicated UTIs with associated factors: urinary obstruction, urinary retention, renal failure, renal transplantation, immuno suppression, pregnancy, and presence of foreign bodies</p>	<p>Prescribe paracetamol or ibuprofen for pain or high fever ($\geq 39^{\circ}\text{C}$)</p> <p>Increase fluids intake.</p> <p>For antibiotic treatment, collect urine for testing if culture is available.</p> <p>Treat acute cystitis promptly.</p> <p><i>For uncomplicated cystitis:</i> oral cefalexin 12.5 mg/kg 4 times a day for 3–5 days</p> <p><i>Alternatives:</i> amoxicillin-clavulanate, co-trimoxazole</p> <p>For UTI with fever or clinical pyelonephritis: oral third-generation cephalosporin (Cefixime) at 8 mg/kg twice a day on the first day then once a day for 7–10 days</p> <p><i>Alternatives:</i> amoxicillin-clavulanate, a second-generation cephalosporin or ciprofloxacin</p>	<p>Follow up in 2-3 days after initiating treatment:</p> <ul style="list-style-type: none"> • If not improving, repeat urine testing and perform an ultrasound. • Refer to specialist if any ultrasound findings. • If child shows good response to treatment, do not repeat urine testing.

Links to Other Resources: What Teens Should Know About Urinary Tract Infections. <https://kidshealth.org/en/teens/uti.html>

H5 Scrotal Pain or Swelling

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: My scrotum is swollen.
Parent: My son complains of pain in his scrotal area.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
Did the pain begin suddenly or gradually?	Look for: - Swelling in the groin/scrotal area - Swelling on one or both sides of the scrotum - Signs of trauma - Signs of local skin infections - High-riding testis (positioned high in the scrotum) - Presence of two testes (compare the size, texture and position of epididymis) - Tenderness (pain on pressing the testes gently) - Other signs of STI	<ul style="list-style-type: none"> • Sudden one-sided severe pain • No cremasteric reflex • High-riding testicle or in transverse lie 	Torsion of the testes	Make emergency referral for surgical opinion.	Follow up within 24 hours and secure feedback.
How painful is it?		<ul style="list-style-type: none"> • Firm, discrete, inguinal mass with painful swelling extending to the scrotum 	Incarcerated inguinal hernia	Make emergency referral for surgical opinion.	Follow up within 24 hours and secure feedback.
Is the pain only on one side or both sides?		<ul style="list-style-type: none"> • Sudden one-sided pain • Signs of trauma • Swelling • With cremasteric reflex 	Likely due to trauma	Manage the pain by giving pain killers. Refer to specialist for further evaluation.	Follow up within 24 hours and secure feedback.
Were you injured recently in your scrotum?		<ul style="list-style-type: none"> • Slow onset bilateral pain • Not sexually active • Signs of swelling • With cremasteric reflex 	Possible orchitis or epididymitis	Give ofloxacin 300mg PO 2x/day for 10 days or levofloxacin 500mg PO 1x/day for 10 days. Support with bed rest, NSAID and cold packs.	Reassess after 2 days.
Do you have local skin infections?	Check cremasteric reflex by stroking downward the upper inner thigh.	<ul style="list-style-type: none"> • Inguinal swelling • Sexually active • No local skin infection • No other signs of STI 	Infected lymph node Probable chancroid or lympho-granuloma venereum	Give ciprofloxacin 500mg PO 2x/day for 3 days and doxycycline 100mg PO 2x/day for 14 days.	Reassess and follow up every 2 days.
Do you have fever? Nausea or vomiting?		<ul style="list-style-type: none"> • Genital sores • Urethral discharge • Scrotal swelling 			
Do you have other genital symptoms?					
Have you had sex?					
Do HEADSSS. See Annex B.					

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		<ul style="list-style-type: none"> Sexually active Other signs of STI 	Probable STI	See H6 and H8: STI Algorithms.	
		<ul style="list-style-type: none"> Inguinal swelling Local skin infection No other signs of STI 	Infected lymph node due to local skin infection	Give cloxacillin 500mg orally 4x/day for 14 days. Manage swelling.	Reassess after 2 days.
		<ul style="list-style-type: none"> Non-tender palpable mass in one or both scrotal sacs Transilluminates 	Possible varicocele, spermatocele, hydrocele, inguinal hernia	Refer to specialist for further evaluation.	Follow up within 1 week.
		<ul style="list-style-type: none"> No inguinal swelling Small, mobile inguinal mass No signs of infection 	Normal or reactive Lymphadenopathy	Reassure patient.	Follow up within 6 months.

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>What to Do</p> <ul style="list-style-type: none"> • Advise patient to complete the treatment and come back for follow up. • Advise patients with scrotal swelling from a sexually transmitted infection to: <ul style="list-style-type: none"> -Avoid sex until completely treated. -Discuss the condition with the partner and ensure that the partner also gets treated. -Use a condom correctly every time to avoid getting another infection. • If the case is not an emergency, have an ultrasound of the scrotum done by a specialist to visualize the testes and localize the cause of the swelling. 	<p>Possible Causes of Scrotal Pain or Swelling</p> <ul style="list-style-type: none"> • Torsion, meaning that the cord containing the tube that carries the sperms from the testes to the urethra as well as the blood vessels got twisted • An injury or infection to the testes • Testicular cancer • Varicocele, Spermatocele or Hydrocele • Inguinal hernia <p>Possible Serious Effects</p> <ul style="list-style-type: none"> • If the torsion is complete (meaning that the blood supply to and from the testes is completely cut off), this could have serious consequences including permanent damage to the testes. 	<ul style="list-style-type: none"> • Injuries can result in pain and discomfort. If severe, they could result in serious and permanent damage to the testes. • Infections too can result in pain and discomfort. If severe and left untreated, they could result in an inability of the testes to produce sperms. <p>Treatment</p> <ul style="list-style-type: none"> • Suspected cases of torsion and mild injuries are treated with pain killers and observed carefully. • Severe injuries and torsions that are not relieved may require immediate surgery. • Infections are treated with pain killers, and if bacterial, with antibiotics.



H6 STI: Male Urethral Discharge

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: There's a yellowish discharge in my penis.

Parent: My son complains of penile discharge.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>What is the color/characteristic of the penile discharge?</p> <p>Do you have pain/difficulty when you urinate?</p> <p>Have you had this problem before? Were you treated and did you complete the treatment?</p> <p>Do you have any other genital problems?</p> <ul style="list-style-type: none"> - Ulcers/sores - Swelling in the groin - Scrotal pain or swelling <p>Are you having sex?</p> <p>Has anybody violated or abused you?</p> <p>Do HEADSSS. (Annex B)</p>	<p>Look for:</p> <ul style="list-style-type: none"> - Tenderness or swelling in the groin - Swelling or tenderness in the scrotum/testes - Discharge from the tip of the penis or under the foreskin. If there is no visible discharge, but history suggests possible STI, ask the patient to gently squeeze the penis towards the tip. - Skin lesions, blisters, sores, papules, pustules, plaques, nodules <p>Watch for signs of abuse:</p> <ul style="list-style-type: none"> - Hematomas or bruises - Scars - Fractures <p>If available, do urinalysis and gram stain of urethral discharge.</p>	<ul style="list-style-type: none"> • Purulent urethral discharge on history and/or examination <p>(NOTE: History of purulent urethral discharge alone is enough to confirm diagnosis even if discharge is not evident at the time of examination.)</p> <ul style="list-style-type: none"> • With or without dysuria • Gram stain showing intracellular gram-negative diplococci 	<p>Sexually transmitted infection (gonorrhea, chlamydia)</p>	<p>Treat for both gonorrhea and chlamydia.</p> <p><i>Gonorrhea:</i> 1st line: ceftriaxone 500mg/IM single dose plus azithromycin 1 gram PO single dose</p> <p><i>Chlamydia:</i> 1st line: doxycycline 100mg PO twice daily for 7 days (to be given if gonorrhea treatment did not include azithromycin)</p> <p>Do counseling.</p> <p>Offer HIV testing.</p>	<p>Reassess after 1 week. If no improvement, refer.</p>
		<ul style="list-style-type: none"> • Other signs of STI • History of sexual abuse and/or signs of abuse in physical examination 	<p>Possible other STI</p> <p>Possible abuse</p>	<p>See H8: STI-HIV Algorithms.</p> <p>See G3: Physical Abuse and G4: Sexual Abuse Algorithms.</p>	<p>Reassess after 1 week</p>
		<ul style="list-style-type: none"> • No urethral discharge • Dysuria • Pyuria on urinalysis 	<p>Probable urinary tract infection</p>	<p>See H4: Dysuria Algorithms.</p>	<p>Reassess after 1 week</p>

Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>Points to Consider When Doing Physical Examination on the Anogenital Area</p> <ul style="list-style-type: none"> Any examination of an adolescent's anogenital area should be conducted with a chaperone. If the health care provider is male, the chaperone must be female, and vice versa. If having a chaperone is not feasible, the patient's consent to be examined without a chaperone should be obtained. <p>Advice to Give About Treatment and Prevention</p> <ul style="list-style-type: none"> Educate the adolescent about the consequences of not treating or non-adherence to recommended treatment. Encourage the adolescent to discuss the issue of STI and protection with his/her sexual partner. All sexual partners within the last 2 months should be assessed for STI, whether symptomatic or not, and treated if necessary. Counsel the teen regarding abstinence, contraception (condom use), and adopting safer sex practices. Offer hepatitis A and B virus and HPV vaccination. <p>Pertinent Law Republic Act 10354 (The Responsible and Reproductive Health Act of 2012): The State recognizes and guarantees the human rights of all persons including their right to equality and nondiscrimination of these rights, the right to sustainable human development, the right to health which includes reproductive health, the right to education and information, and the right to choose and make decisions for themselves in accordance with their religious convictions, ethics, cultural beliefs, and the demands of responsible parenthood.</p>	<p>Effects of STIs like Gonorrhoea on the Body</p> <p><i>Immediate effects:</i></p> <ul style="list-style-type: none"> Gonorrhoea is asymptomatic in about 10% of men after the usual incubation period. In some, it may cause penile discharge (most marked in the morning), dysuria, increased frequency of urination, itch and burning sensation around the urethra. <p><i>Long-term effects:</i></p> <ul style="list-style-type: none"> Infection can spread and cause prostatitis, epididymitis, seminal vesiculitis, periurethral abscess and fistula. The infection can also spread to other parts of the body, like the joints, and can cause inflammation. If the infection is detected early and treated properly, there is very little likelihood of any long-term problems. But if it remains undetected and is improperly/ inadequately treated, it could affect a person's ability to have a child. To find out definitely, one needs to be examined and tested further. 	<p>Curability</p> <p>STIs that are caused by bacteria and fungi can be completely cured. However, infections caused by viruses cannot be cured. Some of them, like herpes, can recur, while HIV can have serious long-term effects on health.</p> <p>What to Do and Not to Do if You Have STI</p> <ul style="list-style-type: none"> Complete the treatment as advised. Come back after 1 week for follow-up or if the symptoms are persistent or recurrent. Discuss your condition with your partner. Sex partners should be referred for evaluation and treatment. DO NOT have sex or engage in any sexual activity until you and your partner (if also infected) have been completely cured. When cured and safe to resume sexual activity, use condoms correctly always.

References and Resources for HSPS

Centers for Disease Control and Prevention Sexually Transmitted Infections Treatment Guidelines, 2021.

<https://www.cdc.gov/std/treatment-guidelines/default.htm>

Omnibus Health Guidelines for Adolescents, pages 51-52 (Non-pharmacological and Pharmacological Management for Conditions), and page 62 (Sexual and Reproductive Health Services)

Resources for the client:

Mga Dapat Malaman Tungkol sa mga STI.

<https://malayaako.ph/mga-dapat-malaman-tungkol-sa-mga-sti/>

Legal Framework:

Republic Act 10354 - The Responsible and Reproductive Health Act of 2012.

https://doh.gov.ph/sites/default/files/health_programs/RA_10354.pdf



DRAFT

H7

STI: Vaginal Discharge

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I have a yellowish discharge in my underwear.

Parent: My daughter complains of discharge in her vagina.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Could you describe the vaginal discharge (without menses)?</p> <ul style="list-style-type: none"> - Color: clear, white, green, grey, yellowish? - Consistency: thin, curdy, thick? - Odor: bad smell? <p>Do you have itching or burning sensation in the vagina? Pain/difficulty when you urinate?</p> <p>Have you had this problem before? Was treatment given and completed?</p> <p>Do you have pain in your lower abdomen?</p>	<p>Look for:</p> <ul style="list-style-type: none"> - Tenderness or swelling in the vagina, vulva, and inguinal area - Discharge from the vagina. Assess the color, consistency and odor. - Inflammation. Note any redness, swelling or scratching. - Skin lesions, vesicles (blisters), ulcers (sores), papules, pustules, plaques, nodules - Abdominal tenderness, rebound tenderness or guarding 	<ul style="list-style-type: none"> • Abnormal discharge: green/yellowish color, bad odor • Lower abdominal pain or cervical motion tenderness • Fever 	<p>Pelvic inflammatory disease (PID)</p>	<p>Treat for all likely pathogens with the following:</p> <p>Gonorrhea: 1st line: ceftriaxone 500mg/IM single dose</p> <p>Chlamydia: 1st line: doxycycline 100mg PO twice daily for 14 days</p> <p>Anaerobic coverage: metronidazole 500mg twice daily for 14 days</p> <p>Do counseling.</p> <p>Offer screening for HIV and other STIs.</p> <p>Manage sex partners.</p>	<p>Advise to return in 1-2 days.</p> <p>If no improvement, refer.</p>
<p>Have you had sex? If considering pregnancy:</p> <p>See H9: Suspected Pregnancy Algorithm.</p>	<p>Watch out for signs of abuse:</p> <ul style="list-style-type: none"> - Hematomas, bruises - Scars - Fractures 	<ul style="list-style-type: none"> • Yellowish, greenish vaginal or cervical discharge • Dysuria • No lower abdominal pain • No cervical motion tenderness 	<p>Cervicitis Gonorrhea or Chlamydia</p>	<p>Give ceftriaxone 500 mg intramuscularly if less than 150kg or ceftriaxone 1 gram intramuscularly if more than 150kg.</p>	<p>Advise to return after 1 week if symptoms persist.</p> <p>-If no complete full course of medication, treat again.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Has anybody violated or abused you in any way?</p> <p>Do HEADSSS. See Annex B.</p>	<p>Do speculum examination and/or bimanual examination if appropriate, or refer to specialist for gynecologic examination.</p>	<ul style="list-style-type: none"> • With risk factors for gonorrhea/chlamydia • With risk factors for gonorrhea/chlamydia 		<p>Give doxycycline 100 mg 2x/day for 7 days if chlamydia has not been excluded.</p>	<p>-If possible reinfection or partner was not treated, treat patient again and treat partner.</p> <p>-If patient and partner completed full course, refer.</p>
		<ul style="list-style-type: none"> • White curd-like discharge • Vaginal burning/itching or vulvar erythema • No lower abdominal pain • No cervical motion tenderness • No risk factors for gonorrhea/chlamydia 	<p>Vaginitis Candidiasis</p>	<p>Give fluconazole 150mg orally as single dose.</p>	<p>Advise to return after completion of treatment.</p>
		<ul style="list-style-type: none"> • Grayish homogenous discharge with fishy odor • No vaginal burning or vulvar erythema • No lower abdominal pain • No cervical motion tenderness 	<p>Vaginitis Bacterial vaginosis</p>	<p>Treat for bacterial vaginosis and trichomoniasis as above.</p>	<p>Advise to return after completion of treatment.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		<ul style="list-style-type: none"> • No risk factors for gonorrhoea/chlamydia • White to yellow frothy discharge with fishy odor • No vaginal burning or vulvar erythema • No lower abdominal pain • No cervical motion tenderness • "Strawberry cervix" on speculum examination 	Vaginal trichomoniasis	<p>Give metronidazole 500 mg 2x/day for 7 days.</p> <p>Treat sex partner concurrently with metronidazole 2g PO as single dose.</p> <p>Advise good perineal hygiene.</p> <p>Offer screening for other STIs.</p>	Advise to return after completion of treatment.
		<ul style="list-style-type: none"> • Vaginal discharge • Skin lesions on vulva or perineum: vesicles, ulcers, papules, pustules, plaques, nodules 	<p>Staphylococcal infection (pus-filled lesions)</p> <p>Genital warts (cauliflower-like)</p> <p>Genital herpes (vesicles)</p> <p>Syphilis (ulcers)</p>	<p>For staphylococcal infection (pus-filled lesions), treat with cloxacillin 500mg every 6 hours for 7 days</p> <p>Refer to a medical specialist for: Genital warts (cauliflower-like) Genital herpes (vesicles) Syphilis (ulcers)</p>	Advise to return after completion of treatment.
		<ul style="list-style-type: none"> • Clear discharge with thin consistency • No vaginal pain, itching or burning • Discharge is cyclic, or adolescent has not yet started menstrual periods but is pubescent 	Normal physiologic vaginal discharge	Reassure the patient.	Follow up in 6 months.



Information for the Health Service Provider	Information for the Adolescent and Accompanying Adult	
<p>Managing STI Cases with Vaginal Discharge</p> <ul style="list-style-type: none"> • Treat all classified STI syndromes using CDC guidelines. • Encourage the adolescent to have all partners for the last 2 months examined whether symptomatic or not. • Counsel all sexually active patients on safe sex, risks for STI, abstinence, and contraception. • Examine external genitalia in all patients with vaginal discharge in order to: check for normal anatomy; assess pubertal development; and look for evidence of abnormal lesions, infection or trauma. • Do not do pelvic exam (with speculum or bimanually) routinely, but only if medical history and symptoms point to a gynecologic problem. • Perform Pap smear on patients who have reached age 21, then every 3 years thereafter, regardless of sexual activity. 	<p>How to Tell Between Normal and Problematic Vaginal Discharge</p> <p>Characteristics of normal vaginal discharge:</p> <ul style="list-style-type: none"> • Somewhat thin, sticky and elastic • Can be thick and gooey • Clear, white, or off-white in color. <p><i>Signs of a problematic vaginal discharge:</i></p> <ul style="list-style-type: none"> • Unpleasant odor • Greenish, grayish color, like pus • Texture that is foamy or looking like cottage cheese • Vaginal itching, burning, swelling or redness • Vaginal bleeding or spotting that is not during a menstrual period <p><i>Causes of Unusual Vaginal Discharge</i></p> <p>The most common cause of</p>	<p>unusual vaginal discharge is infection, including:</p> <ul style="list-style-type: none"> • Yeast infections • Bacterial infections • Sexually transmitted infections <p>What to Do</p> <ul style="list-style-type: none"> • Always wash your vagina with clean water every time you go to the toilet, and pat it dry with a paper towel. Avoid using products like soap inside the vagina as it can cause irritation, pain and discomfort. • If you notice any change or anything unusual in your vaginal discharge, schedule an appointment with a health care practitioner immediately, especially if you've had sex because it could be a sign of a sexually transmitted infection. Most causes of vaginal discharge can be treated.

References and Resources for HSPS

Centers for Disease Control and Prevention Sexually Transmitted Infections Treatment Guidelines, 2021. <https://www.cdc.gov/std/treatment-guidelines/default.htm>

Omnibus Health Guidelines for Adolescents, pages 51-52 (Non-pharmacological and Pharmacological Management for Conditions), and page 62 (Sexual and Reproductive Health Services)

Resources for the client:

Mga DapatMalamanTungkolsamga STI. <https://malayaako.ph/mga-dapat-malaman-tungkol-sa-mga-sti/>

Legal Framework:

Republic Act 10354 - The Responsible and Reproductive Health Act of 2012. https://doh.gov.ph/sites/default/files/health_programs/RA_10354.pdf



H8 STI: HIV

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I think I have HIV.

Parent: Can my child actually have HIV?

	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Were you recently tested for HIV? What test was done?</p> <p>Have you recently experienced the following symptoms:</p> <ul style="list-style-type: none"> - Noticeable weight loss - Prolonged diarrhea - Prolonged cough - Prolonged fever - Painless purple bumps on your skin or in your mouth - White patches in your mouth - Painless swellings of your glands <p>Have you ever been diagnosed with tuberculosis?</p> <p>How many sexual partners have you had? Did your partners have other partners?</p>	<p>Check for signs of HIV-related illnesses:</p> <ul style="list-style-type: none"> - Weight loss of more than 10% of previous body weight (if previous weight is available) - Skin discolorations or lesions - Whitish plaques or sore ulcers in the mouth - Generalized lymphadenopathy - Evidence of serious infection (e.g., respiratory distress, decreased breath 	<ul style="list-style-type: none"> • Any signs or symptoms associated with HIV infection • Any illness associated with HIV infection (with or without identified risk factors) 	<p>Possible HIV infection</p>	<p>Explain the classification.</p> <p>If available on site, do HIV rapid testing and counselling. If not available on site, refer to a facility that offers HIV counseling and testing.</p> <p>Provide counseling on safer sex/HIV risk reduction.</p> <p>Treat any HIV-related illnesses that were identified. (Refer to national guidelines)</p> <p>Start anti-retroviral drugs (if available) or refer to HACC facilities.</p>	<p>Agree on a follow-up visit.</p>

	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Do you use a condom every time you have sex? Have you had unprotected sex in last 72 hours?</p> <p>Does your partner have HIV? What medications is he taking? How long has he been taking it?</p> <p>Are you on PrEP (pre-exposure prophylaxis)? Have you been using PrEP correctly and consistently under the guidance of a physician?</p> <p>Have you used injectable drugs?</p> <p>Have you had the following: - Sore/ulcer on your genitals - Discharge from your vagina/penis - Scrotal pain/swelling</p> <p>Do sexual and reproductive health assessment using HEADSSS.</p> <p>See Annex B.</p>	<p>sounds, intestinal obstruction, behavioral changes)</p> <p>Check for signs of STI syndromes: - Genital ulcer - Swelling in the groin - Discharge from the vagina/penis - Scrotal swelling</p> <p><i>Tip to Health Worker</i> Current or past STI constitutes a risk factor for HIV infection.</p>	<ul style="list-style-type: none"> • Any risk factor for HIV Infection • No symptoms associated with HIV infection • No signs associated with HIV infection • No illness associated with HIV infection 	<p>At risk for HIV infection</p>	<p>Explain the classification.</p> <p>Provide counseling on safer sex/HIV risk reduction.</p> <p>If available on site, provide HIV testing and counseling. If not available on site, refer to a facility that offers HIV counseling and testing.</p>	<p>Agree on a follow-up visit.</p>
		<ul style="list-style-type: none"> • No risk factor for HIV Infection • No symptoms associated with HIV infection • No signs associated with HIV infection • No illness associated with HIV infection 	<p>HIV infection unlikely</p>	<p>Explain the classification.</p> <p>Provide counseling on safer sex (to include PreP)/HIV risk reduction in all cases.</p>	<p>Agree on a follow-up visit.</p>



Information for the Health Service Provider

What to Do and Discuss Before Giving an Adolescent an HIV Test

a. Check the adolescent's understanding of HIV, correct misconceptions, and fill knowledge gaps.

- What HIV is; how it is spread and prevented; effects of HIV on the body; how health workers can help people found to have HIV

b. Provide key information about the HIV test.

- An HIV test is a blood test that detects the presence of antibodies produced by the body 8-12 weeks after being infected with HIV.
- An positive test result means that the person has HIV infection, and a confirmatory test will be done to affirm this.
- A negative result means that the person does not have HIV infection. However, if the person has high-risk behaviors or symptoms related to HIV, a repeat test will be needed since antibodies are not produced by the body until 8–12 weeks after infection.
- Reasons for having an HIV test:
 - For the infected person to take steps to protect himself and others.
 - To be provided with effective medicine to prevent HIV from multiplying in the body.

- To be given medicine to prevent or treat other illnesses resulting from HIV on the body (e.g., tuberculosis).
 - To reduce likelihood of HIV being passed from a pregnant woman to baby.
- c. Assure confidentiality and ongoing support.

Assure the adolescent that the test results will not be shared with anyone, and that, if found to have HIV infection, he/she will provided with the needed care and support.

d. Confirm the willingness of the adolescent to proceed with the test, and obtain informed consent based on a full understanding of HIV and the HIV test.

Remember that the patient has the right to refuse.

What to Do Before HIV Test Results Are Disclosed

- Recall the discussion on the meaning of positive and negative test results.
- Ask if the adolescent has considered whom to share the result with.
- Empathize with the adolescent, and assure him/her of your support.

What to Do if the Result Is Positive

- Understand that the 'bad' news may trigger a strong reaction; empathize with and comfort the adolescent.
- Check the adolescent's understanding of the implications of the test result and provide further explanation if needed.
- Discuss whom the adolescent would like to share the result with.
- Explain what support services could be provided and explore what immediate support the adolescent needs. Advise when to come back for further discussion.
- Support disclosure: Ask the adolescent who are the people (parents, family members, friends) he/she could turn to for help.

What to Do if the Test Result Is Negative

- Appreciate that even the good news may trigger a reaction. Give the adolescent some time to calm down.
- Check the adolescent's understanding of the implications of the test result and provide further explanation if needed.
- Stress the importance of taking steps to continue staying HIV-negative by protecting himself/herself and indicate what support you can provide.

References and Resources for HSPS

Omnibus Health Guidelines for Adolescent, page 51 (Non-pharmacological and Pharmacological Management for Conditions), and page 62 (Sexual and Reproductive Health Services)

Resources for the client:

Mga Dapat Malaman Tungkol sa STI. <https://malayaako.ph/mga-dapat-malaman-tungkol-sa-mga-sti/>

HIV: Paano Protektahan ang Iyong Sarili at ang Iba. <https://malayaako.ph/hiv-paano-protektahan-ang-iyong-sarili-at-ang-iba/>

Legal Framework:

Republic Act 11166 – “Philippine HIV and AIDS Policy Act”. https://lawphil.net/statutes/repacts/ra2018/ra_11166_2018.html



DRAFT

H9 Suspected Pregnancy

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: My menses are delayed, could I be pregnant?

Parent: My daughter has missed periods. Could she be pregnant?

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p><i>Tip to Health Worker</i> Denial of sexual activity is not a reliable statement to exclude pregnancy.</p>	<p>Look for: - Palpable uterus in the lower abdomen (12-week uterus at the symphysis pubis; 16-week uterus midway between the symphysis pubis and umbilicus; 20-week uterus at the level of the umbilicus) - Fetal heart tones at about 20 weeks</p> <p>Do a pregnancy test.</p>	<ul style="list-style-type: none"> • Vaginal bleeding • Moderate or severe lower abdominal pain • Pregnant or pregnancy possible • Symptoms of pregnancy 	Possible complication of pregnancy	Refer to hospital.	
<p>Do you think you could be pregnant? Why do you think so?</p> <p>If she thinks she is pregnant, assess pregnancy using the Pregnancy Checklist (Appendix).</p> <p>If not certain if she pregnant or not, ask: Are you sexually active?</p> <p>Do you use any contraceptive method to prevent pregnancy? What method?</p>	<p><i>Tip to Health Worker</i> Even if she is pregnant, a urine pregnancy test can be negative for up to 2 weeks after her missed period. If a test done before this time is negative and if symptoms of pregnancy persist, repeat the test when it is more than 2 weeks after her missed period.</p>	<ul style="list-style-type: none"> • Uterus enlarged on abdominal examination • Cervix soft on vaginal examination • Fetal heart tones detected • Pregnancy test positive • Sexually active and not using contraception correctly and consistently, period is late • Sexually active and has symptoms of pregnancy 	Pregnant	<p>If the adolescent wants to continue with the pregnancy, refer for counseling and antenatal care. See H10: Confirmed Pregnancy Algorithm.</p> <p>If the adolescent does not want to continue with the pregnancy, counsel on available options (which include handing over the child for foster care or adoption) and refer to homes that care for single/teen pregnant patients.</p>	As appropriate.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Have you had sex since your last normal period?</p> <p>If she has had sex since her last normal period, ask:</p> <p>If using a condom: Since your last period, have you had sex without a condom at any time or has the condom come off or broken while having sex? Did this happen within the last five days?</p> <p>If using contraceptive pills: Since your last period, have you forgotten to take any of your pills? Have you had sex within the last five days?</p> <p>Ask about symptoms of pregnancy:</p> <ul style="list-style-type: none"> - Late period - Nausea or vomiting in the morning - Swelling or soreness in breasts 	<p>If the pregnancy test is not available, and the uterus is not palpable abdominally, check for enlarged uterus on vaginal examination.</p> <p><i>Tip to Health Worker</i></p> <p>If a pregnancy test can be done in your health facility, avoid doing a vaginal exam.</p> <p>Look for signs of STI syndromes.</p>	<ul style="list-style-type: none"> • Sexually active within the last five days • Contraception not adequate: <ul style="list-style-type: none"> - Not using any contraception - Not using condoms every time she has sex or condom has broken/come off during sex - Has not been taking oral contraceptive pills consistently since her last period • Not classified as pregnant 	<p>Unprotected sexual intercourse within the last 5 days</p>	<p>Counsel regarding the risk of possible pregnancy.</p> <p>Counsel regarding options as appropriate:</p> <ul style="list-style-type: none"> • Arrange for a review in 4 weeks to determine whether she is pregnant. Repeat pregnancy test. • If less than 72 hours since sex without a condom or condom has broken/slipped off, follow local guide-lines for post-exposure prophylaxis to prevent HIV (may be done depending on the risk). 	<p>Review in 4 weeks to assess possible pregnancy. If pregnant, manage as above.</p>
		<ul style="list-style-type: none"> • Sexually active since last normal period, but not within the last five days • Contraception is not adequate (as above) • Less than one month since her last period • <i>Not</i> classified as pregnant 	<p>Pregnancy possible</p>	<p>Advise that although there are no signs of pregnancy, it is too early to definitely say whether she is pregnant or not.</p> <p>Counsel regarding options. If she not does want to become pregnant, discuss what contraception methods she may use until it is clear whether or not she is pregnant.</p> <p>See H11: Contraceptive Counseling Algorithm.</p>	<p>Follow up every 4 weeks for 12 weeks, noting for signs of pregnancy. If she is pregnant, manage as above.</p>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>- Bleeding from vagina - Lower abdominal pain (mild/moderate/severe)</p> <p>Do sexual and reproductive health assessment using HEADSSS.</p> <p>See Annex B.</p>		<ul style="list-style-type: none"> Sexually active since her last normal period, but not within the last five days Contraception not adequate (as above) Symptoms of pregnancy present: <ul style="list-style-type: none"> Period late Nausea/vomiting in the morning Swelling or soreness in breasts Pregnancy test is negative or not available Unable to determine if enlarged uterus 		<p>Counsel regarding likelihood of pregnancy.</p> <p>If possible, refer for pregnancy testing.</p> <p>If referral for pregnancy testing is not possible, counsel regarding options.</p> <p>If she not does want to become pregnant, discuss what contraception methods she may use until it is clear whether or not she is pregnant.</p> <p>See H11: Contraceptive Counseling Algorithm.</p>	<p>signs of pregnancy . If pregnant, manage as above</p>
		<ul style="list-style-type: none"> Using contraception appropriately and consistently No symptoms or signs of pregnancy 	Pregnancy unlikely	<p>Advise her that she is unlikely to be pregnant.</p> <p>Discuss ways to prevent pregnancy.</p> <p>If she does not want to become pregnant, advise her to abstain from sex.</p>	<p>Follow up after 6 months.</p>
		Not sexually active	Not pregnant	<p>Counsel teens who are not sexually active to continue to wait until ready, and highlight that abstinence is the most effective way of preventing pregnancy.</p> <p>Discuss future contraception needs and advise.</p> <p>See H11: Contraceptive Counseling Algorithm.</p>	<p>Follow up after 6 months.</p>



Information for the Adolescent and Accompanying Adult

Pregnancy: How and When It Happens

- Pregnancy occurs after a man and a woman have sexual intercourse and the man's semen carrying sperms travels through the woman's vaginal canal up to the uterus where it fertilizes the woman's egg if she is fertile at that time.
*Take note that little semen may be released in the vagina during sex even prior to ejaculation. This makes withdrawal of the penis before ejaculation or use of a barrier (condom) just before ejaculation an ineffective method to avoid pregnancy.
- A girl (who is already having her menstrual periods) is likely to be fertile on the 14th day from her first day of menstruation. This is the time when she releases an egg from her ovary. The egg released from the ovary may be fertilized only up to 24 hours after its release. Sperms, however, can survive up to 5 days in the uterus.
*This means having unprotected sex days before the day a woman is expected to be fertile can still result in a pregnancy.
- For those who have irregular menses, it is hard to determine when a woman is fertile. And there are also unforeseen factors (like stress or illness) that can delay the fertile day or stimulate the release of the egg earlier.

- Since a woman's fertile days may not be predicted with 100% accuracy, abstinence is still the most reliable method of preventing pregnancy.

Accuracy of Pregnancy Test Results

A pregnancy test can show negative results even when a pregnancy exists. For a more accurate result, wait until after you've missed your period to take a test. If you take a test too soon, it could be negative even if you're pregnant. If you get a negative test and then miss your period, take another test.

What to Do if Found to Be Pregnant

- a. Birth planning: Delivery in a hospital or health center is highly recommended. It is important to know why this is important and to decide to do it.
- b. Prevention of STI/or HIV/AIDS: This is important for the pregnant adolescent and the baby.
- c. Spacing on the next pregnancy: the next baby should come at least 3 years after the current pregnancy. Family planning is important.

References and Resources for HSPS:

Omnibus Health Guidelines for Adolescents, page 62 (Sexual and Reproductive Health Services)

Resources for the client:

Pregnancy and Reproduction-Amaze.org, <https://www.youtube.com/watch?v=OejdOS4IqeE>

Paano Nangyayari ang Pagbubuntis? <https://malayaako.ph/paano-nangyayari-ang-pagbubuntis/>

Walang Proteksyon Pero 'Di AkoNabuntis: Bakit? <https://malayaako.ph/walang-proteksyon-pero-di-ako-nabuntis-bakit/>

Mabubuntisba kung Hinugot Naman Agad? <https://malayaako.ph/mabubuntis-ba-kung-hinugot-naman-agad/>

Legal Framework:

Republic Act No. 10354 - The Responsible Parenthood and Reproductive Health Act of 2012. https://lawphil.net/statutes/repacts/ra2012/ra_10354_2012.html

Implementing Rules and Regulations of Republic Act No. 10354.

<https://www.officialgazette.gov.ph/2013/03/18/implementing-rules-and-regulations-of-republic-act-no-10354/>



H10

Confirmed Pregnancy

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I'm pregnant.

Parent: My daughter is pregnant.

Adapted from: Adolescent Job Aid, WHO and SAMPI, 2009

General Principles and Special Considerations in the Care of Pregnant Adolescents

- Many of the general principles that are valid for the care of adult pregnant women are also applicable to pregnant adolescents. This includes appropriate communication, protection of privacy and confidentiality, and most aspects of clinical management as outlined in *The Omnibus Health Guidelines for Adolescents: Maternal Services During the Antenatal, Intrapartum and Postnatal Periods*.

The situation of adolescents and their perception of their current pregnancy vary depending on whether they are married/in a stable relationship, whether the pregnancy is wanted, as well as other factors. It is important for health care providers to know the adolescent's socioeconomic situation, and how she perceives her pregnancy, in order to offer the best possible support and management.

Quick Check, Rapid Assessment and Management of the Pregnant Adolescent, and Emergency Treatment

Quick check

The receiving person should be given the responsibility to:

- Assess the adolescent's general condition immediately on arrival.
- Periodically repeat the procedure, if she has to wait for a long time.

Assessment and management

- Assess emergency signs:
 - Airway and breathing: very difficult breathing or evidence of

- central cyanosis (bluish lips and tongue)
- Circulation: cold moist skin or weak and fast pulse
- Vaginal bleeding
- Convulsions or unconsciousness
- Severe abdominal pain
- Dangerous fever (more than 38°C) and any of: very fast breathing/stiff neck/lethargy/very weak/not able to stand

• Assess priority signs:

- Labor
- Severe pallor
- Epigastric or abdominal pain
- Severe headache
- Blurred vision
- Fever (more than 38°C)
- Breathing difficulty

Emergency treatment

If any of the emergency or priority signs are positive, provide immediate treatment . (Refer to IMPAC guidelines, Section B.)

Antenatal Care

If there are no emergency or priority signs and the adolescent just came for antenatal care:

Assess the pregnant adolescent

- Check for significant signs and symptoms.
- Complete general and obstetrical examination.
- Obtain vital signs.
- Monitor weight gain based on pre-pregnant weight.
- Do oral health checkup and prophylaxis.

- Screen for cigarette smoking, alcohol use, substance abuse, psychosocial risk factors, depression and exposure to violence.

Provide prenatal care and information

- Provide Mother and Child Book and health information.
- Assist in developing a written Birth Plan and modify as necessary. Classify women according to low-risk pregnancy and high-risk pregnancy .
- Provide information and instructions on danger signs and healthy lifestyle.
- Manage according to identified risks and health concerns.

Advise on routine and follow-up visits

- Encourage the adolescent to bring her partner or another family member in at least one visit.
- All pregnant women should have 4 routine antenatal visits.
 - 1st visit - before 4 months (as early in the pregnancy as possible)
 - 2nd visit - 6 months
 - 3rd visit - 8 months
 - 4th visit - 9 months
- During the last visit, inform the woman to return if she does not deliver within 2 weeks after the expected date of delivery.
- More frequent visits may be required if there are other intercurrent problems, such as HIV infection, severe anemia, hypertension, etc.

Advise and counsel on nutrition and self-care

- Avoid alcohol and smoking during pregnancy
- NOT to take medication unless prescribed at the health center/ hospital.
- If at risk for STIs or HIV, counsel on safer sex including use of condoms.

Develop the birth and emergency plan

Discuss with the adolescent the most suitable place for delivery. Normal spontaneous vaginal deliveries shall be done by a skilled birth attendant guided by the Essential Intrapartum and Newborn Care Protocol for Primary Level at Non-Specialist Birthing Centers (AO 2021-0034) and Essential Newborn Care (AO 2009-0025 (Omnibus Health Guidelines for Adolescents)

Preparation

- Help arrange for skilled attendance at birth, and ensure that the girl and partner/family know how to contact the skilled birth attendant at the first sign of labor.
- Explain danger signs during pregnancy.
- Help plan how she will reach emergency care if complications arise: where will she go, who will take her, transport to use, how to pay for medical help, if there are people ready to donate blood.
- Inform about Philhealth circulars
 - Philhealth Circular 025-2015 Social Health Insurance Coverage and Benefits for Women About to Give Birth Revision
 - Philhealth Circular 032-2015 Enrolment and Coverage of Emancipated Individuals and/or Single Parents below 21 years old
- Advise when to go:
 - If the teen lives near the facility, go at the first signs of labor.
 - If living far from the facility, go 2-3 weeks before baby's due date and stay either at a waiting center for mothers or with family or friends near the facility.
 - Advise to ask for help from the community, if needed.
- Advise what to bring:
 - Home-based maternal record
 - Clean cloth for washing, drying and wrapping the baby
 - Additional clean cloth to use as sanitary pads after birth
 - Clothes for mother and baby
 - Food and water for the patient and support person

After Childbirth

- Mother and baby should be roomed-in together after birth to encourage breastfeeding and bonding.
([RA 10028 - Expanded Breastfeeding Program](#))
- Mothers and newborns should receive routine postnatal care. Four routine postpartum contacts are recommended:
 - In the facility for the first 24 hours or at home within the first 24 hours
 - On day 3
 - In days 7 through 14
 - At 6 weeks
- Emphasize that optimal breastfeeding offers triple value:
 - important improvements in child survival and health,
 - better health for mothers, and
 - temporary contraception
- Coordinate family planning visits with an infant's immunization schedule.

Counsel on the importance of contraception

(See H11: Contraceptive Counseling Algorithm)

- If appropriate, ask the adolescent if she would like her partner or another family member to be included in the counseling session.
- Explain to her that if she has sex and is not exclusively breastfeeding, she can become pregnant as soon as 4 weeks after delivery, and that is why it is important for her to start considering what contraceptive method to use even before the delivery.
- Ask about her plans to have more children. If she (and her partner) want more children, advise her that waiting at least 2-3 years between pregnancies is healthier for the mother and child.
- Emphasize that long-acting reversible contraceptives (IUD, Implants) are most effective in adolescents.

Related Psychosocial Issues to Address

• Cohabitation or marriage

Ask the adolescent about where she and her baby will live and where the father of the baby will live.

Under Republic Act No. 11596, An Act Prohibiting the Practice of Child Marriage, including cohabitation of adults with minors, teen mothers are not allowed to enter into marriage and cohabit with their adult partner.

• Violence against women

Ask the teen:

- Has your partner ever threatened to hurt you or physically harmed you in any way? When did this happen?
- Has your husband (or partner) forced you into sex or forced you to have any sexual contact you did not want?

Refer to social service/child protection network/VAWC desk if with suspicion of violence/abuse.

Refer to following laws:

[RA 7610 - Stronger Protection Against Child Abuse and Exploitation](#)

• Depression (preexisting and postpartum)

Ask about self-harm, suicidal thoughts and attempts. See algorithm for depression and [RA11036 Mental Health Law](#).

• Return to school plans

Encourage the teen and partner to continue education. Support them in navigating their options through referrals.

[RA 1150 - Alternative Learning System Act](#) allows pregnant mothers and out-of-school youth to develop basic and functional literacy skills, and to access equivalent pathways to complete basic education.

HII

Contraceptive Counseling

PRESENTING COMPLAINT/QUESTIONS:

Adolescent: I do not want to get pregnant

Parent: Please advise my daughter on how to avoid pregnancy.

WHAT THE HEALTH CARE PROVIDER SHOULD KNOW

Contraceptive Counseling for Adolescents

- Adolescents are eligible to use all methods to prevent early pregnancy.
- Adolescents who seek services regarding contraceptives must be informed about all the methods of contraception. Long-acting reversible contraceptives (LARC) are most effective in adolescents.
- Abstinence is the most effective option for preventing pregnancy and reducing risk for STIs and HIV/AIDS.
- Providers must not assume that adolescents are sexually active simply because they are seeking FP services.
- As the contraceptive needs of adolescents frequently change, counseling should prepare them for the use of a variety of methods that are effective and appropriate.
- Adolescents must be assured that the counseling sessions and follow-up visits are confidential. However, counselors should encourage family participation (e.g., mothers of adolescent clients) in the decision-making process of minors who are seeking contraceptive counseling and services

Not sexually active adolescent

- Counsel teens who are not sexually active to wait until ready and highlight that abstinence is the most effective way of preventing pregnancy.
- Counsel on contraceptive use (Steps 3-8).

Sexually active adolescent

- Counsel those who are sexually active that abstinence is the most effective way of preventing pregnancy.
- Counsel them on the importance of always using dual methods—such as an IUD or hormonal method, and a condom—to prevent pregnancy and STDs, including HIV.
- Do contraceptive counseling (Step 3-8).

Teen parent

- Counsel teen parents on the importance of always using dual methods—such as an IUD or hormonal method, and a condom—to prevent pregnancy and STDs/ HIV.
- Do contraceptive counseling (Step 3-8).
- Counsel about secondary risk prevention. This focuses on preventing teen parents from dropping out of school or becoming pregnant again. Tell them about programs, including job training, child care while at school, or on-the-job training, and initiatives to promote the benefits of delaying second pregnancies.

Pregnancy likely or pregnancy cannot be ruled out

- Confirm pregnancy.
- There is no reason for contraceptive use, but condoms should be used to protect against sexually transmitted infections.
- Proceed to the algorithm for suspected pregnancy.

When to return

- Inform the adolescent when to return for follow-up, resupply, or assessment and management of symptoms.
- Encourage the client to return any time and for any reason.
- Inform the client that unless absolutely necessary, return visits are not mandatory

Additional Tips on Contraceptive Counseling

- Use terms that suit young people. Avoid such terms as “family planning,” which may seem irrelevant to those who are not married.
- Welcome partners and include them in counseling, if the client desires.
- Make sure that a young woman’s choices are her own and are not pressured by her partner or her family. In particular, if she is being pressured to have sex, help a young woman think about what she can say and do to resist that pressure. Practice with her the skills to negotiate condom use. Refer to RA 11648: An Act Providing for Stronger Protection Against Rape and Sexual Exploitation and Abuse.

- Take time to fully address the patients’s questions, fears, and misinformation about sex, STIs, and contraceptives. Give reassurance that the changes in their bodies and their feelings are normal.
- Help young women feel that they have the right and the power to make their own decisions about sex and contraception. Let men understand the consequences of their sexual behavior for themselves and their partners.



Information for the Adolescent and Accompanying Adult

Sexual Activity During Adolescence

- Sexual activity often begins during adolescence, within or outside marriage.
- Many adolescents are unprepared to protect themselves from the problems that result from sexual activity.
- Adolescents need help to understand the changes that their bodies are going through, as well as support to deal with the thoughts and feelings that accompany their growing maturity.
- Adolescents need to be aware of the problems they could face through too early and unprotected sexual activity, and what they need to do to stay healthy and well. They also need to be able to obtain the health services they need to avoid health problems, and to get back to good health if and when they face the problems.
- Adolescents need advice and support to resist pressure to have sex before they are ready for it.
- Teach your adolescents to respect his/her body and demand that others respect his/her body too

Informed Consent in Availing FP services

- Any minor availing of FP services must have the written consent of their parents or guardians. This also includes minors who have had a previous pregnancy or is already a parent.

References and Resources for HSPS:

Omnibus Health Guidelines for Adolescents, page 62 (Sexual and Reproductive Health Services)

Resources for the client:

Handa Ka na bang Makipagtalik? <https://malayaako.ph/handa-ka-na-bang-makipagtalik/>
 Contraceptives Got Talent .<https://malayaako.ph/contraceptives-got-talent/>
 Long-Acting Contraception Alamin. <https://malayaako.ph/long-acting-contraception-alaminn/>

Legal Framework:

Republic Act No. 10354 - The Responsible Parenthood and Reproductive Health Act of 2012.

https://lawphil.net/statutes/repacts/ra2012/ra_10354_2012.html

Implementing Rules and Regulations of Republic Act No. 10354.

<https://www.officialgazette.gov.ph/2013/03/18/implementing-rules-and-regulations-of-republic-act-no-10354/>



ANNEXES

- A - Comprehensive HEADDSSS Form
- B - Body Mass Index (BMI) Chart for Male & Female
- C - Weight/Height for Age Chart
- D - Pinggang Pinoy
- E - Immunization Schedule for Adolescents
- F - FP Wall Chart
- G - Local Directory Template
- H - Evaluation Templates

DRAFT

DRAFT

DRAFT

DRAFT

REFERENCES

DRAFT



Society of Adolescent Medicine of the Philippines, Inc.

Room 7, Philippine Children's Medical Center
Quezon Avenue, Quezon City, Philippines

☎ 0905-3863153 / 0918-010362

🌐 samphilippines.com

✉ sampi.secretariat@yahoo.com;
secretariat@samphilippines.com



AJA 2.0 Handbook Desk Reference for Primary Level
Health Workers in the Philippine Setting

2023

