OMNIBUS HEALTH GUIDELINES FOR ADOLESCENTS

2022

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I. Self and Household care

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

General Principles

1. Adolescents refer to individuals between the ages of 10 to 19 years of age who are in transition from childhood to adulthood.
2. All adolescents are encouraged to be aware of their rights, including their right to health, autonomy and self-determination, confidentiality, and informed consent.
3. All adolescents are encouraged to be involved in shared decision-making with their respective healthcare providers.

A. Healthy Lifestyle Practices

1. All adolescents are encouraged to adhere to the following healthy lifestyle practices regarding diet, nutrition, exercise and physical activity, weight management, and sleep:
    a. Maintain a healthy weight for age and help prevent undernutrition and obesity through proper diet and moderate physical activity (Cuisia-Cruz et al., 2018).
    b. Follow healthy dietary patterns, as illustrated by the *Pinggang Pinoy* model for teens developed by the Food and Nutrition Research Institute (FNRI) of the Department of Science and Technology (DOST) (FNRI-DOST, 2016) and the *Ten Kumainments* developed by the National Nutrition Council (NNC).
    c. On a regular schedule, undertake age-appropriate physical and mental activities as may be allowed or for those with diagnosed medical conditions, as advised by their attending physicians. These activities may include among others:
        i. Sixty minutes of moderate- to vigorous-intensity physical activity daily, consisting mainly of aerobic exercises or sports activities;
        ii. At least three (3) times per week of vigorous-intensity activities, including those that strengthen muscles and bones (World Health Organization [WHO], 2017a).
        iii. Static stretching that is preceded by an active warm-up, of at least 2 to 3 days per week. Each stretch should be held 15-30 seconds and repeated 2 to 4 times (Page, 2012)
        iv. On a regular schedule, take time to rest and relax by socializing with family and friends, getting involved in activities of interest offered by communities and faith-based organizations such as music and dance, guided relaxation and meditation sessions, and the like (Center for Disease Control and Prevention [CDC], 2021).
    d. Practice healthy sleeping habits and attain optimum sleep of at least 9-12 hours per day for ages 10-12 years old, and 8-10 hours per day for ages 13-18 years of age (Paruthi et al., 2016).

i. Self-regulate one's use of communication technologies by reducing screen time on social media, gadgets, mobile phones, television, etc. as these can interfere with sleep time.

e. Adhere to medical advice on follow-up care and lifestyle modification when necessary. This involves altering long-term habits such as one's eating habits and food preferences as well as social and physical activities.

2. All adolescents are encouraged to practice protective measures, such as but not limited to (WHO, 2017b):
   a. Personal hygiene
      i. Daily bathing;
      ii. Proper handwashing with soap and water and/or use of alcohol and hand sanitizer as necessary;
      iii. Good grooming (e.g. wearing of clean clothes, having well-combed hair, clean nails, etc.);
      iv. Proper dental care by brushing twice a day using the right amount of fluoridated toothpaste (1000-1500 ppm) which is recommended to be the entire brushing surface of a toothbrush, flossing at least once a day, and not rinsing with water after toothbrushing to optimize the preventive effects of fluoride (DOH Administrative Order [AO] 2007-0007 "Guidelines in the Implementation of Oral Health Program for Public Health Services"; Australian Dental Association [ADA], 2020; American Academy of Pediatric Dentistry [AAPD], 2021).
      v. Menstruation hygiene and tracking for girls, including the proper disposal of used cloth pads or napkins; and
      vi. Post-circumcision hygiene for boys.
   b. Proper cough and sneeze etiquette,
   c. Proper use of sanitary toilets and not practicing open defecation at all times,
   d. Apply the following self-protection measures against mosquito-borne diseases.
      i. Wear light-colored clothes, long sleeves and long pants if staying outdoors.
      ii. Apply insect repellent to prevent mosquito-borne diseases.
      iii. Use screen doors and windows or insecticide-treated screens/curtains for doors and windows.
      iv. Use Long Lasting Insecticide-treated Nets (LLIN) at night in malaria-endemic and high-risk areas.
   e. Wear slippers/shoes.
   f. Avoid wading or swimming in and using infested freshwater, which may serve as transmission sites for infectious diseases.
   g. Use the appropriate personal protective equipment (PPE) (e.g. masks, etc.) as necessary according to the recommendations of health authorities.

3. All adolescents are strongly encouraged to engage in the following activities to promote and protect mental health, such as but not limited to (Hagan et al., 2017; WHO, 2017b):

a. Meditation, stress management, creative activities, and other relaxation techniques;
b. Spending time with family members and friends to promote good relationships;
c. Health activities of local community;
d. Regular routines in performing self-care practices and approaches (e.g. maintaining hygiene, eating meals, playtime, and bedtime);
e. Allotting sufficient time for hobbies, working, and resting;
f. Develop personal skills (e.g. and foster supportive environments); and
g. Actively seek out mental health information and education

4. Avoid extreme exposure to the sun by wearing protective sunglasses, hats, and umbrellas or use of sunscreen with Sun Protection Factor (SPF) (Hagan et al., 2017).

5. All adolescents are encouraged to observe injury prevention measures such as the following (WHO, 2017b):
   a. Use sports-appropriate protective gear as necessary to prevent injury from sports-related accidents .
   b. Practice road courtesy at all times as a safety measure while driving, as a passenger and as a pedestrian by keeping oneself aware of traffic signs and strictly following traffic rules and regulations, including avoidance of alcohol and distractions (Republic Act [RA] No. 10913 "Anti-Distracted Driving Act"; RA No. 10586 "Anti-Drunk and Drugged Driving Act of 2013"). This involves simple and practical measures such as following traffic lights rule, use of pedestrian crossing, overpass, underpass, and sidewalks, giving the right of way to an overtaking vehicle, driving within the set speed limit, etc (RA No. 4136 "Land Transportation and Traffic Code").
   c. Use age-appropriate restraints and protective gears in both non-motor (e.g. bicycles) and motor vehicles. This may involve the use of helmets, seatbelts, goggles, car seats for children 10-12 years old (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 Therefor"), etc. to prevent road-related injuries.
   d. Practice safe swimming and water safety skills, through, but not limited to (WHO, 2017b, 2021b):
      i. Swimming in designated areas
      ii. Wearing of lifejackets or floatation devices whenever aboard boats, ships, and similar water vessels.
      iii. Avoiding spinal cord injuries by not jumping or diving to the water head first
   e. Practice safe firecracker use, through, but not limited to (RA No. 7183 "An Act Regulating the Sale, Manufacture, Distribution and Use of Firecrackers and Other Pyrotechnic Devices" and its revised 2012 Implementing Rules and Regulations (IRR), Executive Order No. 28 series of 2017 "Providing

for the Regulation and Control of the Use of Firecrackers and Other Pyrotechnic Devices"):

i. Use of allowed firecrackers only within the designated firecracker areas
ii. Supervised firecracker use

6. Practice responsible sexual behavior to include abstinence and proper contraceptive use especially among sexually active adolescents and adolescent parents with guidance from a healthcare provider. This is to prevent unplanned or repeated pregnancy and sexually transmitted infections. Other recommended responsible sexual behavior practices include, but are not limited to the following (RA No. 10354 "The Responsible Parenthood and Reproductive Health Act of 2012"; WHO, 2017a):
   a. Asserting adolescent's rights [e.g. knowledge of the prohibition child marriage (Republic Act No. 11596 "An Act Prohibiting the Practice of Child Marriage and Imposing Penalties for Violations Thereof")], nurturing healthy sexual development and sexuality, and reporting any form of online and offline gender-based violence (GBV) and any form of sexual exploitation to appropriate authorities through proper channels such as by approaching agencies or contacting hotlines in Table 2;
   b. Asserting the importance of consent and body autonomy and setting physical and mental boundaries that needs to be respected at all times;
   c. Practicing Digital Citizenship Education (DCE) to develop one's confidence and positive engagement in digital technology towards achieving and understanding digital literacy in order to ensure personal online safety, cybersafety, digital responsibility and digital health and well - being (Öztürk, 2021; WHO, 2018a);
   d. Practicing safer sex including the use of condoms and water-based lubricants during sexual intercourse, avoiding having multiple sexual partners, and avoiding other activities considered to be unhealthy sexual behavior; and
   e. Consulting the nearest health center for any unusual pattern observed in the menstrual cycle, eg. delayed monthly period, irregular menstruation, etc.

7. Avoid harmful use of alcohol, tobacco smoking, vaping and exposure to secondhand smoke, as well as other abusable and illicit substances. Strongly discourage one's self from participating in events that are meant to promote tobacco and alcohol use.

B. Household Practices

1. All households are strongly encouraged to nurture a safe, respectful and supportive home environment through the following (Presidential Decree No. 603 "The Child and Youth Welfare Code"):
   a. Spend time with family and household members to talk about each other's interests and experiences.
   b. Use appropriate words and offer praise to show family members they care.

c. Parents or caregivers shall exhibit model behavior they wish to see in their children, through but not limited to, not provided, given, compelled, or forced to consume and try to drink alcoholic beverages, or avoiding violence (American Academy of Pediatrics [AAP], 2019), and make everyone feel special.
d. Ensure open communication lines where members including the adolescents feel safe to express their opinions and emotions;
e. Encourage adolescents to develop, determine, and express their gender identity, and to provide emotional support in a non-discriminatory, gender-affirming, developmentally appropriate, safe, and inclusive household and environment (AAP, 2018; Cuisia-Cruz, 2018).
f. Show pregnant members affection, encourage them to seek professional care, take breaks and naps, and serve healthy foods. In addition, offer help in caring for the newborn and encourage and support them to breastfeed during the postnatal period (WHO, n.d.-a).

2. All households are strongly encouraged to practice positive parenting interventions characterized by the following, among others (DOH Department Order [DO] 2014-0169 "Implementing the Child Protection Policy in the Department of Health"; WHO, 2017b):
   a. Reinforce Digital Citizenship Education (DCE) by developing, following, and routinely revisiting the Family Media Use Plan to limit and monitor social media use (Guram & Heinz, 2018);
   b. Use "positive" approaches when educating adolescents about acceptable and unacceptable behavior e.g. communicate calmly with the adolescent in case of conflict and not to resort to corporal or physical punishment, spend quality "one-on-one time" with the adolescent to strengthen relationship and understand their feelings;
   c. Spend time together with the adolescent to talk about their interests, experiences and plans, and make mutual decisions;
   d. Encourage household members to engage in sports and wellness activities (Lian et al., 2021) and,
   e. Seek advice from experts (psychologists or psychiatrists, pediatricians, adolescent medicine specialists, family physicians, family life counselors) on parenting skills that are appropriate for managing challenging behaviors or behavioral disorders in adolescents.

3. All households are strongly encouraged to observe sanitary and hygienic practices, such as the following:
   a. Proper hand washing;
   b. Use of sanitary toilets and abandonment of open defecation practices;
   c. Proper waste handling and disposal practices, in compliance with Republic Act No. 9003 "Ecological Solid Waste Management Act of 2000", Republic Act No. 6969 "Toxic Substances and Hazardous and Nuclear Wastes Control Act of 1990", and LGU ordinances, such as:

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

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

4. All households are strongly encouraged to prepare well-planned family meals guided by the *Pinggang Pinoy* and the dietary requirements set by the FNRI and the NNC. This shall also include:
   a. Proper food preparation,
   b. Proper storage, and
   c. Proper cooking (United States Department of Agriculture - Food Safety and Inspection Service, 2021, 2022).

5. All households are encouraged to practice responsible pet ownership by:
   a. Promoting animal welfare:
      i. Protect and promote the welfare of pets and animals and avoidance of their abuse, maltreatment, cruelty and exploitation (Republic Act No. 8485 "Animal Welfare Act of 1998," as amended, and its revised IRR),
      ii. Provide their pets and animals with food and water that is adequate, clean, appropriate and sufficient, and shelter or living conditions that are safe and comfortable (RA No. 8485, as amended, and its revised IRR),
   b. Regularly vaccinate pets against rabies and maintain the registration card containing all vaccination-related information conducted for accurate record purposes (RA No. 9482 "Anti-Rabies Act of 2007"),

c. Keeping pets properly housed [(e.g. "animal keeping" in a cage or leash as necessary) (RA No. 9482)],
d. Regularly grooming pets, and washing hands with soap and water after handling pets their surroundings (The National Association of State Public Health Veterinarians Animal Contact Compendium Committee, 2017).
e. Seeking veterinary care when sick,
f. Immediately notifying within twenty-four (24) hours to concerned officials for investigation or appropriate action for any pet biting incident and for the pet to be placed under the observation of a government or private veterinarian (RA No. 9482).

6. All households are to maintain household sanitation through regular cleaning and pest control, including rodent and vermin control.

7. All households shall avoid or minimize indoor and outdoor pollution, secondhand smoke, and vape emissions through cessation of smoking and vaping, avoidance of burning garbage and dried leaves, cessation of biomass fuel use, and avoidance of exposure to exhaust from vehicles (RA No. 8749 "Philippine Clean Air Act of 1999"; GINA, 2022; WHO, 2017b).

8. All households are strongly encouraged to manage drugs, chemicals, and other household products in the following manner (RA 9711 "Food and Drug Administration [FDA] Act of 2009" and its IRR):
   a. Store household chemicals and drugs in a safe and secured location away from fire or heat and areas that cannot be reached by children and pets;
   b. Use appropriate PPE (e.g. gloves) when handling or using chemicals;
   c. Practice personal hygiene at all times such as washing of hands after handling or using chemical products;
   d. Properly label potentially dangerous products (e.g. kerosene, pesticides), usage of the original container of the chemical:
      i. Avoid transferring dangerous products to another container.
      ii. Keep dangerous products (e.g. kerosene, pesticides) out of reach of children.
      iii. Keep flammable products well-insulated and out of reach of children.
      iv. Follow the manufacturer's instructions regarding the use, handling, storage, and disposal of household chemicals.
   e. Ensure that only FDA-notified cosmetic and FDA-approved toys and child care articles (TCCA) products are found/used in the household;
   f. Ensure that household/urban hazardous products (HUH), including dishwashing soaps, laundry detergents, cleaners and disinfectants, and household and urban products (HUP) such as insect repellent, insecticides, insecticide-treated nets, used in the household are registered with FDA;
   g. Always read the labels in the products. Follow directions for use including re-entry periods for pesticide applications;
   h. Ensure that products classified as HUH and HUP are stored away from places where children and adolescents may have access and where cross-contamination with foodstuff may occur;

i. Ensure that precautions as well as instructions for use (e.g do not reuse containers of HUHS and HUPs for food and drinking water storage) , handling, storage (e.g HUHs and HUPs are kept in their original containers with the original product labels) and disposal printed on the label are strictly followed to ensure proper handling of the products;
j. Ensure that adverse events resulting from intentional or unintentional exposure to cosmetic, TCCA, HUH or HUP products are reported to the Marketing Authorization Holder and/or FDA and the exposed individual is brought to a healthcare provider for timely and appropriate management; and

9. All households are encouraged to observe the following protection measures against infectious diseases, whenever applicable, especially in endemic areas (WHO, 2017b):
   a. Application of skin-insect repellent (with N,N-diethyl-3-methylbenzamide as active ingredient also known as DEET);
   b. Installation of insecticide-treated screens or curtains for doors and windows;
   c. Use of impermeable rubber boots;
   d. Use of protective covering such as light-colored clothes, long sleeves, and long pants if staying outdoors at night; and
   e. Elimination of open water reservoirs in the home environment.

C. Household Investments

1. All households are strongly encouraged to adhere to the following infrastructure and environmental standards (WHO, 2017b):
   a. Adequate outdoor and indoor lighting,
   b. Adequate home ventilation by having windows, exhaust fans, air conditioning system with filters (if possible) installed,
   c. Private space (e.g. individual bedroom for adolescent boys and girls) considering the growing need of adolescents for privacy, if circumstances allow. Likewise a study area that comply with the basic requirements for online or distance learning;
   d. Sanitary hand washing and toileting facilities;
   e. Safe drinking water source;
   f. Labeled and segregated waste storage bins and disposal area; and
   g. All households are encouraged to ensure the availability of safe and secure storage areas or containers for sharps, household drugs, chemicals, and products (e.g. acids, gas, petroleum, etc) to prevent accidents and injuries.

2. All households are to provide each member appropriate slippers and shoes, and other protective equipment for the prevention of infectious diseases.

D. Community Activities

1. All adolescents are encouraged to participate in community and school programs, health promotion and disease prevention activities, such as but not limited to the following (WHO, 2017b):

a. Family and Youth Development Sessions and similar platforms that may be available in communities;
b. Life skills development activities; and
c. Peer support groups, community parenting support sessions, and consciously support others.

2. All adolescents are encouraged to participate in health campaigns on various themes relevant to the adolescent sector. This may include such themes but is not limited to the following (WHO, 2017a, 2017b):
   a. Mental health campaigns;
   b. Non-communicable and lifestyle-related campaigns;
   c. Disease prevention campaigns:
      i. Mass Drug Administration and deworming campaigns in endemic areas;
      ii. Immunization campaigns;
      iii. Leprosy awareness and prevention and
      iv. Tuberculosis awareness campaign using house-to-house platform
   d. Reproductive health-related themes to reinforce the learnings provided by the Comprehensive Sexuality Education (CSE) in schools. Such campaigns may include but is not limited to the following:
      i. Sexual Orientation and Gender Identify and Expression (SOGIE); and
      ii. Undetectable equals untransmittable (U=U) campaigns.

3. All adolescents are encouraged to participate in activities related to first aid and disaster preparedness, such as but not limited to:
   a. Basic life support training sessions for different medical emergencies, including psychological first aid for behavioral and psychiatric emergencies.
   b. Basic disaster risk reduction management, such as Water, Sanitation and Hygiene (WASH) drills as part of disaster and emergency preparedness.
   c. Environmental Health and Sanitation
      i. Proper community solid waste management and excreta disposal and
      ii. Community clean-up drives for vermin and vector control and integrated vector management such as but not limited to the Enhanced 4S (Search and destroy" mosquito-breeding sites, employ "Self-protection measures" (i.e. wearing long pants and long sleeved shirts, and daily use of mosquito repellent), "Seek early consultation", and "Support fogging/spraying" only in hotspot areas) Strategy Campaign against *Aedes*-borne disease

E. Immunizations

1. All adolescents, together with their parents or caregivers, are encouraged to consult and participate in shared decision-making with their primary care providers in order to avail of the following vaccines appropriate to their age group, as shown in Table 1 (Cuisia-Cruz et al., 2018).

2. Adolescents, together with their parents or caregivers, are encouraged to consult and avail of the recommended vaccines which are not part of school-based immunization from their primary care providers.

3. Parents or caregivers of adolescents are encouraged to maintain the latter's immunization records updated.

Table 1. List of Vaccines Recommended for Adolescents

Population Group or Condition	Recommended Vaccine/s
All Grade 7 students (12-13 y/o) [1]	Measles-Rubella and Tetanus-diphtheria (MR-Td)
Adolescents who have not completed the primary series	Measles Mumps Rubella
All pregnant adolescents who did not previously receive tetanus-containing vaccines or with unknown Td immunization status	Td vaccine following the recommended intervals and schedule
All female adolescents ages 9-14 years old (Grade 4 students) [2]	Human Papillomavirus (HPV) vaccine
Male and female adolescents aged 18 - 19 years old [3]	
All adolescents aged 18 - 19 18 - 19 years old [4]	Pneumococcal Conjugate Vaccine (PCV) 13
All adolescents, including pregnant adolescents	Inactivated Influenza Vaccine
All adolescents and pregnant adolescents living with HIV	• Inactivated influenza vaccine • Pneumococcal vaccine (both types) • Hepatitis B Vaccine
All adolescents, including pregnant adolescents	COVID-19 vaccines [2,5]

[1] Given at school-based programs
[2] Given at school-based programs or healthcare facility
[3] While recommended for females, adolescent males may be offered the HPV vaccine (Philippine Guidelines on Periodic Health Examination [PHEX], 2022)
[4] Adolescents may be offered the PCV13 vaccine in private healthcare settings
[5] COVID-19 vaccination during pregnancy should be done during the second or third trimester. Women in their first trimester of pregnancy may be vaccinated upon presentation of a medical clearance. COVID-19 vaccines are given at COVID-19 vaccination sites or health facilities (DOH AO 2022-0005: Omnibus Guidelines on the Implementation of the National Deployment and Vaccination Plan for COVID-19 Vaccines)

F. Self-Monitoring and Self-Testing

1. All adolescents are encouraged to do self monitoring of symptoms and perform self-testing at home as appropriate for certain conditions. Likewise, with assistance from parents or guardians, consult a health professional for confirmation, advice and appropriate medical management. Such conditions may include the following among others:

a. Changes in the following vital signs, especially among the pregnant adolescents (DOH AO 2016-0035 "Guidelines on the Provision of Quality Antenatal Care in All Birthing Centers and Health Facilities Providing Maternity Care Services"; WHO, 2016a):
    i. Anthropometric measurements (height, weight, BMI),
    ii. Body temperature,
    iii. Blood pressure,
    iv. Physical and emotional changes,
    v. Danger signs as discussed during their antenatal care check-ups,
    vi. Glucose as advised (if diagnosed to have juvenile diabetes or gestational diabetes), and
    vii. Weight gain based on maternal pre-pregnancy Body Mass Index (BMI)
b. Adolescents who are sexually active and are experiencing signs and symptoms of early pregnancy may perform pregnancy testing using FDA-approved urine home pregnancy kits and are encouraged to consult a healthcare professional for confirmation and appropriate medical advice. Signs of possible pregnancy include (DOH, 2014; WHO, 2018a):
    i. Late, missed, or absent menstrual period;
    ii. Breast tenderness;
    iii. Nausea or vomiting;
    iv. Sudden or excessive weight change;
    v. Fatigue;
    vi. Mood changes;
    vii. Changes in eating habits; and
    viii. Frequent urination.

2. Adolescents, including those who are pregnant, and belonging to key populations may use FDA approved HIV self-testing kits in accordance with RA No. 11166 "Philippine HIV and AIDS Policy Act".

3. Adolescents, with guidance from their parents or guardians or adult family members, are encouraged to do self-administered COVID-19 antigen testing within seven days from the onset of the following symptoms (DOH Department Memorandum [DM] 2022-0033 - Guidelines on the Use of Self-Administered Antigen Testing for COVID-19):
    a. Fever
    b. Cough
    c. Tiredness
    d. Loss of taste or smell
    e. Difficulty of breathing or shortness of breath
    f. Loss of speech or mobility, or confusion
    g. Chest pain
    h. Sore throat
    i. Headache
    j. Diarrhea
    k. Rash or skin discoloration of fingers or toes

l. Red or irritated eyes (WHO, n.d.-a)

G. Health-seeking Behavior

1. All adolescents, together with their parents and caregivers, are encouraged to be knowledgeable about and develop appropriate health-seeking behavior, such as the following:
   a. Annual primary care or pediatrician visits (Cuisia-Cruz, 2018; AAP and Bright Futures, 2021)
   b. Regular dental visits for oral prophylaxis and oral examination every six months or as advised by the dentist (preferably three to four months based on caries risk assessment - high risk classification) (DOH AO 2007-0007; American Diabetes Association [ADA] Professional Practice Committee, 2022a; AAPD, 2021).

2. All adolescents shall be assisted to develop appropriate help-seeking behavior from health and local government authorities when signs of "not feeling well" as a result of illness, exposure to infectious diseases or negative life events becomes apparent.
   a. Signs and symptoms of poor health, such as the following manifest:
      i. Fever,
      ii. Headache,
      iii. Pallor,
      iv. Early signs of dehydration,
      v. Skin bruises,
      vi. Blurring of vision,
      vii. Sore throat,
      viii. Cough and colds,
      ix. Ear pain,
      x. Toothache,
      xi. Chest pain,
      xii. Difficulty of breathing,
      xiii. Abdominal pain,
      xiv. Fatigue,
      xv. Marked unintended weight loss or gain,
      xvi. Dizziness or lightheadedness, and
      xvii. Cold hands and feet
   b. Exposure to infectious diseases such as leptospirosis, leprosy, tuberculosis and HIV with no apparent signs and symptoms.

3. Adolescents who encounter or witness interpersonal violence or abuse:
   a. Immediately call 911 for help.
   b. In the event of sexual abuse or rape, inform and seek guidance from parents, guardian, an adult family member or any trusted adult (e.g. barangay official) and report the incident immediately to the Local Social Welfare and Development Office, the Local Health Facility Women and Children Protection Unit and the Philippine National Police (PNP) Women and Children Protection Desk for appropriate action (RA No. 8505: "Rape

Victim Assistance and Protection Act of 1998. Implementing Rules and Regulations").

4. Adolescents who are observed to manifest signs of postpartum depression should be assisted by their respective families or communities in seeking mental health and psychosocial support in adolescent-friendly health facilities and comply with referrals made by primary care doctors to mental health professionals or institutions.

5. All adolescents are encouraged to seek access to HIV and STI services if the following signs and symptoms are observed:
   a. Vaginal/penile/anal discharge characterized by:
      i. Greenish (pus-like) appearance; and
      ii. Presence of foul odor.
   b. Persistent pruritus of the genitalia;
   c. Burning sensation during urination;
   d. Painful intercourse (dyspareunia);
   e. Post-coital bleeding; and
   f. Genital sores which can be painful or not painful.
   g. Seek HIV RNA viral load testing for possible acute HIV if flu-like symptoms are felt within one (1) to four (4) weeks after a risky sexual or injection encounter (WHO, 2021c). Such symptoms may include but are not limited to the following:
      i. Fever;
      ii. Fatigue;
      iii. Rashes;
      iv. Headache;
      v. Diarrhea; and
      vi. Joint and muscle pain

6. All adolescents, with their parents or caregivers, are to seek professional counselling services at the following offices, especially if the STI is the result of sexual abuse :
   a. Local Social Welfare and Development Office for shelter concerns and assistance in reporting to the local authorities; or
   b. Local health facility-based Women and Children Protection Unit for physical and mental health advice on the need for assessment and appropriate medical and psychosocial management.

7. All adolescents with an HIV-reactive test result shall be assisted by their parents or caregivers, or any competent authority, to seek the appropriate management at HIV treatment facilities (RA No. 11166).

8. Parents or caregivers of adolescents are to observe for signs of behavior change such as the following manifest as a result of negative life events e.g family conflict, violence including GBV committed against the adolescent or a family member, loss of parents or loved ones, natural and human-made disasters that

seriously affected family life, physical and cyber bullying, sexual and gender boundary violations etc.:

a. Aggressive, disruptive and hostile behavior;
b. Depression and anxiety as maybe demonstrated by irritability, restlessness, sleep problems and expression of suicidal thoughts, among others; and
c. Menstruation irregularities or abnormalities among adolescent girls e.g. heavy bleeding, period comes more than once a month, bleeding lasts longer than seven days, or blood clots in large clumps.

9. Adolescent pregnancy is considered high risk, thus, all adolescents who are pregnant and about to give birth are encouraged to adhere to the following, among others:
    a. Notify the *Barangay* Health Worker (BHW) assigned in the neighborhood about the pregnancy for the purpose of pregnancy tracking (DOH AO 2016-0035) and comply with the advice to consult the nearest health center for antenatal care. Antenatal care entails the following (WHO, 2017a):
        i. Health professional advice on:
            (1) Benefits of complying with the minimum of eight antenatal check-ups (WHO, 2017c)
                a) first contact at 12 weeks age of gestation (AOG)
                b) second and third contact at 20 and 26 weeks AOG, respectively
                c) subsequent third trimester contacts at 30, 34,36,38, and 40 weeks AOG
                d) return for delivery if still have not given birth at 41 weeks AOG
            (2) Giving birth in a hospital especially for women considered as high risk
            (3) Compliance to good antenatal hygiene (WHO, 2017c, 2019a):
            (4) Benefits of maintaining good maternal nutrition and compliance to multiple micronutrient supplementation,
            (5) Rest and sleep as well as appropriate pregnancy exercises,
            (6) Self-monitoring of blood pressure,
            (7) Self-monitoring of normal fetal movements (Australian Department of Health, 2020), and
            (8) Benefits of avoiding consumption of alcohol and other substances with potential to lead to abuse such as heroin, cocaine, marijuana, and tobacco products among others. Likewise, the benefits of avoiding second-hand smoke, and
            (9) Healthy timing and spacing of pregnancy that may include among others:
                e) Reproductive plans to include:
                f) Desired family size,
                g) Ideal birth spacing,
                h) Timing; and

i) Suitable postpartum family planning methods including long acting reversible contraceptives (LARC)

ii. Health professional-supervised birth planning guided by the Mother-Baby Book or similar tool. The birth plan includes among other things, the following:
   (1) Schedule and frequency of antenatal check-ups,
   (2) Things to prepare for both the mother and the newborn,
   (3) Preferred health provider and hospital for delivery,
   (4) Cost of delivery and advice on PhilHealth membership if not yet a member, and
   (5) Transport arrangement.

iii. Assessment of health and nutritional status, gestational weight gain and identification and management of nutritionally-at-risk or malnourished pregnant adolescents as well as those found to have signs and symptoms of pregnancy complications (WHO, 2019a).

iv. Undergo various screening tests as required including screening for syphilis, HIV (human immunodeficiency virus), hepatitis B, hepatitis C (if with history of drug injection) and other mother-to-child transmitted infections. These tests contribute to the elimination of mother-to-child transmission (EMTCT) of syphilis, hepatitis and HIV (WHO, 2019a).

b. Seek assistance from a skilled health professional for any unusual symptom noticed particularly those that are considered danger signs such as but not limited to the following:
   i. Vaginal bleeding (minimal to moderate bleeding during pregnancy or moderate to profuse bleeding after pregnancy),
   ii. Unusual vaginal discharge,
   iii. Poor or decreased fetal movement,
   iv. Convulsions or fits,
   v. Severe headache with blurred vision,
   vi. Fever and body weakness (too weak to get out of bed),
   vii. Severe abdominal pain,
   viii. Fast or difficulty breathing,
   ix. Swelling of fingers, face and legs, and
   x. Frequent mild to intense contractions.

c. Present the Birth Plan to the health service provider on each antenatal check-up to keep it updated for childbirth preparedness (WHO, 2017c).

d. Seek the preferred attending health provider advice to prepare self for labor and delivery (essential intrapartum care) and discuss personal preferences such as but not limited to the following:
   i. Timing for hospital admission,
   ii. Transport arrangement to the preferred hospital including cost,
   iii. Birth companion of choice,
   iv. Comfortable birth position of choice as may be allowed,

v. Preferred pain relief measures,
vi. Early labor exercise or mobility restrictions:
    (1) May take an upright position, and
    (2) Move or take a pleasant walk around the health facility during the early stage and when labor is assessed to be low risk,
vii. Early labor oral intake restrictions: May eat food and drink fluid as advised when labor is assessed to be low risk,
viii. Preferred techniques from among the options available to reduce perineal trauma and facilitate spontaneous birth including following and supporting self urge to push during labor,
ix. Use of uterotonics for the prevention of postpartum hemorrhage (PPH) during the third stage of labor, and
x. *Unang Yakap* and rooming-in arrangements for the newborn.

10. All adolescents who are in their postpartum period together with their newborns are encouraged to adhere to the following advice, among others:
    a. Seek consult with a primary care provider on the: (WHO, 2013):
        i. Frequency of postnatal check-ups and newborn care recommended to be at least four check-ups scheduled as follows:
            (1) within 24 hours of birth or before discharge,
            (2) on day three,
            (3) between days 7-14, and
            (4) six weeks after birth.
        ii. Upon the advice of the attending physician and depending on the health condition of the adolescent mother and her newborn, the check-ups may be done at the hospital place of birth or in a hospital-coordinated primary care facility near their home.
    b. Return to the health center for the continuation of vaccination of their babies.
    c. Seek professional advice on accessing their desired family planning contraceptive of choice at the nearest health facility to delay the next pregnancy.

11. Adolescents are encouraged to access the hotlines shown in Table 3, depending on their concerns.

Table 2. List of Hotlines

Hotline	Contact Numbers
National Emergency Hotline (including medical emergencies)	911
Crisis Control Hotlines/ Psychosocial Helplines	National Center for Mental Health (NCMH): Nationwide landline toll-free: 1553 Mobile no.: 09178998727 (0917 899 USAP) (USAP) OR 09663514518 OR 09086392672 *Regions/ CHDs have their own psychosocial helplines

Suicide Helplines	Hopeline Toll-free for Globe/TM: 2919 Telephone no.: (02) 804-4673 Mobile no.: 09175584673 In Touch Community Services: Telephone no.: 8937603 Mobile no.: 09178001123 OR 09228938944 Tawag Paglaum—Centro Bisaya Mobile no.: 0939937-5433 OR 09276541629
Quitline (for smokers)	1558
Substance Abuse Helpline	1550
Poison Control Centers	Baguio General Hospital and Medical Center Poison Control Unit: (074) 6617910 loc 396 East Avenue Medical Center Toxicology Referral and Training Center: (02) 89211212; (02) 8928-0611 loc 707; 09232711183 Rizal Medical Center Poison Control Unit, Pasig City: (02) 88658400 loc 113; 09661783773 Jose B. Lingad Memorial General Hospital Poison Control Unit, Pampanga: (045) 9632279; 09338746600 Batangas Medical Center Poison Control Center: 09218832633; (043) 7408307 loc 1104 Bicol Medical Center Poison Control Unit: 09165354692; 09480161575 Corazon Locsin Montelibano Memorial Regional Hospital Biomarine and Toxicology Unit, Bacolod: 09178694510 Western Visayas Sanitarium Poison Control Unit, Iloilo: 09194980443 Vicente Sotto Memorial Medical Center Poison Control Center, Cebu: 09228496542 Eastern Visayas Regional Medical Center Poison Control Center, Leyte: (053) 8320308 Zamboanga City Medical Center Poison Control Center: (062) 9912934, (062) 9920052 Northern Mindanao Medical Center Poison Control Center, Cagayan de Oro City: (088) 7226263, 09058855645 Southern Philippines Medical Center Poison Control and Treatment Institute, Davao City: 09992250208; (082) 2272731 loc 5065

	UP National Poison Management and Control Center: (02) 8-524-1078 (Hotline); 0966-718-9904 (Globe); 0922-896-1541 (Sun)
Violence Against Women and Children (VAWC)/ Gender-based Violence (GBC)	PNP Hotline: 177 Aleng Pulis Hotline: 0919 777 7377; 0966-725-5961 PNP Women and Children Protection Center 24/7 AVAWCD Office: (02) 8532-6690
Additional Government Hotlines are available at this link: https://www.gov.ph/hotlines.html Local emergency hotlines are also available.	

H. Supportive Therapy or Symptom Relief

1. All adolescents shall be assisted by their primary care providers, parents or caregivers on the responsible use of over-the-counter (OTC) medications. They shall be made aware that the following conditions may be treated initially using OTC medications provided that self-medicating does not cause a delay in seeking medical help, overdosage, prolonged unnecessary use, adverse reactions, drug interactions, polypharmacy, and drug abuse (Lee et al., 2017). The following are helpful measures, among others:
    a. Relief of pain or fever through:
        i. Intake of age and dose-appropriate paracetamol,
        ii. Tepid sponge bath, and
        iii. Cold compress within the first 24 hours for contusion/bruises, followed by warm compress.
    b. Self-administered interventions as preferred by the adolescent to address common physiological symptoms of pregnancy and promote a positive experience (WHO, 2019):
        i. Ginger and chamomile-based teas, vitamin B6 and/or acupuncture or acupressure for the relief of nausea in early pregnancy,
        ii. Diet and lifestyle modification as well as medically prescribed antacid preparations to prevent and relieve heartburn in pregnancy,
        iii. Regular exercise throughout pregnancy as recommended to prevent low back, and pelvic pain, and
        iv. Non-pharmacological options, such as the use of compression stockings, leg elevation and water immersion, for the management of varicose veins and edema.
    c. Nonpharmacologic interventions for adolescents experiencing pain or emotional stress from acute or chronic illnesses:
        i. Relaxation techniques, and
        ii. Deep breathing exercises to ease pain and help cope with stress.

2. Adolescents who are in home isolation due to COVID-19, under the supervision of parents or caretakers, may take medications for symptom relief or supportive therapy (DOH DM 2022-0033 “Guidelines on the Use of Self-Administered Antigen Testing for COVID-19”).

I. First Aid and Basic Emergency Care

1. All households are encouraged to have at least one adolescent member trained on Basic First Aid and/or Basic Life Support courses. Once trained, the adolescent shall be able to initiate appropriate steps when confronted by an emergency situation .
    a. Prepare and learn to use a first aid kit, which can include the following (American Red Cross [ARC], 2016)
        i. First aid manual,
        ii. Plasters, sterile gauze dressings, sterile eye dressings, cotton balls and cotton-tipped swabs, bandages, safety pins, disposable sterile gloves, tweezers, scissors, antiseptic solution, antiseptic cleansing wipes, antiseptic cream, sticky tape, thermometer (preferably digital), painkillers such as paracetamol (or infant paracetamol for children), aspirin (not to be given to children under 16), or ibuprofen, antihistamine cream or tablets, distilled water for cleaning wounds, eyewash, and eye bath, and
        iii. Personal or maintenance medications;
    b. All adolescents should always check for safety of the scene before and call for help and activate emergency services upon witnessing any emergency and before extending help to others, to facilitate the transport of victims to the nearest healthcare facility.

2. All adolescents, with supervision from their parents or guardians, are encouraged to learn in managing common ailments such as (ARC, 2016):
    a. Minor closed wounds (e.g. contusion/bruise):
        i. Apply a cold compress or cold pack to the area for at least 10-20 minutes
        ii. Elevate the injured area to a tolerable level to prevent swelling
    b. Minor open wounds (e.g. abrasion, superficial laceration) (Merchant et al, 2020):
        i. Apply direct pressure while wearing gloves or using properly disinfected hands with soap or alcohol
        ii. Rinse with running water then wash with soap and water once the bleeding stops
        iii. Apply antibiotic ointment, cream, or gel, as prescribed by a primary care provider
        iv. Cover with a sterile gauze pad or an adhesive bandage
        v. Consult at the nearest health facility if the wound is deep, extensive, persistently bleeding, or at high risk of infection (e.g. puncture wound from a nail)
    c. Minor, superficial or first degree burns burns:
        i. Stop the burning by removing the person from the source or removing the source from the person
        ii. Cool the burned area with cool or cold water (but not direct ice or ice water application) for at least 10 minutes;
        iii. Avoid removing the cover of the blister to protect the burnt skin;
        iv. Cover with loose sterile dressing

v. Apply silver sulfadiazine, as prescribed by a primary care provider, for non-infected burns, if without allergy to sulfonamides and if the medications are available
vi. Consult at the nearest health facility if the burn is deep, extensive, involves critical areas (hands, feet, groin, head, face, circumferential burns), a dirty wound is sustained, there are signs of infection (e.g. fever, purulent discharge) or there is associated difficulty of breathing.

d. Muscle, bone, or joint injuries:
   i. Rest: Limit the use of the injured part
   ii. Immobilize: Apply a splint or elastic bandage to limit motion;
   iii. Apply cold compress to the area for at least 10-20 mins every 6-8 hours in the first 24 hours after injury
   iv. Elevate injured body part to a tolerable level to reduce swelling
   v. Consult at the nearest health facility if any of the following are present: difficulty of breathing, an open fracture, deformity, abnormal movement or inability to move, coldness or numbness, involvement of the head, neck or spine, or the injury is suspected to be significant due to its cause (e.g. fall, vehicular accident).
e. Dental injuries:
   i. Rinse avulsed permanent tooth gently in milk, saline, or saliva and care not to touch root surface with fingers, if unable to replant the tooth, place in physiologic storage medium like milk, saliva or saline and seek immediate dental treatment (Levin, et al., 2020)
   ii. Seek immediate medical attention on uncontrolled or profuse bleeding of the extraction site.

3. All adolescents are encouraged to learn to recognize and respond properly to the following conditions or emergencies for immediate referral
   a. Primary Complaints, such as
      i. Severe allergic reaction,
      ii. Intense or dangerously high fever reading of 40^{o} C,
      iii. Continuous or progressive fever;
      iv. Nausea and vomiting;
      v. Chest and abdominal pain;
      vi. Syncope, vertigo, and dizziness;
      vii. Seizure attacks; and
      viii. Persistent difficulty of breathing.
   b. Gastrointestinal and Endocrine-related Emergencies, such as:
      i. Acute diarrhea;
      ii. Severe nausea and vomiting;
      iii. Severe abdominal pain or abdominal tenderness;
      iv. Hypoglycemia which is characterized by cold and clammy skin, blurring of vision, unusual sweating and/or shaking;.
      v. Hyperglycemia which is characterized by increased thirst and/or hunger, blurring of vision, headache and frequent urination; and
      vi. Blood in stools.

c. Toxicologic Emergencies, such as:
    i. Animal Bites and Stings;
    ii. Drugs and medications overdose or wrong drug intake;
    iii. Ingestion of nonfood substance; and
    iv. Exposure to toxic chemicals by inhalation, ingestion, skin absorption and the like.
d. Trauma-related Emergencies, such as:
    i. Head, neck, back and spine injuries;
    ii. Chest and abdominal injuries;
    iii. Fractures and dislocations;
    iv. Burns;
    v. Wounds; and
    vi. Severe loss of blood.
e. Environmental-related Emergencies, such as:
    i. Lightning and electrical injuries;
    ii. Drowning;
    iii. Abnormally low body temperature (Hypothermia);
    iv. Abnormally high body temperature (Hyperthermia);
    v. Altitude illness; and
    vi. Exposure to toxic chemicals.
f. Behavioral and Psychiatric Emergencies, such as (Kleespies, 2015):
    i. Signs of suicidal thoughts;
    ii. Suicide attempts;
    iii. Infliction of harm or acts of violence to others;
    iv. Aggressive behavior;
    v. Eating disorders;
    vi. Anxiety disorders or panic attacks;
    vii. Post traumatic symptoms; and
    viii. Eating disorders (Redgrave et al., 2011).
g. Adolescent Abuse, such as:
    i. History or disclosure of inappropriate sexual contact within 72 hours;
    ii. Acute vaginal or rectal bleeding;
    iii. Inability to provide a safe environment;
    iv. Moderate to severe physical abuse; and
    v. Social emergencies such as a runaway adolescent, hunger, homelessness. etc.

II. Screening of Asymptomatic Individuals

Purpose: This section aims to provide guidance to primary care providers about screening services for adolescents and women of reproductive age who are well or asymptomatic.

1. Primary care providers shall perform the following risk assessment and universal screening and history-taking protocol to adolescents, including those who are pregnant. These universal screening methodologies are integrated into the routine health care protocol and shall be administered at the initial visit following the principles of privacy (visual and auditory) and confidentiality.

2. Primary care providers shall assess the need to conduct a focused history taking and physical examination without the presence of their parents or caregivers, and with the consent of the adolescent, on a case to case basis.

3. As a principle in patient care, parents or guardians of adolescents shall be involved in discussing the treatment plan and follow-up care, as appropriate. Additional tests or targeted screening shall be done if the identified risk factors put the adolescent at higher risk for developing a specific disease. This shall be followed up on regular intervals at the Rural Health Units, Urban Health Centers, Birthing Centers, Social Hygiene Clinics and other similar health facilities near their homes, depending on the individual risk level evaluation

A. Risk Factor Assessment

1. Primary care providers shall perform comprehensive history taking, including the history of present illness, past medical history, family history, personal, social and occupational history, in order to identify risk factors such as the following:
    a. Risk factors identified from family history (Bickley & Szilagyi, 2020): Family history pertains to the history of diseases or illnesses in the individual's first-degree relatives which may include, but is not limited to the following:
        i. Hypertension, coronary artery disease, stroke, diabetes,
        ii. Tuberculosis,
        iii. Asthma or other lung diseases,
        iv. Allergies,
        v. Thyroid disease,
        vi. Renal disease,
        vii. Arthritis,
        viii. Cancer,
        ix. Seizure disorder,
        x. Mental illness, suicide, and
        xi. Alcohol or drug addiction
    b. Risk factor identified from personal and social history using various assessment tools, which may include, but is not limited to the following:
        i. Psychosocial risks identified using the comprehensive Home, Education/employment, Eating habits, Activities, Drugs, Sexuality, Safety and Suicide/Depression (HEEADSSS) structured interview

(DM 2021-0341 - System Integration of Pharmaceutical Management Information System (PMIS) and Integrated Tuberculosis Inventory System (ITIS). HEEADSSS is a self-administered questionnaire that can be used to identify a risk factor, understand adolescent behavior, assess their risk-taking behaviors and provide appropriate interventions to help address the following:

(1) Risk factors related to home, school, work and other activities that may have an impact on the adolescent mental and physical health,
(2) Possible exposure to traumatic life events such as sexual abuse, violence including intimate partner violence, GBV, maltreatment, neglect, teenage pregnancy, and bullying that affect ones' mental health and well-being,
(3) Risky sexual behaviors, and/or drug-injecting practices and consequent referral for screening (with adolescent consent as necessary) for HIV, HPV, hepatitis B, hepatitis C, syphilis, and other sexually transmitted infections, and
(4) Cigarette smoking, alcohol use, or substance abuse which requires adolescents to be screened once a year (Hagan, 2017; PHEX Task Force, 2022).
(5) Oral and dental conditions from the Dental Caries Risk Assessment.
(6) Presence of any form of malnutrition using the Nutritional and Dietary Intake Assessment

B. Physical Examination

1. Primary care providers shall perform a complete screening physical examination in well or asymptomatic adolescents. Table 3 summarizes the normal physical examination findings in adults.

2. Primary care providers shall perform additional physical examination maneuvers, if the screening history and physical examination prompt clinical suspicion of various differentials.

Table 3. Physical Examination Values and Findings in Adolescents (Bickley & Szilagyi, 2020)

Category	Component	Method/Device	Normal Values/ Findings
General Survey	Posture, gait, behavior, level of consciousness	Observation throughout the patient visit	Proper posture, walks independently, appropriate affect, conscious, coherent, not in distress
Vital Signs	Blood pressure	Auscultatory device using aneroid sphygmomanometer with an appropriately-sized cuff	For < 13 years old: SBP or DBP < 90th percentile for age, gender, and height: For ≥ 13 years old: < 120 / < 80mm Hg (Cuisia-Cruz et al., 2018) For Pregnant: Less than 120/80 mm Hg (American College of Obstetricians and Gynecologists, 2022)
	Respiratory Rate	Inspection or Auscultation	8 to <12 years: 16-22 breaths/minute 12 to <15 years: 15 to 21 breaths/minute 15 to 18 years: 13 to 19 breaths/minute (Fleming et al., 2011)
	Heart Rate	Auscultation	8 to <12 years:67 to 103 beats/minute 12 to <15 years: 62 to 96 beats/minute 15 to 18 years: 58 to 92 beats/minute
	Temperature	Non-mercury thermometer (e.g. digital axillary thermometer, tympanic thermometer, infrared thermometer)	Approximately 35.3 to 37.7°C (Speaker et al., 2021)
Anthropometrics	Height	Beam Type Adult Weighing Scale (Physician's Platform Scale)	Plot against "Weight-for-age" percentiles (Fryar et al., 2021)
	Weight		
	For Pregnant: Gestational Weight Gain (GWG) (ACOG, 2020)		28 to 40 lb (12.7 to 18.1 kg) in the pre pregnancy underweight category 25 to 35 lb (11.3 to 15.9 kg) for the normal prepregnancy weight category 15 to 25 lb (6.8 to 11.3 kg) for the prepregnancy overweight category 11 to 20 lb (5 to 9 kg) for the prepregnancy obese category
	Waist Circumference	Non-extensible/non-stretchable tape measure	See CDC waist circumference tables for individuals ages 2–19 years (Fryar et al., 2021)

Category	Component	Method/Device	Normal Values/ Findings
	Body Mass Index (BMI)	Calculation: $\frac{\text{weight (kg)}}{\text{height (m}^2\text{)}} = \text{kg/m}^2$	Plot against WHO "BMI-for-age" to obtain Z scores (WHO, n.d.-c): Normal: between +1 and -2 Underweight: between -1 and -2 Overweight: between +1 and +2 Obesity: above +2 For pregnancy, use pre-pregnancy BMI (U.S. Preventive Services Task Force [USPSTF], 2021)
Skin	Skin, including mucous membranes, hair, and nails	Inspection, Palpation Determine presence of primary and/or secondary lesions (location, distribution, pattern, type, and color)	● No rashes, lumps, sores, itching, dryness, nor color change
Head	Head, face, and neck (anterior and posterior triangles, thyroid)	Inspection, Palpation	● Normocephalic, no deformities nor tenderness, no signs of hair loss ● Supple neck,trachea is at the midline. ● Thyroid size estimate is 12-20g (Kasper et al., 2014). Cervical lymph nodes are typically <1 cm in size
	Eyes a. External examination b. Refraction (visual acuity screening)	a. Inspection b. Visual Acuity Charts (e.g Sloan, HOTV for literate LEA symbols for illiterate), shall be done every 1-2 years (Wallace et al., 2019)	● No erythema, lid swelling, matting of lashes, lid masses, asymmetry, proptosis, and abnormal pulsations (Geme et al., 2016) ● Visual acuity: Expected to read at least 20/30 (Cuisia-Cruz et al., 2018)
	Ears a. Outer and inner ear examination b. Hearing impairment screening at least once for adolescents 13-17 years old[4]	a. Inspection of the outer ear and use of Otoscope for examining the inner ear b. Weber (lateralization) and Rinne tests using tuning fork	● Tympanic membrane is translucent, silvery-gray, non bulging, not retracted. No preauricular pits, skin tags, discharge or inflammation, bulging tympanic membrane ● No lateralization (Weber). Air conduction that is louder than bone conduction (Rinne)

Category	Component	Method/Device	Normal Values/ Findings
	Nose, paranasal sinuses	Inspect using nasal speculum with light source	● Symmetrical without deformities ● Nasal septum at midline ● Pink nasal mucosa
	Mouth and Throat (lips/ oral mucosa, gums, teeth, tongue, palate, uvula, tonsils, oropharyngeal mucosa, dentition)	Inspect with tongue depressor and source of light	Normal findings: ● Lips are light reddish and moist ● Oral mucosa ● Gums, palatine tonsils are pinkish ● Tongue, uvula is midline
Chest/Lungs	Respiration, chest expansion, vocal fremitus, resonance, breath sounds	Inspection, Palpation, Percussion, Auscultation	● Symmetric chest expansion ● Normal fremitus and resonance ● Normal breath sounds
Heart and Vascular system	Precordium, apex beat, heart rate, rhythm, thrills, heart sounds, pulses	Inspection, Palpation, Auscultation	● Adynamic, apical impulse at the midclavicular line (displaced during pregnancy) ● Normal rate, regular rhythm ● Normal heart sounds, ● Full and equal pulses on all extremities
Breast		Inspect (include SMR for female adolescents) Palpation	● Normal breast development, no masses for females and no gynecomastia for males (The Johns Hopkins Hospital, et al., 2014)
Abdomen	Size, shape, bowel sounds, liver span, costovertebral angle (CVA)	Inspection, Auscultation, Percussion, Palpation,	● Flat, normoactive bowel sounds, ● Tympanitic at all quadrants, normal liver span, soft on palpation, non palpable spleen ● No visible pulsations, ecchymosis, veins tenderness, masses, costovertebral angle (CVA) tenderness
Female Genitalia	External Genitalia, Sexual Maturity Rating (SMR) (DOH, 2016; The Johns Hopkins Hospital, et al., 2014)	Visual Inspection of the External Genitalia including SMR	For SMR refer to Female Tanner Staging Mons Pubis and Pubic Hair ● Clear with normal hair distribution ● No nits or lice Vulva (Labia majora and minora) ● Symmetrical

Category	Component	Method/Device	Normal Values/ Findings
			● Smooth to somewhat wrinkled, unbroken, slightly pigmented skin surface ● No ecchymosis, excoriation, nodules, swelling, rash, or lesions ● No swelling, pain, induration or purulent discharge upon palpation ● Multiparous women: majora are separated and minora more prominent ● Clitoris approximately 2 cm in length and 0.5 cm in diameter ● No lesions Urethral Meatus ● Slitlike in appearance ● Midline ● No discharge, swelling or redness ● Approximately the size of a pea ● Nontender and no urethral discharge upon palpation Vaginal Introitus ● Pink and moist ● Patent ● No bulging ● Nulliparous with intact hymen ● Multiparous with remaining hymen ● Normal Vaginal Discharge – white and free of foul odor (some white clumps may be seen—mass clamps of epithelial cells) ● Vaginal muscle tone in nulliparous woman: tight and strong ● Vaginal muscle tone in a parrous woman: it is diminished Perineum ● Smooth ● Slightly darkened Well-healed episiotomy scar is normal after vaginal delivery ● Upon Palpation ● Smooth and firm ● Homogenous in nulliparous ● Thinner in parous woman ● Well-healed episiotomy scar may be seen in parous woman
Male Genitalia		Visual Inspection of the External Genitalia including SMR (DOH,	For SMR refer to male Tanner Staging

Category	Component	Method/Device	Normal Values/ Findings
		2016)	General Pubic Region ● Hair Distribution: diamond shape (triangular form), abundant in the pubic region, sparsely distributed on the scrotum and inner thigh and absent on penis, more coarse than scalp hair, no nits or lice Penis ● cylindrical in shape ● skin is free from lesions and inflammation ● shaft skin appears loose and wrinkled without erection ● pink to light brown in whites and light brown to dark brown ● surface vascularity may be apparent ● dorsal vein is sometimes visible Glans penis ● smooth, pink, bulbous ● varies in size and shape ● may appear round or broad ● without lesions, swelling, and inflammation Foreskin or Prepuce ● retracts easily to expose glans and returns to the original position with ease ● no discharge Uncircumcised ● prepuce fold wrinkled, loosely attached to the underlying glans ● darker in color than glans ● should retract easily ● smegma (white, cottage-cheese-like substance) may be seen over the glans) Circumcised ● No rash, lesion, blister, ulcer, abnormal discharge, nits, lice ● No ecchymosis, excoriation, nodules, swelling, rash For SMR refer to male Tanner Staging (The Johns Hopkins Hospital et al., 2014)
Back and Spine	Idiopathic Scoliosis	● Inspection (while	No asymmetry or deformity

Category	Component	Method/Device	Normal Values/ Findings
(USPSTF, n.d.-a)	Screening	standing upright) ● Adams Forward bending test (Geme et al., 2016)	
Extremities	Extremities, Range of Motion (ROM), Trapezius strength (The Johns Hopkins Hospital et al., 2014),	● Inspection, Palpation ● Motor and sensory examination if indicate	● Symmetric trunk and extremities. ● No clubbing, cyanosis, deformities, pain/signs of inflammation ● Able to do all ROMs ● Able to do resisted shoulder shrug (The Johns Hopkins Hospital et al., 2014) ● Motor: Normal muscle bulk, tone, and strength; normal cerebellar function; Sensory: Normal pain, temperature, light touch, vibrations, and discrimination (Bickley & Szilagyi, 2020)
[4] DOH AO 2020-0040 “Guidelines on the Classification of Individual-based and Population-based Primary Care Service Packages”			

C. Screening Tests

1. Primary care providers shall perform the additional screening tests using questionnaires or screening tools (Table 4) appropriate to the adolescent's condition and the clinical suspicion of the physician.

2. Primary care providers shall perform the following targeted screening tests appropriate to the patient's condition or risk factors, as shown in Table 5.

Table 4. Recommended Screening Tools for Adolescents

Condition to be Screened	Screening Tool/Questionnaire	
	All Adolescent	**Pregnant**
Smoking	1. Tobacco Cessation Algorithm 2. Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) tools[1]	
Alcohol Consumption	1. Single Alcohol Screening Questionnaire (SASQ) 2. Alcohol Use Disorder Identification Test (AUDIT and AUDIT-C) for unhealthy alcohol use among adolescents 18 years old and above 3. ASSIST tools	
Drug Use	1. Car, Relax, Alone, Forget, Friend, Trouble (CRAFFT) 2. ASSIST tools	
Intimate Partner Violence	1. Domestic Violence Safety Assessment Tool (DVSAT)[2] 2. Extended–Hurt, Insulted, Threaten, Scream (E-HITS)	
Mental health status, social behaviour, and learning and development	1. mhGAP Intervention Guide (mhGAP-IG) for Mental, Neurological, Substance Use (MSN Disorders) (WHO, 2016b) 2. Adolescent Health Development Program Manual of Procedures (DOH, 2017)	
Depressive Disorder	1. Patient Health Questionnaire (PHQ-9 modified for Teens); 2. Depression screening (WHO, 2017c)	Edinburgh Postnatal Depression Scale (EPDS) or PHQ-9 periodically during pregnancy and postpartum (U.S. Department of Veterans Affairs, 2016)[3]
	Hospital Depression and Anxiety Scale - Pilipino (HADS-P) (de Guzman, 2014)	
Suicide	Columbia-Suicide Severity Rating Scale (C-SSRS)	

[1] DOH AO 2019-0021 "Guidelines in the Implementation of Healthcare Treatment Services for Community-based Drug Rehabilitation Program" for unhealthy alcohol use, cigarette smoking and other substance use.
[2] Used by the Philippine General Hospital Women's Desk
[3] Appropriately translated

Table 5. Targeted Screening Tests Recommended for Adolescents

Patient Population	Screen for	Screening Method	Normal Result	Abnormal findings that should prompt confirmation and management
Adolescents with the following risk factors: extensive menstrual or other blood loss, low iron intake, previous history of IDA (AAP & Bright Futures, 2021)	Iron Deficiency Anemia (IDA)	Complete Blood Count (CBC) with Red Blood Cell Indices (The Johns Hopkins Hospital et al., 2014)	Within normal limits	Hypochromic/ microcytic anemia (The Johns Hopkins Hospital et al., 2014) 2–16 years: ● Hemoglobin (Hb) 115–150 g/L ● Mean Corpuscular Volume (MCV) 77–85 fl >16 years (Female) ● Hb 120–160 g/L ● MCV 78-95 fl >16 years (Male): ● Hb 130–170 g/L ● MCV 78-95 fl (Mattiello et al., 2020)
Adolescents after the onset of puberty or >10 years of age, whichever occurs earlier, with overweight (BMI >85th percentile) or obesity (BMI >95th percentile) and who have one or more additional risk factors for diabetes (ADA Professional Practice Committee, 2022)	Diabetes	FBS OR 75-gram OGTT	● FBS <100 mg/dL (<5.6 mmol/L) OR ● 2-hour plasma glucose <140 mg/dL (<7.8 mmol/L) in a 75-gram OGTT	Diabetes: ● FBS ≥ 126 mg/dL (≥7 mmol/L) OR ● 2-hour plasma glucose ≥ 200 mg/dL (≥11.1 mmol/L) on 75-gram OGTT Prediabetes: ● FBS 100-125 mg/dL (5.6 - 6.9 mmol/L) OR ● 2-hour plasma glucose 140-199 mg/dL (7.8-11 mmol/L) on 75-gram OGTT

Patient Population	Screen for	Screening Method	Normal Result	Abnormal findings that should prompt confirmation and management
For 12-16 years old with the following risk factors: ● Family history of cardiovascular disease, or sudden death ● Parent with known dyslipidemia. ● Has diabetes, hypertension, or BMI ≥85th percentile or smokes cigarettes ● Has a moderate- or high-risk medical condition.	Dyslipidemia (AAP & Bright Futures, 2021)	Average of two (2) Fasting Lipid Profile (FLP) - after 2 weeks but within 3 months)	Within normal limits	● Total cholesterol ≥ 200 mg/dL ● LDL cholesterol ≥130 mg/dL
Pregnant adolescents	Gestational Diabetes Mellitus (International Association of Diabetes and Pregnancy Study Groups Consensus Panel et al., 2010; ADA, 2022)	Two-hour 75 gram oral glucose tolerance test	FPG < 92 mg/dL (5.1 mmol/L)	If ≥1 plasma glucose value is at or above these thresholds: ● FPG = 92 mg/dL (5.1 mmol/L) ● 1 hour = 180 mg/dL (10 mmol/L) ● 2 hour = 153 mg/dL (8.5 mmol/mol)
Pregnant women and adolescents, belonging to key populations and vulnerable communities	Syphilis	Rapid Plasma Reagin (RPR)	Negative	Reactive

Patient Population	Screen for	Screening Method	Normal Result	Abnormal findings that should prompt confirmation and management
Pregnant women and adolescents belonging to key populations and vulnerable communities Include those with post-penetrative sexual assault within 72 hours.	HIV STI Viral Hepatitis	Rapid diagnostic test (HIV, Hep B and C) Syndromic or Etiologic (STI)	Negative	Reactive
Adolescents ≥ 15 years old consulting health care facilities, or with TB risk factors, or belonging to vulnerable populations	Tuberculosis (TB)	1) Signs and Symptom/s suggestive of TB 2) Chest X-ray - if one has not been conducted in the past year (may prioritize those with TB risk factors) 3) Xpert MTB Rif Test - if identified presumptive PTB based on the symptomatic screening/CXR	Negative	Identify as presumptive TB if with: 1) Any of the following signs/symptoms for at least two weeks: a. cough b. unexplained fever c. unexplained weight loss d. night sweats. 2) Chest Xray findings suggestive of PTB 3) Xpert MTB/RIF result: Mycobacterium tuberculosis (MTB) detected, +/- rifampicin resistance detected.
Adolescent < 15 years old consulting health care facilities, or with TB risk factors, or belonging to vulnerable populations		1) Signs and Symptom/s suggestive of TB. 2) Close contact of a known TB case. 3) Chest X-ray (Not routinely	Negative	Identify as presumptive TB if with: 1) At least one of the ff: a. coughing/wheezing of two weeks or more, especially if unexplained b. unexplained fever of two weeks or more after common causes c. unexplained weight loss or failure to thrive not responding

Patient Population	Screen for	Screening Method	Normal Result	Abnormal findings that should prompt confirmation and management
		recommended for children, except for TB household contacts)		to nutrition therapy 2) With close contact and with presence of fatigue, reduced playfulness, decreased activity, not eating well or anorexia that lasted for two weeks or more 3) Chest X-ray findings are suggestive of PTB

III. Diagnosis of Symptomatic Individuals

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

A. Diagnostic Tests

1. Primary care providers shall request diagnostic tests appropriate to the adolescent's presentation and clinical impression, including pregnant adolescents, such as but not limited to those shown in Table 6.

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

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

Table 6. Diagnostic Tests for Various Conditions Presenting at Primary Care

Conditions	Minimum at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional Tests at Higher Lever
Non-communicable Diseases				
Headache (NICE, 2021b)	Detailed History and examination (including complete neurologic examination) (Headache Classification Committee of the International Headache Society, 2018)	Clinical diagnosis		Further evaluation and/or neuroimaging if intracranial pathology or secondary cause is suspected
Poor vision, Vision loss	Detailed History Basic eye examination	Depends on etiology		Detailed ophthalmologic examination by an ophthalmologist
Hearing difficulty	Detailed history and examination (tuning fork, otoscope)	Depends on etiology		Formal audiology if indicated
Acne vulgaris (NICE, 2021a)	Detailed History and examination	Clinical diagnosis		Laboratory tests and pregnancy test in females if treatment with Vitamin A derivatives (e.g. tretinoin) is being considered
Asthma (Global Initiative for Asthma, 2022)	Spirometry; if spirometry is not available, peak expiratory flow rate (PEFR) using a peak flow meter GINA Symptom Control Tool	Spirometry	● GINA Symptom Control Tool ● Bronchial provocation test or step-down controller treatment to be done after delivery (if patient is pregnant)	Arterial Blood Gas Analysis, if indicated
Oral Health Conditions	Oral Examination Dental history	Panoramic and intraoral radiographs	Hot and cold water test for pulp vitality; percussion test using mouth mirror handle,	TMJ (temporomandibular joint) series, Cone beam computed tomography (CBCT) scan

Conditions	Minimum at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional Tests at Higher Lever
			palpation	
Tobacco Use (Philippine College of Chest Physicians - Council on Tobacco or Health and Air Pollution, 2021)	Detailed History and examination May use: Fagerström Nicotine Tolerance Questionnaire	Clinical diagnosis		Other tests as deemed necessary to detect complications of tobacco use
Risky Alcohol Use (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2005) and Alcohol Use Disorder (American Psychiatric Association [APA], 2013)	Detailed History and examination (DSM-5)	Detailed psychiatric evaluation; DSM-5		Other tests as deemed necessary to detect complications of alcohol use
Substance Use Disorder (APA, 2013)	Detailed History and examination (DSM-5) Drug Dependency Examination (DDE)	Detailed psychiatric evaluation; DSM-5		Toxicology test, if indicated
Mental Health Condition	Directed Assessment at Primary Care (WHO, 2016b) May use the following scale to evaluate symptoms: General Anxiety Disorder seven-item (GAD-7) scale (Mossman, et al., 2017 and Garabiles et al., 2020) and Depression and Anxiety Stress Scale (DASS) to assess co-occurring	Detailed psychiatric evaluation; DSM-5		Detailed psychiatric evaluation; DSM-5

Conditions	Minimum at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional Tests at Higher Lever
	depression and GAD symptoms (Szabo et al., 2022)			
Hypertension in Adolescents	Detailed History and examination Office BP Measurement using a validated oscillometric BP device with an appropriately sized upper arm cuff	Ambulatory BP monitoring (ABPM)	Urinalysis, Electrolytes, Blood urea nitrogen (BUN), Creatinine, Lipid profile Include HbA1c if obese/ BMI > 95th percentile (Flynn et al., 2017)	Renal ultrasonography (if with abnormal urinalysis or renal function) Additional labs may be requested depending on initial diagnostic results
Gestational Hypertension or Preeclampsia in Pregnant Women	Office BP Measurement using a a manual sphygmomanometer with appropriately-sized upper arm cuff, according to the Standard BP Measurement Protocol (Ona, et al., 2021) An oscillometric BP measurement device may be used if it is validated for pregnancy.	ABPM	12-lead Electrocardiogram (ECG); FBS; lipid profile; serum creatinine, eGFR, sodium, potassium; dipstick urine test or urinary albumin/ creatinine ratio (Ona et al., 2021) Fundoscopy to check for hypertensive retinopathy Home BP monitoring (HBPM) if possible	ABPM Other tests if preeclampsia and/or Hypertension-Mediated Organ Damage (HMOD) is suspected: Renal Ultrasound (US), Echocardiography, Brain Imaging, Ankle Brachial Index (ABI), Carotid Imaging, Retinal Exam (Williams, et al., 2018) For pregnant adolescents with gestational hypertension or preeclampsia without severe features: ● Ultrasonography to determine fetal growth every 3–4 weeks of gestation ● Amniotic fluid volume assessment at least once weekly
Iron-deficiency Anemia (Mattiello et al., 2020)	Detailed History and examination Hemoglobin Hematocrit CBC with RBC indices	Bone marrow examination (if indicated)	Peripheral blood smear, RDW (red cell distribution width) Reticulocyte count Ferritin	Additional test if indicated: Serum iron concentration, Total iron binding capacity, transferrin saturation

Conditions	Minimum at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional Tests at Higher Lever
Obesity	Weight Height BMI Waist circumference	Weight Height BMI Waist circumference	Additional diagnostics to be requested based on suspected or known comorbidities	Additional tests to work-up causes of obesity if not responding to recommended lifestyle modifications
Diabetes Mellitus	Fasting plasma glucose OR Plasma glucose 2 hours after a 75g oral glucose load (OGTT) Random plasma glucose in a patient with unequivocal hyperglycemia Comprehensive foot examination [including loss of protective sensation (LOPS) (pressure, vibration, 10 g monofilament]	Fasting blood glucose OR 2-hour plasma glucose level during an oral glucose tolerance test OR HbA1C level OR Random plasma glucose level PLUS symptoms of polyuria, polydipsia, or unintentional weight loss.	Lipid profile, Serum Creatinine, Estimated Glomerular Filtration Rate (eGFR), Potassium Dipstick Urine test or urinary albumin/creatinine ratio Use of glucose meters identifying hypoglycemia and hyperglycemia (Tonyushkina & Nichols, 2009) A1C test at least two times a year to check for glycemic control Dilated-pupil retinal exam by an ophthalmologist to check for diabetic retinopathy	For DM Type 1, assess for additional autoimmune conditions Retinopathy screening by an ophthalmologist
Gestational Diabetes Mellitus (GDM)	2-hour 75-g oral glucose tolerance test (OGTT) at 24 to 28 weeks	2-hour 75-g oral glucose tolerance test (OGTT) at 24 to 28 weeks	Use of glucose meters identifying hypoglycemia and hyperglycemia (Tonyushkina & Nichols, 2009)	Lipid profile, Serum Creatinine, estimated Glomerular Filtration Rate (eGFR), potassium, Dipstick Urine test or urinary albumin/creatinine ratio, ECG (ADA Professional Practice Committee, 2022)
Primary Dysmenorrhea	Detailed History and examination	Clinical diagnosis	Targeted laboratory test if secondary dysmenorrhea is	

Conditions	Minimum at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional Tests at Higher Lever
			suspected	
Food Poisoning	Triage for referral	Depends on etiology	May request for laboratory parameters indicative of dehydration	Urine test Stool Examination Toxicology test
Chemical Poisoning: - drugs, caustics, pesticides, corrosives	Triage for referral	Depends on etiology	N/A	Urine test Blood test Toxicology test
Mechanical Low Back Pain (Cruikshank & Ramanan, 2014)	Detailed history and examination including red flags.	Depends on possible diagnosis	Possible Investigations for red flags: CBC, Urea, Electrolytes, Liver function test, ESR, C reactive protein, Imaging (X-ray, MRI, CT)	Blood cultures if febrile Imaging (Xray, MRI, CT)
Communicable Diseases				
Pneumonia	Detailed history and examination	Culture or serologic tests (depends on suspected etiology)	Consider a chest X-ray, especially if febrile	Culture, serologic testing, other laboratory and imaging tests as necessary
Tuberculosis	Molecular rapid diagnostic test (mRDT) with Drug Susceptibility Test (DST) as primary test; Secondary options: Smear microscopy or loop-mediated isothermal amplification (TB-LAMP)	TB culture	CXR (if RDT, smear microscopy or LAMP are negative or not available)	Drug susceptibility testing (DST) (if with initial resistance in RDT): Line probe assay or Extensively Drug-Resistant TB RDT (XDR-TB RDT), and TB culture/phenotypic DST
Candidiasis, Bacterial Vaginosis, Trichomoniasis	Wet mount, Gram stain	Culture		

Conditions	Minimum at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional Tests at Higher Lever
Chlamydial and Gonococcal infections	Nucleic acid amplification testing (NAAT)	NAAT		
Syphilis	Rapid plasma reagin (RPR)[1] and Treponema Pallidum Hemagglutination Assay (TPHA)	Treponema Pallidum Hemagglutination Assay (TPHA)	Rapid syphilis test using immunochromatography (ICT) RPR-quantitative, when RPR-qualitative test is Reactive	Confirmatory treponema test (TPHA or TPPA) is recommended whenever the RPR-qualitative is reactive
Hepatitis B	Hep B Rapid diagnostic test (RDT)	Serum HBV DNA assays	Liver function tests (AST, ALT), Platelet count to determine AST to Platelet Ratio Index (APRI) Score	Serologic markers, serum HBV, DNA assays
HIV	HIV RDT	HIV antibody test; Nucleic acid amplification tests (PCR)	Rapid HIV diagnostic algorithm (rHIVda), CD4, Viral load testing	rHIVda, CD4, Viral load testing
Leprosy	Slit Skin Smear (SSS), complete blood count and chest x-ray	Slit Skin Smear, Skin biopsy	AST, ALT and renal function tests, and sputum smear microscopy	Glucose-6-phosphate dehydrogenase deficiency (G6PD) deficiency screening prior to treatment and pathological examination of skin biopsies. Electrocardiogram and lipid profile
Malaria (WHO, 2022c)	Malaria microscopy or malaria RDT	Malaria microscopy	CBC with platelet count	Additional tests depending on the presence of severe disease (e.g. Liver function tests, kidney function tests, etc.)

Conditions	Minimum at Primary Care	Gold Standard	Additional Tests at Primary Care Level	Additional Tests at Higher Lever
Dengue	Dengue NS1 Rapid Diagnostic Test; Dengue IgM/ IgG Rapid Diagnostic Test; Total White Blood Cell (WBC) count, Platelet, Hematocrit	NAATs; RT-PCR	N/A	NAATs; RT-PCR
Leptospirosis	Detailed history and examination	Culture and isolation	N/A	Culture and isolation, RT-PCR, microagglutination Test (MAT), specific IgM RDT, nonspecific RDT
Meningococcemia	Detailed history and examination	Culture of blood and CSF	N/A	Gram stain and culture of blood and CSF, CSF qualitative and quantitative analysis and quantitative analysis, RT-PCR of CSF
Filariasis	Blood smear microscopy [Nocturnal Blood Exam (NBE)]; Filaria Test Strip - RDT (FTS-RDT)	NBE; RT-PCR	N/A	RT-PCR
Soil-Transmitted Helminthiasis	Fecalysis/Stool Microscopy	Kato Katz Technique	N/A	Kato Katz Technique
Schistosomiasis	Fecalysis/Stool Microscopy	Kato Katz Technique	Ultrasound; Kato Katz Technique	Hepatobiliary Ultrasound; Histopathology-Biopsy; Kato Katz Technique
MERS-CoV	Clinical diagnosis	RT-PCR	N/A	RT-PCR
Infectious Diarrhea	Fecalysis; Cholera RDT	Stool Culture, PCR depending on etiology	N/A	Stool Culture, PCR depending on etiology

[1] Rapid syphilis test using Immunochromatography (ICT) can also be used instead of RPR as initial test for syphilis

IV. Management

Purpose: This section aims to provide guidance to primary care providers about the management of common diseases in adolescents and women of reproductive age.

A. Medications

1. Primary care physicians shall prescribe medications appropriate to the adolescent's presentation and the clinical impression. Common conditions encountered in primary care and the corresponding first-line and second-line medications are shown in Table 7.

2. All pregnant adolescents are considered high risk and should be referred to higher level facilities or specialists for further evaluation and management,

Table 7. Recommended Non-pharmacological and Pharmacological Management for Conditions in Primary Care

Condition	First line	Second line
Non-communicable Diseases		
Hordeolum (Lindsley et al., 2017)	Non-pharmacological Treatment: ● Symptomatic relief ● Warm compress ● Lid massage	
Blepharitis (Amescua et al., 2019)	Non-pharmacological Treatment: ● Warm compress, ● Lid massage, ● Proper hygiene	For those not responding to symptomatic measures: ● Topical ophthalmic antibiotic ointments (eg. erythromycin eye ointment)
Acne (NICE, 2021a)	Pharmacological Treatment Not for use during pregnancy and during breastfeeding: ● Topical adapalene with topical benzoyl peroxide ● Topical tretinoin with topical clindamycin ● Topical adapalene with topical benzoyl peroxide, with either oral lymecycline or oral doxycycline (moderate to severe) ● Topical azelaic acid with either oral lymecycline or oral doxycycline (moderate to severe) Can be used with caution during pregnancy and breastfeeding: ● Topical benzoyl peroxide with topical clindamycin (mild to moderate) Non-pharmacological Treatment: ● Use of gentle skin products, such as those that are alcohol-free (avoid use of astringents, toners and exfoliants)	● Topical benzoyl peroxide upon contraindications to first-line treatments ● Trimethoprim or with an oral macrolide upon intolerance or contraindication to oral lymecycline or oral ● Doxycycline (moderate to severe acne) for non-pregnant patients
Primary Dysmenorrhea	Nonsteroidal antiinflammatory drugs (NSAID)	Oral contraceptives (OCs)
Anxiety	Non-pharmacological Treatment: ● Refer to specialist for cognitive-behavioral therapy (CBT)	Pharmacological Treatment: ● Selective serotonin reuptake inhibitor (SSRI) - Sertraline, Fluoxetine, Escitalopram

Condition	First line	Second line
		Refer for combined CBT with SSRI
Major Depressive Disorder	Non-pharmacological Treatment: ● Provide psychoeducation, and supportive management	Pharmacological Treatment: ● Escitalopram, Fluoxetine, Sertraline Refer to specialists for combined pharmacotherapy and psychotherapy
Primary Headache (NICE, 2021b)	● Tension type: NSAID or paracetamol ● Migraine with or without aura: ○ Combination of sumatriptan and NSAID or sumatriptan and paracetamol ○ Sumatriptan or NSAID for pregnant adolescents	Migraine with or without aura: Non-oral metoclopramide or prochlorperazine on top of sumatriptan or non-oral NSAID
Focal Onset Seizure with or without Evolution to Bilateral Tonic, Clonic-Tonic-clonic Seizures	● Lamotrigine (Note: may worsen myoclonic seizures) ● Levetiracetam	● Oxcarbazepine (Screening for HLAB1502 required for first time users)
Generalized Onset Seizures	● Levetiracetam	● Lamotrigine
Unknown Onset Seizure	● Levetiracetam	● Lamotrigine (Note: may worsen myoclonic seizures)
Hypertension	Non-pharmacological Treatment: Lifestyle modification Pharmacological Treatment: ● ACE inhibitors (Enalapril, Captopril), ARBs (Losartan, Valsartan), or Calcium channel blockers (Amlodipine) (Ona et al., 2021) For pregnant: ● Methyldopa, Calcium channel blockers or Beta-blockers ● Low dose Aspirin (80mg/tab) at 16 weeks (prevention of preeclampsia) (American College of Obstetricians and Gynecologists [ACOG], 2018)	
Diabetes Mellitus	Pharmacological and Non Pharmacological Treatment: DM Type 1: Multiple daily injections or continuous subcutaneous insulin infusion	Non pregnant: Add third agent, Liraglutide (glucagon-like peptide 1 receptor agonist) if with treatment failure to initial management (ADA,

Condition	First line	Second line
	DM Type 2: ● Nutrition and lifestyle modification in addition to pharmacologic therapy ● Metformin monotherapy – if A1C <8.5 percent and no symptoms. ● Combination therapy with basal insulin and metformin – if A1C ≥8.5 percent and hyperglycemic symptoms and without ketoacidosis ● Insulin alone – if with ketosis or ketoacidosis (ADA Professional Practice Committee, 2022a) For pregnant: ● Appropriate diet (refer to registered dietitian for medical nutritional counseling when possible) ● Insulin (ADA Professional Practice Committee, 2022b)	2021): Pregnant: Selected oral antihyperglycemic agents (Metformin) (Rowan et al., 2008)
Asthma (GINA, 2022)	Non Pharmacological Management: ● Avoidance of asthma "triggers" eg, allergens, cigarette smoke exposure Pharmacologic Treatment: ● Inhaled Corticosteroids (ICS) containing formoterol	Pharmacologic Treatment: ● ICS with as-needed SABA [1] or long acting β-agonist, dependent on severity ● Step up doses of ICS-formoterol dependent on severity
Mechanical Low Back Pain (Cruikshank & Ramanan, 2014)	Non Pharmacological Treatment: Avoid mechanical triggers Pharmacological Treatment: Paracetamol or NSAIDs	Non Pharmacological Treatment: Physiotherapy (for further investigation if no improvement after six weeks)
Communicable Diseases		
Viral Conjunctivitis	Non-pharmacological Treatment: ● Prevent transmission ● Cold/warm compresses (Varu et al., 2019)	● Topical lubricant ● Topical antihistamines
Bacterial Conjunctivitis	Non-pharmacological Treatment: ● Prevent transmission ● Symptomatic relief	● If indicated, may give ● Empiric antibiotic (Sheikh et al., 2012)

Condition	First line	Second line
Community Acquired Pneumonia (Philippine Academy of Pediatric Pulmonologists [PAPP] & Pediatric Infectious Disease Society of the Philippines [PIDS], 2021)	● Amoxicillin trihydrate ● In settings with high-level penicillin-resistant pneumococci or beta-lactamase-producing H. influenzae: Amoxicillin- clavulanate, Cefuroxime	● Non-type 1 hypersensitivity to Penicillin: Cefuroxime OR Ceftriaxone ● Type 1 hypersensitivity to Penicillin (immediate, anaphylactic-type), any of the following is considered: Azithromycin OR Clarithromycin OR Clindamycin
Tuberculosis (DOH, 2020; Philippine Coalition Against Tuberculosis [PhilCAT], PSMID, & Philippine College of Chest Physicians [PCCP], 2022; WHO, 2022b)	For drug-susceptible TB: ● Regimen 1: 2HRZE/4HR ● Regimen 2: 2HRZE/10HR (for extrapulmonary TB of central nervous system, bones, joints) *4-PHZMx as an alternative to the 6-month regimen once available programmatically* Abbreviations: (H) Isoniazid 5mg/kg (4-6) (R) Rifampicin 10mg/kg (8-12) (Z) Pyrazinamide 25mg/kg (20-30) (E) Ethambutol 15mg/kg (15-20) (P) Rifapentine 1,200mg/day* (Mx) Moxifloxacin 10-15 mg/kg * For pregnant: Isoniazid and rifampicin can be used in pregnant or breastfeeding women. Rifapentine should be avoided due to lack of data on safety in pregnant or breastfeeding women.	For Drug-resistant TB: ● Regimen 3: Standard Short All-Oral Regimen (Lfx-Bdq-Cfz-Pto-E-Z-HdH) ● Regimen 4: Standard Long All-Oral Regimen for FQ-Susceptible (Lfx-Bdq-Lzd-Cfz) ● Regimen 5: Standard Long All-Oral Regimen for FQ-Resistant (Dlm-Cs-Bdq-Lzd-Cfz) ● Individualized Treatment Regimen *New regimens: 6-BPaL or 6-BPaLM once available programmatically* *Note: Certain anti-TB drugs should be avoided during pregnancy* Abbreviations: Lfx - Levofloxacin, Bdq- Bedaquiline, Cfz- Clofazimine, Pto- Prothionamide, E- Ethambutol, Z-Pyrazinamide, HdH- high dose Isoniazid, FQ- Fluoroquinolone, Lzd- Linezolid, Dlm- Delamanid, Cs- Cycloserine, BPaL - Bedaquiline, Pretomanid, Linezolid, BPaLM- Bedaquiline, Pretomanid, Linezolid, Moxifloxacin
Infectious Diarrhea	Oral hydration, oral rehydration salt (ORS)	
If suspected or confirmed Cholera:	Azithromycin	Ciprofloxacin OR Doxycycline
If suspected or confirmed Shigellosis:	Azithromycin	Ceftriaxone Ciprofloxacin
If suspected or	Ciprofloxacin	Ceftriaxone

Condition	First line	Second line
confirmed non-typhoidal Salmonella dysentery		
Acute bronchitis	• Antibiotics are usually not indicated. • Antitussive +/- inhaled bronchodilators may be given for symptom relief	
Influenza A and B	Oseltamivir	
HIV (CDC, 2021b)	Tenofovir (TDF) + Lamivudine (3TC) + Dolutegravir (DTG) Alternative: Tenofovir (TDF) + Lamivudine (3TC) + Efavirenz (EFV) Tenofovir (TDF) + Lamivufdine (3TC) + Rilpivirine (RPV)	From Nucleoside Reverse Transcriptase Inhibitor (NRTI): Tenofovir (TDF) or Abacavir (ABC) + Lamivudine (3TC) to Zidovudine (AZT) + Lamivudine (3TC) Zidovudine (AZT) + Lamivudine (3TC) to Tenofovir (TDF) or Abacavir (ABC) + Lamivudine (3TC) From 2 Nucleoside Reverse Transcriptase Inhibitor (NRTI) + Dolutegravir (DTG) to 2 NRTI + Lopinavir/ritonavir (LPV/r) From 2 Nucleoside Reverse Transcriptase Inhibitor (NRTI) + Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) or Protease Inhibitor (PI) to 2 NRTI + Dolutegravir (DTG) (using optimal formulations)
Urethritis *(diagnostic work-up has not yet been done and cause is not known)*	Pediatric *(18 years and below)* (>45kgs and >8years old): Ceftriaxone PLUS EITHER Azithromycin OR Doxycycline	If Ceftriaxone is not available, use Cefixime PLUS Azithromycin OR Cefotaxime Alternatives to Azithromycin or Doxycycline: Erythromycin base OR Erythromycin Ethylsuccinate OR Levofloxacin OR Ofloxacin
Nongonococcal Urethritis	Azithromycin OR Doxycycline	Erythromycin base OR Erythromycin Ethylsuccinate OR Levofloxacin OR Ofloxacin

Condition	First line	Second line
Uncomplicated Gonococcal infections of the cervix, urethra, and rectum;	Pediatric: *(18 years and above)* Ceftriaxone Adult: *(19 years and above)* Ceftriaxone PLUS Azithromycin	Pediatric: *(10-18 years)* Cefixime PLUS Azithromycin 10-12mg/kg/day Adult: Cefixime PLUS Azithromycin
Cervicitis caused by chlamydial infection	Azithromycin OR Doxycycline Pregnant Women: Azithromycin	Pediatric: (*8-18 years)* <45 kg: Azithromycin Adult: *(19 years and above)*: Erythromycin Base OR Erythromycin Ethylsuccinate OR Levofloxacin Pregnant Women: Amoxicillin OR Erythromycin Base OR Erythromycin base OR Erythromycin Ethylsuccinate
Bacterial vaginosis	Metronidazole (avoided in 1st trimester of pregnancy)	Clindamycin OR Metronidazole
Trichomoniasis	Metronidazole	
Candidiasis	Fluconazole	Clotrimazole OR Miconazole
Syphilis	Benzathine penicillin Pregnant Women: Benzathine penicillin	For patients allergic to Penicillin, the recommended second-line medication is: Doxycycline OR Tetracycline Pregnant Women allergic to Penicillin: Desensitization in an appropriate center is recommended. If the woman is allergic to penicillin and desensitization cannot be done, alternate treatment is: Erythromycin
Mild Leptospirosis	For Mild leptospirosis: Doxycycline OR Penicillin For severe leptospirosis: intravenous antibiotics (e.g. Ceftriaxone	For mild leptospirosis: Amoxicillin or Azithromycin
Malaria	For all species (*P. falciparum, P. vivax, P. malariae, P. ovale, P. knowlesi*), regardless if it is single species infection or a mixed type: Artemisinin-based combination therapy (ACT) (e.g. Artemether + Lumefantrine (AL) and Primaquine (PQ) (WHO, 2022c) Pregnant Women in their first trimester [3] with *P. falciparum* malaria: Quinine (QN) + Clindamycin	For *P. falciparum* and/or *P. malariae:* QN + Clindamycin + PQ For *P. vivax* and/or *P. ovale*: Chloroquine (CQ) + PQ [2]

Condition	First line	Second line
[1] Short-acting β-adrenergic agonist (SABA): terbutaline, albuterol, isoetharine, epinephrine, isoproterenol, or metaproterenol; LABA: formoterol, salmeterol [2] Second-line anti-malarials may be considered in the events such as: 1st line treatment failure, hypersensitivity to the 1st line, and if access to the 1st line drug is not possible. [3] Pregnant women in the second or third trimesters can be treated with ACT Note: Additional information on the medications listed in this table can be found in the Philippine National Formulary, 8th edition (DOH-PD, 2019)		

B. Chemoprophylaxis

1. Primary care providers shall offer chemoprophylaxis to exposed individuals or individuals-at-risk, as appropriate to the patient's exposures and risk factors. Infectious diseases for which chemoprophylaxis is proven effective are listed in Table 8.

Table 8. Chemoprophylaxis Agents

Indication	Chemoprophylaxis Agent
HIV Pre-Exposure Prophylaxis (PrEP) for key populations (Department Circular [DC] 2022-0044 "Oral PrEp (Emtricitabine 200mg FDC + Tenofovir Disoproxil Fumarate 300mg) in the Philippine National Formulary (PNF)")	Emtricitabine FDC + Tenofovir Disoproxil Fumarate Fixed-dose combination
Tuberculosis (for household contacts, close contacts, persons living with HIV, clinical high risk groups) (DOH, 2021; WHO, 2022b)	Any of the available TB Preventive Treatment (TPT) Regimens: ● Weekly H/P for 12 weeks, ● Daily H for 6 months, ● Daily H/P for 3 months, Daily ● R for 4 months
Rabies (Post exposure prophylaxis)	● Purified Vero Cell Rabies Vaccines Purified Chick Embryo Cell Rabies Vaccines ● Equine Rabies Immunoglobulin
Soil Transmitted Helminths (DOH AO 2006-0028 "Strategic and Operational Framework for Establishing Integrated Helminth Control Program (IHCP)")	Selective Deworming: either Albendazole OR Mebendazole ● Adolescent females (up to 12 years old) - once a year any time they consult the health facility (Cuisia-Cruz, 2018) ● Pregnant women - once a year during the 2nd trimester once they consult the the health facility

Leptospirosis	Doxycycline
Highly Pathogenic Avian Influenza A(H5N1) (DM 2022-0134 "Interim Technical Guidelines for the Implementation of Enhanced Human Avian Flu (H5N1) Surveillance, Management, and Infection Control"	● Oseltamivir ● Zanamivir
Leprosy (DOH AO 2021-0004 "Updated Guidelines on the Treatment and Prevention of Leprosy in the Philippines"*;* DOH, 2018a; Philippine Dermatological Society, 2021)	Single Dose Rifampicin (adults and children 2 years and above) after excluding leprosy and tuberculosis disease and in the absence of other contraindications
Meningococcemia	● Antibiotics: Rifampin OR Ceftriaxone OR Ciprofloxacin
2009 H1N1 (CDC, 2022b)	● Oseltamivir ● Zanamivir
Note: Additional information on the medications listed in this table can be found in the National Antibiotic Guidelines (DOH, 2018c) and Philippine National Formulary, 8th edition (DOH, 2019).	

C. Supportive Therapy

1. Primary Care Providers shall provide guidance to adolescents, their parents, or their guardians on the responsible use of over-the-counter (OTC) medications. They shall be made aware that the following conditions may be treated initially using OTC medications provided that self-medicating does not cause a delay in seeking medical help, overdosage, prolonged unnecessary use, adverse reactions, drug interactions, polypharmacy, and drug abuse (Lee et al., 2017).
2. The following drugs may be given for symptomatic relief:
    a. Mild-to-moderate pain and pyrexia: Paracetamol by mouth:
        i. 13 - 19 years, 0.5–1 g every 4–6 hours (maximum, 4 g daily);
        ii. 10-12 years, 250–500 mg. every 4–6 hours, if necessary (maximum, 4 doses in 24 hours)
    b. Fluid and electrolyte loss in acute diarrhea: Oral Rehydration Salts (ORS) by mouth:
        i. 200–400 mL solution after every loose motion.
        ii. If diarrhea lasts longer than 2 days, symptoms worsen, or abdominal swelling or bulging develops, discontinue use and consult a healthcare provider.
    c. Mild acne vulgaris: Benzoyl Peroxide 5% gel, 20 g tube by topical application.
        i. Initially, cover the entire affected area with a thin layer once daily
        ii. Gradually increase to 2–3 times daily if needed or as directed by a doctor.
        iii. Consult a dermatologist if no improvement is observed with the products applied and are resulting in skin darkening or scars.

D. Food and Micronutrient Supplementation in Adolescents, Pregnant, and Lactating Women

1. Primary care providers shall offer the appropriate supplementary food and micronutrient supplements, as indicated for the patient's conditions and risk factors.

Table 9. Recommended Supplementary Food and Micronutrient Supplements

Intervention	Recommended Use
Intermittent iron supplementation of 45mg elemental iron tablet or capsules (WHO, 2017a)[1]	● Indication: Adolescents 10 - 12 years old ● Given every three months, followed by three months of no supplementation
Micronutrient powder (MNP) sachets - two (sachets) mixed with meals (DOH DM 2019-0304 "Simplified Guidelines on the Distribution and Utilization of Various Micronutrient Supplements and Ready-to-Use Supplementary and Therapeutic Foods"*)*	● Indication: Daily supplementation of meals ● For newly-diagnosed adolescent and adult tuberculosis patients
Ready-to-use supplementary food (RUSF): One sachet once a day for a total of at least 90 days (DOH DM 2019-0304)	● Indication: Management of Nutritionally-at-Risk and Chronically Energy Deficient ● For pregnant, postpartum and/or lactating who are

	nutritionally at risk or chronically energy deficient ● The pregnant is considered to be nutritionally-at-risk if: a. BMI is<18 during the first trimester b. MUAC measurement is <23 cm
Ready-to-use therapeutic food (RUTF: Administer routine antibiotics and provide the appropriate number of sachets of RUTF per day enough for 1 week based on the child's weight (DOH DM 2019-0304)	● Indication: Management of Severe Acute Malnutrition ● For children (10-18 years) with Severe Acute Malnutrition: Weight-for-length/height Z-score falls less than 3 SD below the median (< -3 SD) of the WHO growth standards, or MUAC measurement is between <115mm (<11.5cm) or the "red" category, and presence of bilateral pitting edema.
Calcium carbonate (DOH AO 2016-0035)	● Indication: Prevention of preeclampsia ● Pregnant women starting at 24 weeks age of gestation
[1] Given in settings where the prevalence of anemia is 20% or higher (WHO, 2017a)	

E. Procedures (Dental, Medical and Surgical Procedures

1. Primary care providers shall offer dental, medical or surgical procedures appropriate to the patient's condition, including medical, mental, and maternal conditions, as well as those concerning sexual and reproductive health, such as those shown in Table 10.

Table 10. Primary Care Procedures

Indication	Primary Care Procedures
Mental Health Conditions	● Follow the appropriate management algorithm and treatment protocols of the mhGAP-IG. ● Activation of the local referral mechanism (WHO, 2016b)
Maltreatment	Provide Trauma-Informed Care Manage medical needs specially emergent/urgent medical concerns Follow Committee for the Special Protection of Children (CSPC) protocol, report to proper agencies ● Refer the patient to the nearest Child Protection Unit, once stable (Department of Justice - Committee for the Special Protection of Children, 2019)
Sexual Abuse	Post-penetrative sexual assault within 72 hours (WHO, 2017b): ● HIV testing and counselling should be provided at the initial consultation before offering PEP. ● HIV testing should be performed using rapid diagnostic tests. HIV post-exposure prophylaxis (PEP) treatment Other treatments and interventions, including referrals and reporting, which should be offered.
Tobacco Cessation	Behavioral interventions alone (in-person behavioral support and counseling, and self-help materials) is recommended. ● Brief Tobacco Intervention (5As) ● Behavioral/ Motivational Counselling ● Intentional Behavioral Counselling (Intensive) ● Provide Cessation Support and proper referral (DOH AO 2021-0031 “Guidelines on the Implementation of Unified and Standardized Tobacco Cessation Services at All Levels of Care”)
Risky Alcohol use and Alcohol Use Disorder	All adolescents should be offered brief counseling interventions in the form of anticipatory guidance for those with low scores on the CRAFFT or brief interventions for those whose score is 2 or higher. (USPSTF, 2022)
Dental caries	● Atraumatic Restorative Treatment (ART) using fluoride releasing restorative material ● Fluoride varnish application (for enamel caries) ● Silver Diamine Fluoride application (for dentin & root caries) ● Pits and Fissure Sealant application of molar teeth - 6,7,8; for 11-12 years old and above, prefer using Glass Ionomer (Fuji VII, Flowable type) (DOH AO 2007-0007)
Gingivitis	Oral Prophylaxis

Periodontitis	Deep scaling, root planing and debridement, referral to higher levels of care (if necessary)
Oral Urgent Treatment (OUT)	Relief of pain, removal of unsavable tooth, referral of complicated cases to higher levels of care
Non-bite Traumatic Wound	Wound Care Debridement and/or suturing, as needed
Dengue Food water borne Diseases	Supportive care-rehydration with oral or intravenous fluids
Various Vaccine-Preventable Conditions	Immunization
Known Rheumatic Heart Disease	Monthly intramuscular injections of Penicillin G prophylaxis
Tuberculosis (DOH, 2020; WHO, 2020)	● Treatment adherence counseling ● Follow-up bacteriologic testing (smear microscopy, TB culture and DST), as indicated ● Baseline and follow-up laboratory examinations, as indicated ● Management of Adverse Drug reactions

F. Maternal Health Services

1. Primary care providers shall offer appropriate and timely maternal services to all adolescents who are pregnant. Antenatal, intrapartum, and postnatal services that can be delivered at the primary care level are shown in Table 11.
2. All pregnant adolescents are considered high risk and must be referred to a specialist or to an appropriate hospital with specialized medical staff and facilities and provided with the following range of services:

Table 11. Maternal Services During the Antenatal, Intrapartum and Postnatal Periods

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

<table>
<tr><td></td><td>pregnancy (see Table 1)
● Calcium carbonate to prevent preeclampsia</td><td>(see Table 1)
● Calcium carbonate to prevent preeclampsia
● Intermittent treatment for malaria (IPTp) in endemic areas
● Deworming</td><td></td></tr>
<tr><td colspan="4">Intrapartum Care (Administrative Order 2021-0034)</td></tr>
<tr><td>General care</td><td>Active phase of the first stage of labor</td><td>Second stage of labor</td><td>Third stage of labor</td></tr>
<tr><td>● Monitor pregnant women presenting with spontaneous labor using the partograph.
● Maternal and fetal assessment shall be done by a medical doctor on admission and throughout labor
● Normal spontaneous vaginal deliveries shall be done by a medical doctor guided by the Essential Intrapartum and Newborn Care protocol for Primary Level at Non-Specialist Birthing Centers (AO 2021-0034) and Essential Newborn Care (AO 2009-0025).</td><td>● Routine assessment by digital vaginal examination at an interval of 4 hours.</td><td>● Reassess the patient within 1 hour when 2nd stage is reached.
● Fetal monitoring.</td><td>Active Management</td></tr>
<tr><td colspan="4">Postnatal Care (WHO, 2013)</td></tr>
<tr><td colspan="2">Immediate Postpartum- After 24 hours</td><td colspan="2">Day 3 and each subsequent check-ups between day 7 and 14, 6 weeks after birth</td></tr>
<tr><td>For the mother:
● Regular assessment for vaginal bleeding, uterine tone, fundal height and vital signs: blood pressure, heart rate, body temperature, respiratory rate:</td><td>For the Newborn:
● Monitor vital signs: heart rate, respiratory rate and body temperature:
- Every 15 minutes during the first hour and</td><td>For the Mother:
● Assess general well-being: Micturition and urinary incontinence, bowel function, healing of any perineal wound, headache, fatigue, back pain,</td><td>For the Newborn:
● Complete general status assessment.
● Assess for key clinical signs of severe illness and referred as needed</td></tr>
</table>

- Every 15 minutes for the first 2 hours - Every hour for the next 2 hours - Every 6 hours thereafter until discharge. ● Mental Health Screening for postpartum depression ● Nutrition Counseling ● Lactation management services to support breastfeeding initiation and exclusive breastfeeding.	- Every 30 minutes thereafter until discharge. ● Preterm and low-birth-weight babies should be identified as soon as possible	perineal pain, breast pain, uterine tenderness, and lochia. ● Assess breastfeeding progress and maternal nutrition ● Advice on proper hygiene including perineal, hand and oral hygiene ● Check emotional well-being and resolution of postpartum depression ● Observe risks, signs and symptoms of domestic abuse ● If there are any issues of concern at any postnatal contact, the woman should be managed and/or referred ● Inform about birth spacing and family planning including postpartum contraception	● Continue to promote early and exclusive breastfeeding (EBF)

G. Sexual and Reproductive Health Care Services

1. Family Planning (FP) trained providers shall provide the following services (DOH, 2011; DOH, 2014):
    a. Complete, accurate, age- and development- appropriate information and education on reproductive health to help adolescents make informed decisions about their fertility and achieve their reproductive health goals in a non-judgmental and respectful manner. In particular, the various FP methods available, their benefits and common side-effects, and advice in case of adverse reactions shall be emphasized. Generally, all adolescents are advised to practice abstinence and for sexually active adolescents return to abstinence;
    b. Client assessment to determine the health status, FP needs, and eligibility of the adolescent for contraceptive use guided by the WHO Medical Eligibility Criteria WHO, 2015).
    c. Laboratory examination (e.g., Hemoglobin determination) as needed;
    d. Prevention, identification and management of reproductive tract infections, HIV and AIDS and other STIs;
    e. Management of gynecologic conditions and disorders; and
    f. Addressing GBV through 4Rs (Recognizing, Recording, Reporting and Referring).
2. Provision of medically-safe, non-abortifacient, effective, legal, affordable and quality reproductive health care services, methods, devices, supplies by trained FP providers which shall include (WHO, 2017b, 2018a):
    a. Long-acting reversible contraceptives
        i. Subdermal Implant Insertion [ie. Etonogestrel Subdermal Implant (Implanon NXT)]; and
        ii. Intrauterine Device (IUD) Insertion [ie. TCu380A (Copper T), Hormonal IUD].
    b. Short-acting contraceptives:
        i. Progestin-only Injectable contraceptives: [ie. Depot medroxyprogesterone acetate (DMPA)];
        ii. Oral contraceptives (ie. Combined oral contraceptives, Progestin-only-Pills); and
        iii. Male condoms.
    c. Fertility awareness-based (FAB) methods (e.g. cervical mucus method/Billings ovulation method (CMM/BOM), basal body temperature (BBT), sympto-thermal method (STM), standard days method (SDM)) (DOH, 2011, 2014; WHO, 2018a)
    d. Permanent Methods (to be provided with caution)
        i. Female sterilization (ie. bilateral tubal ligation); and
        ii. Male sterilization (ie. non scalpel vasectomy).

H. Emergency Care at the Primary Care Facility

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

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

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

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

5. Primary care providers shall identify signs of imminent suicide risk, provide initial management, and refer to an appropriate referral facility for further evaluation and specialist care.

6. Primary care providers shall be prepared to deliver basic emergency care for conditions, such as but not limited to the following listed in Table 12.

Table 12. First Line Medications and Procedures for Emergencies in Primary Care (WHO, 2018c)

Condition	First Line Medication	Procedure/s that can be done at Primary Care
Cardiac Arrest	● Epinephrine ● IV fluids	● Basic Life Support/Cardiopulmonary resuscitation including bag-valve ventilation
Acute potentially life-threatening conditions		
Trauma	IV fluids if bleeding or in shock	● Rapid assessment (ABCDE) and basic emergency care, ● Proper immobilization (e.g. cervical spine immobilization) ● If with profuse or life-threatening bleeding → Direct manual pressure application ● If a manufactured tourniquet is not immediately available or fails to stop bleeding: ● Tourniquet application with a manufactured tourniquet is available
Difficulty of breathing (DOB)	● Oxygen Support ● Other medications depending on suspected cause of difficulty of breathing (e.g. Epinephrine for anaphylaxis, short-acting β-agonist (SABA) for asthma exacerbation, aspirin for suspected ACS, naloxone for opioid overdose)	Rapid assessment (ABCDE), quick focused history taking and PE, basic emergency care (including bag-valve-mask ventilation if unconscious)
Shock	● IV fluids appropriate for the patient's age and condition (Ringer's lactate if with normal nutritional status) ● Hydration via nasogastric tube if no IV fluid available ● Oxygen support ● Other medications depending on the cause of shock (e.g. oxytocin for PPH, aspirin for suspected heart attack, epinephrine for anaphylaxis)	● Rapid assessment (ABCDE), quick focused history taking and PE, basic emergency care including IV access and fluid resuscitation
Altered Mental Status	● Oxygen support ● IV fluids ● IV glucose for hypoglycemia	● Rapid assessment (ABCDE), AVPU assessment to check level of consciousness, GCS to check trauma patients, quick focused history taking and PE, capillary blood glucose measurement, basic emergency care

Condition	First Line Medication	Procedure/s that can be done at Primary Care
	● Other medications depending on the cause of altered mental status (e.g. naloxone for opioid overdose, benzodiazepine for active seizure/convulsion, magnesium sulfate for suspected eclampsia, glucose and benzodiazepine for alcohol withdrawal)	
Other potentially life- or limb-threatening conditions		
Anaphylaxis	● Epinephrine	● IV Access, Basic Emergency Care for shock, airway obstruction/ respiratory distress, cardiac arrest
Poisoning *(includes chemicals, snakebites and toxins) (DO 2021-0001)*	● Antidote if available ● IV fluids and oxygen support as needed	● Emergency stabilization, Basic Emergency Care, Decontamination
Acute Neurologic Symptoms due to hypoglycemia	● Intravenous glucose (Dextrose 50% solution)	● IV Access
Thyroid storm/Impending Thyroid Storm *(Kahaly, 2018)* *(Burch-Wartofsky Point Scale: Point total of ≥45 consistent with thyroid storm, 25–44 points classified as impending thyroid storm, and <25 points indicating that thyroid storm as unlikely)*	● Beta-blocker	● Immediate referral to higher facility with available ICU
Suspected Opioid Overdose	● Naloxone ● Oxygen supplementation	● If unconscious: bag-valve-mask ventilation ● Basic emergency care
Eclampsia	● Magnesium sulfate (prevention of recurrent seizures)	Initiate prior to immediate transfer to CEmOMC facility: ● IV access

Condition	First Line Medication	Procedure/s that can be done at Primary Care
		● Loading dose of ○ Magnesium sulfate ○ Place the patient in a lateral position, if possible. ○ Supplemental oxygen (8 to 10 L/min)
Other Non-eclamptic Seizure	● Benzodiazepine (e.g. Midazolam, Diazepam)	● IV access ● Airway protection
Emergency labor	Administer a loading dose of life saving drugs, as applicable, prior to transport to a referral hospital such as[1]: ● Oxytocin, ● Magnesium sulfate, ● Antibiotics, ● Maternal steroids	● IV Access prior to immediate transfer to CEmONC facility
Asthma Exacerbation	● SABA: 4-10 puffs by pMDI + spacer, repeat every 20 minutes for 1 hour ● Prednisolone: adults 40-50 mg ● Controlled oxygen (if available): target saturation 93-95% ● *Continue treatment with SABA as needed. Assess response at 1 hour (or earlier)	Give prior to transfer to Acute Care Facility ● SABA ● Ipratropium bromide ● Oxygen ● Systemic corticosteroid
Traumatic dental injuries	● Pain reliever (e.g. NSAIDs like Mefenamic acid, Ibuprofen) and antibiotics	● For avulsed teeth (permanent) at the place of accident: Find the tooth; avoid touching the root portion; transfer it in a suitable & convenient storage medium with milk, HBSS or saliva; and urgently bring the medium with the patient to the clinic the soonest for higher chance of reimplantation. (AAPD, 2020) ● Tooth splint, and ● Referral to dentist, dental professional or to higher levels of care (orthodontist, oral and maxillofacial surgeon)
Acute gastroenteritis with severe dehydration	● ORS	NGT insertion if unable to tolerate oral intake

Condition	First Line Medication	Procedure/s that can be done at Primary Care
Profuse bleeding from a musculoskeletal injury	● Tranexamic acid	● Fluid resuscitation, ● If with profuse or life-threatening bleeding - Direct manual pressure application if a manufactured tourniquet is not immediately available or fails to stop bleeding; tourniquet application with a manufactured tourniquet is available (Pellegrino et al., 2020)
Closed Fracture	● Pain reliever	● Splint/Immobilization
Other conditions		
Minor Wound	● Topical antiseptic ● Pain reliever	● Wound Care; Rest, immobilize, apply cold compress, and elevate injured part (RICE)
Minor Thermal Burn	● Pain reliever (eg. Paracetamol or NSAIDs)	● Apply cool water or saline-soaked gauze. ● Clean using mild soap and water. ● Avoid removing the cover of the blister to protect the burnt skin. ● Cover loosely with a sterile dressing (ARC, 2016)
Minor Chemical burns	● Pain reliever (eg. Paracetamol or NSAID)	● Flush the area thoroughly with large amounts of cool water for at least 15 minutes (ARC, 2016)
Minor Muscle and Joint Injuries	● Pain reliever (eg. Paracetamol or NSAID)	● RICE
[1] DOH AO. 2015-0020 "Guidelines in the Administration of Life-Saving Drugs During Maternal Care Emergencies by Nurses and Midwives in Birthing Centers".		

I. Rehabilitation

1. Adolescents with special health care needs, (those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and require additional health and related services of a type or amount beyond that required by children generally) (McPherson et al., 1998; RA No 10821 "Children's Emergency Relief and Protection Act") and Persons with disabilities, (those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others) (DOH AO 2013-0005-A "National Policy on the Unified Registry Systems of the Department of Health (Chronic Non Communicable Diseases, Injury Related Cases, Persons with Disabilities and Violence Against Women and Children Registry System)" shall be provided or referred for aftercare and rehabilitation care in the community for the purpose of social reintegration and inclusion, including but not limited to the following:
    a. Clinical assessment of functioning, health and disability;
    b. Community based and institution-based rehabilitation program;
    c. Facilitate the provision of assistive devices and equipment and auxiliary aids including maintenance, repair, and replacement (DOH AO 2006-0003 "Strategic Framework and Operational Guidelines for the Implementation of Health Programs for Persons with Disabilities");
    d. Reproductive health (RH) services including but not limited to providing FP information, client assessment, cancer screening, management of STIs and provision of modern FP methods as appropriate.
    e. Oral health rehabilitation including dental restoration and dental prosthesis development especially those who are head and neck cancer survivors (National Comprehensive Cancer Network, n.d.);
    f. Telemedicine can be provided when a physician is physically inaccessible (e.g. such as during a national emergency with community quarantine in effect, among others) and for the management of chronic health conditions, or follow-up consultations after initial treatment (DOH-DILG-PhilHealth Joint Administrative Order No. 2021-0001 "Guidelines on the Implementation of Telemedicine in the Delivery of Individual-Based Health Services").
    g. Home-based services which may include home health care services; nursing care; oral hygiene maintenance, physical, speech and/or occupational therapy; early intervention services; nutrition support; and respiratory support (Simpser et al., 2017);
    h. Education for caregivers on how to render care including oral hygiene measures, use of enteral feeding tubes, tracheostomy care, respiratory treatments and supports (eg, nebulizers, ventilators), wound care, intravenous line care, and medication management among others, as necessary (Elias et al., 2012);
    i. Proper referral to ensure that all patients receive quality health care at appropriate levels of the health care delivery system. All Rural Health Units and Urban Health Centers shall be linked to a Referral Facility specific and appropriate to the type of disability or special population;

j. Activate psychosocial support networks (e.g. peers, family, community);
k. Foster strong links with other relevant sectors and activate social networks for opportunities for employment, education, social inclusion, and other social services (including shelter);
l. Facilitate social and health services reintegration of people affected by drug use and dependence (DOH AO 2019-0021 "Guidelines in the Implementation of Healthcare Treatment Services for Community-based Drug Rehabilitation Program"); and
m. Facilitate the integration of persons with disabilities into the mainstream of society by addressing accessibility, discrimination, and exclusion issues.

2. "Child in Conflict with the Law" [1] and "Child at Risk"[2] shall be provided with child-appropriate programs and services for prevention, diversion, rehabilitation, reintegration and aftercare to ensure their normal growth and development (Republic Act No. 10630 "An Act Strengthening the Juvenile Justice System in the Philippines, amending for the purpose Republic Act No. 9344, otherwise known as the "Juvenile Justice and Welfare Act of 2006" and Appropriating Funds Therefor").[3]

J. Palliation

1. Primary care providers shall ensure that all adolescents with serious and/or life-threatening illness (at any stage of the disease) shall be afforded with relief and continuity of care following discharge from the hospital or ambulatory care from higher healthcare facilities. This should include:
   a. Performance of clinical palliative assessment including physical, psychological, psychiatric and cognitive symptoms. Likewise, determine the presence of pain, depression, anxiety, confusion, fatigue, breathlessness, insomnia, nausea, constipation, diarrhea, and anorexia (Moens et al., 2014);
   b. Monitoring of treatment compliance and treatment outcome, and managing adverse drug reactions if there is any; and
   c. Managing palliative care needs and preventing secondary complications to optimize functional ability and improve the overall quality of life through the use of rehabilitative and palliative interventions:
      i. Provision of pain or symptom management (pharmacologic and nonpharmacologic), comfort care, physical therapy and integrative medicine and other complementary therapies to prevent and relieve the suffering of the patients including those living with HIV (PLHIV).
      ii. Care and support service for the patient including affected family members and significant others shall include strengthening their capacity to manage psychosocial issues, and provision of appropriate interventions such as psychotherapy, group therapy, spiritual care, among others.

[1] A child who is alleged as, accused of, or adjudged as, having committed an offense under Philippine laws
[2] A child who is vulnerable to and at the risk of committing criminal offenses because of personal, family and social circumstances
[3] Adolescents aged 10 to below 18 years old are considered children or minors under the law, hence this guideline.

d. Properly assist and coordinate care to avoid additional burden in transferring between multiple care facilities and unwanted treatment.
e. Obtain endorsement from the hospital to the municipal or city health officer relative to follow-up care instructions and home visits copy furnishing the Health Care Provider Network.
f. Provision of disease-specific (i.e. patients living with HIV, pulmonary diseases, EREID - emerging and re-emerging infectious diseases, mental health disorders, leprosy, post eye surgery and other conditions) rehabilitation and recuperation services within the Health Care Provider Network and referral to specialized rehabilitation service providers:
    i. A PLHIV shall be screened for opportunistic infections (OI) and be given appropriate prophylaxis or treatment.
    ii. Adult PLHIV on ART (antiretroviral therapy) who received treatment adherence counseling shall observe and appropriately perform home management of ART side effects and report to any member of the HIV and AIDS Core Team (HACT) any adverse effects for appropriate intervention and case management.
    iii. A PLHIV who is undergoing in-patient or out-patient drug treatment and rehabilitation shall be encouraged to inform the Drug Abuse Treatment and Rehabilitation Center (DATRC) physician or health officer of his / her HIV status to provide continuity of treatment and care.
    iv. PLHIV should be asked for TB symptoms during every visit (i.e., cough, fever, night sweats, weight loss)

K. General Advice

1. Primary health care providers shall provide all adolescents and their families, with advice validating and reinforcing the health information on self-care interventions appropriate for their situation and condition.
    a. Primary care providers shall provide the following advice to the parents and guardians of adolescents:
        i. Remind parents and guardians to teach adolescents about appropriate conflict-resolution techniques, dealing with interpersonal violence, internet safety and ways to avoid cyberbullying.
        ii. Reinforce respect which fosters healthy relationships, safety, whether in real life or in the virtual world in addition to digital citizenship education at home.
        iii. Provide assistance in dealing with challenging living situations and lack of food security through a referral mechanism scheme to community food and nutrition programs and resources.
        iv. Strengthen connectedness with family and peers by emphasizing the value of spending time together and maintaining open communication, offering support as an independent person. Likewise. discuss their responsibilities, roles and expectations.
        v. Strengthen socio-emotional learning and connectedness with community by coordinating with local officials and support groups about activities, other than academics, especially if the adolescent is

struggling academically. Help them uplift their self-esteem by making them aware of another person's point of view and other peoples' situation in the community.

vi. As appropriate, advise parents and guardians to help improve school performance by emphasizing the importance of education. Praise positive efforts and achievements. Monitor and guide them with schoolwork. Help with organization and setting priorities. Encourage reading appropriate subjects of interest to the adolescent.

vii. Provide guidance in coping with stress and in making decisions. Encourage parents and guardians to involve them in family decision-making, as appropriate. Motivate them to think of solutions rather than providing all the answers.

b. Primary care providers shall also provide advice on the following risk reduction strategies to adolescents, their parents or caregivers:

i. Emphasize the health benefits of avoiding harmful use of alcohol, cigarette smoking, use of e-cigarette and exposure to secondhand smoke, as well as abusable substances.

ii. Provide information on ways to prevent acoustic trauma by avoiding or limiting exposure to excessively loud sounds coming from music systems, personal devices etc.

iii. Encourage parents and guardians to have media-free times together (eg, meal times) and media-free locations in homes. Encourage positive parenting activities, such as reading, teaching, talking, and playing together (Council on Communications and Media, 2016).

iv. Set consistent limits on hours per day of media use as well as types of media used. Emphasize the importance of avoiding online and offline risky behaviors, and sharing of sensitive personal information including photographs (Council on Communications and Media, 2016).

v. Provide age and developmentally-appropriate information on responsible sexual behavior including abstinence to empower adolescents to make healthy decisions and to protect themselves from sexual abuse, unintended pregnancy, HIV, STIs and its adverse outcomes.

vi. Offer contraceptive information and methods as appropriate, in dialogue with parents, especially to sexually active adolescents, and adolescent parents to prevent unplanned or repeat pregnancy (Hagan et al., 2017).

vii. Inform availability and use of credible online resources and platforms.

viii. Inform availability of HIV screening, linkage to care and antiretroviral therapy (ART)

ix. Make adolescents aware of their right to self-protection from harm and discrimination (among other rights) and empower them to identify and report all forms of gender-based violence (GBV) by calling police hotlines available in the community.

x. Emphasize importance of participating in Personal Safety Lessons (Department of Education [DepEd] Department Order [DO] 45, s.2009)

2. Primary care providers shall encourage adolescents, including pregnant adolescents, their guardian, and their parents to adhere to medical advice on lifestyle modification and follow-up care.

- END -

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