ANNEX-G

PROTOCOL FOR CASE MANAGEMENT FOR ARSENICOSIS CASES

PRINIRY HEALTH SERVICES e.g. PHC

1. History and physical examination for detection of suspected cases of arsenicosis;
2. Counseling to terminate consumption of arsenicosis contamination water and provision of information on arsenic safe water supplies for patients with melanosis;
3. Provision of supportive care by topical keratolytic agents for patients with keratosis. Presently 5-10% of salicylic acid and 10-20% of urea;
4. Periodic surveillance for skin cancer;
5. Patients and community education: counseling for social problem;
6. Advice concerning adequate nutrition;
7. Arrangement for rehabilitation services;
8. Refer to higher level if indicated.

SECONDARY HEALTH CARE SERVICES e.g. U.H.C and/or DISTRICT HOSPITAL

1. Detailed exposure history and biological monitoring (as needed) of suspected cases referred from primary care providers;
2. Confirmatory physical examination for dermal lesions and systemic disorders;
3. Management of skin cancer and uncomplicated systemic disorders;
4. Management of Bowens’ disease;
5. Management of skin cancer and uncomplicated systemic disorders;
6. Provision of rehabilitation services;
7. Record keeping and public health reporting regarding confirmed cases.

TERTIARY HEALTH SERVICES e.g. STATE HOSPITALS

1. Reiteration of secondary of secondary health services;
2. Management of invasion or metastasis skin cancer and internal cancers by surgery, radiotherapy or chemotherapy;
3. Management of the major systemic complications and disorders;
4. Provision of rehabilitation services;
5. Research regarding therapeutic regiments.