GLOBAL TASK FORCE ON
CHOLERA CONTROL

# ORP GUIDANCE & PLANNING PACKAGE

CASE MANAGEMENT WORKING GROUP – 27 SEPTEMBER 2023

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# Objectives of this session

1- Introduction to the draft ORP package

2- Points for discussion within the guidance:

i. Walking distance to nearest ORP 60mins or 30mins?

ii. When under observation/awaiting referral transfer: Specific ORS treatment vs “push as much as tolerated”?

iii. Aligning ORP discharge criteria with those of GTFCC Treatment flowchart?

iv. Adding MAM to “at-risk” patient group for countries to consider automatic referral regardless of hydration status?

# The Package

- ORP Guidance & Planning core document
- Job Aids
  - Case management
  - Checklists for ORP Staff
  - ORS and Safe Water preparation
  - Health messaging
  - IPC: handwashing, preparation of solutions
  - PPE
  - Sample Stationery
- Training PowerPoints
  - Training 1: ORP Introduction, Kits and IPC
  - Training 2: ORP Case Management and Key Health Messages

# 1- Walking distance to nearest ORP 60mins or 30mins?

- Walking while unwell with cholera is difficult, let alone for an hour. A suggestion is to reduce the walking time.
- Any literature on this?
- "In Rwanda, reaching the nearest health facility usually means a long walk that, until recently, took an average of 95 minutes. Although the walking time was halved to 47 minutes in 2020, it is still a challenge for many people to access health care in a timely manner. Through an innovative approach that brings greater numbers of health posts close to communities, the Government aims to further reduce walking time to under 25 minutes by 2024." – WHO PHC UHC Feb 2022
- This report did not cite any literature as to why Rwanda is aiming for 25minutes
- Neither did PHC declarations nor healthcare access geographical spatial measurements nor PHC UHC monitoring frameworks describe any specific target indicator

Pros

# 2- When under observation/awaiting referral transfer: Specific ORS treatment vs “push as much as tolerated”

- The tension here is between levels of skill/training/burden of work/ literacy (and so documentation)
- Asking a patient be started on Treatment Plan B or A, monitored (and ideally intake documented pre discharge or referral) will very much depend on the country’s health system.
- A compromise might be that a Treatment Plan A is simple enough when under observation for No Dehydration. Ok let’s ask for that as basic standard (see next discussion also).
- However a Plan B is an order of difficulty above AND includes the time to transfer. We would need to set the Plan B 4hr clock at the ORP. For me, this is CTU/C work. The ORP should push as much ORS as the pt can take and concentrate on transfer. Countries can choose to do more by all means, but that should not be the minimum standard recommendation in the guideline.
- What of Plan C patients?

# An alternative, third way, from Malawi:

| **Referral** – ORS quantity to drink while waiting for transport and until arrival at the CTU/CTC | | | |
|---|---|---|---|
| **Age** | **ORS to drink per hour** | **Age** | **ORS to drink per hour** |
| 0 to < 1 month | 60 mL per hour | 1 to < 2 years | 200 mL per hour |
| 1 to < 2 month | 75 mL per hour | 2 to < 5 years | 300 mL per hour |
| 2 to < 3 month | 100 mL per hour | 5 to < 10 years | 400 mL per hour |
| 3 to < 4 month | 120 mL per hour | 10 to < 15 years | 500 mL per hour |
| 4 to < 6 month | 140 mL per hour | > 15 years | 1000 mL per hour |
| 6 to < 12 month | 180 mL per hour | | |

Any dehydrated referral, ie Some (Plan B) or Severe (Plan C) Dehydration, was asked to follow the above ORS plan while waiting for transport.

Pros

# 3- Aligning ORP discharge criteria with those of GTFCC Treatment flowchart?

- I wrote:

- No Dehydration
- Less than 4 loose stools
- Able to take ORS without regular vomiting
- Is passing urine
- Able to walk without assistance

**Pros of aligning**

- The flowchart criteria:

**Reassess and consider discharge if**

- Has no signs of dehydration ***AND***
- Takes ORS without vomiting ***AND***
- Has no watery stools for 4 hours ***AND***
- Is able to walk without assistance ***AND***
- Is passing urine

# 4- Adding MAM to “at-risk” patient group for countries to consider automatic referral regardless of hydration status?

Pros

# Next Steps