

INTRODUCTION

Providers volunteering for HFM frequently find themselves in a position where they may be considering a procedure in Haiti. Decisions surrounding these procedures are frequently difficult, for numerous reasons. Given the highly variable circumstances that any given provider may find her/himself in, specific protocols cannot be established. This document will provide a series of guidelines for the provider to assess the patient as well as the situation in order to determine whether or not to proceed with the procedure in question.

GUIDELINES

1. Any procedures must be discussed with and approved by the HFM Medical Director.
2. Our patients are NOT an opportunity to learn new skills in an unsupervised fashion. If a provider is not comfortable with a procedure prior to going to Haiti, that provider should NOT be the primary proceduralist. If another provider is available who can provide adequate supervision, less experienced providers may assist.
3. The dignity of our patients is paramount. Procedures are an opportunity to learn for our clinic volunteers. They are also an opportunity to witness aspects of the medical field that are inaccessible in the U.S. For this reason, we do not discourage observers. Observers must keep in mind that this is not a sideshow or for entertainment purposes, or should it detract (to the extent possible) from the regular business of the clinic. Photography should be limited and should occur with the permission of the patient. Any photography that does occur is for documentation and educational purposes. Photography of medical procedures is not appropriate for social media.
4. Any given procedure should be assessed with a risk/benefit perspective. All providers must keep in mind that the risk in Haiti is exceedingly high, and that a simple wound infection can ultimately result in a patient's demise.
5. Cosmetic procedures are generally discouraged unless:
 - a) The risk is felt to be extremely low, and
 - b) You are very familiar with the procedure and able to manage complications
 - c) There is follow up available in the event of delayed post-procedural problems
 - d) The gain is likely to be very significant (i.e. improved function, less pain, less disfiguring).

Remember: Wound infections can be fatal in Haiti. *Prima non nocere.*

6. Pain control should be considered beforehand. We are aware that we are unlikely to meet pain control standards here in the U.S., as we simply do not have the pharmaceutical resources we would like. This does not mean that pain control is an afterthought. We are not here to impose suffering upon our patients. If a procedure is felt to be imperative to a patient's well being, then some degree of suffering may be necessary. Providers need to consider pain control before, during, and after the procedure. Consider premedication with an anti-inflammatory, liberal but safe (< 4 mg/kg) use of local anesthetic, and the availability of post-

procedural pain control. Use your interpreters to help you determine if it would be helpful to have a family member/loved one present during the procedure or not.

7. Follow-up care needs to be considered. If a provider has no way to arrange follow-up for a patient who has undergone a procedure, the provider must exercise a much greater degree of caution in attempting any given procedure. It may be more appropriate to refer a patient to another HFM team, or to another hospital or healthcare resource within Haiti.

8. Are there the appropriate resources available to attempt the procedure? This is to include but is not limited to: space, lighting, support staff, equipment, medication, etc. "MacGyver medicine" is occasionally necessary in Haiti secondary to limited resources. When possible, however, patients should be managed at a level as close to U.S. standards as possible.

9. Procedures should not be performed simply because a provider is capable. If there is a better site such as a nearby hospital that is capable of managing the problem at low-cost, patients should be referred. Please be aware that other establishments may have a better environment, better supplies, better follow-up, etc. We do not come to Haiti to create messes for others to clean up.

10. Procedures should not interrupt the care of other patients unless they are emergent. If a patient requires a procedure that is non-emergent, they should be asked to wait until the end of clinic such that the provider can continue seeing the other patients that are waiting.

11. Informed consent should be obtained from the patient and/or family. Your patients need to understand the risks they are undertaking. The patient and their family should be able to explain to you what procedure they are undergoing, the risks, benefits, and alternatives before you proceed.

12. Any and all necessary comfort measures should be addressed. Remember that your patients typically do not speak English and cannot communicate with you. It may be appropriate to have interpreters and/or family members present. It may be appropriate to engage in prayer with and for the patient. Remember that, while you may not be religious, it is very likely that your patient is. Holding a hand, soothing words, or engaging in prayer may go a long ways in an environment without enough analgesia.

13. Your first consultation is to be on site with Dr. Abby, HFM's Medical Director & Team Leader. If needed, you have the ability to consult providers in the U.S. by phone. We encourage conversation with your peers and colleagues. See below a list of providers who may be able to assist you in your decisions:

Chris Buresh, MD - Emergency Medicine & Pediatrics	(319) 621-3949
Josh White, MD - Emergency Medicine	(612) 501-5625
Greg Blackmon, MD - Pediatrics	(865) 599-5319