



*... Building a Foundation for the Future through Continuity of Care*

## **INTERPRETING SERVICES**



### **A Medical Guide for Interpreting in the Dominican Republic**

*Dedicated to providing professional interpreting services for our health care professionals and to the population we serve in the Dominican Republic*

Prepared by the Interpreting Committee  
of PRHDR

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## Table of Contents

Code of Ethics for Interpreters in Health Care .....	1
Notes to Interpreters.....	2
Useful Websites and Readings: .....	5
Screening Assessment Dominican Republic Setting .....	6
Adult Medical Record.....	9
Pediatric Medical Record.....	12
Dominican Republic Health Outreach Project.....	15
Common Medical Illnesses in the Dominican Republic en Español .....	18
An Outline of Dominican Republic History .....	25
Medical Vocabulary Medical and Cultural Terms and Expressions .....	29
Words for Describing Pain.....	31



## **Code of Ethics for Interpreters in Health Care**

- **The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.**
- **The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.**
- **The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.**
- **The interpreter maintains the boundaries of the professional role, refraining from personal involvement.**
- **The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.**
- **The interpreter treats all parties with respect.**
- **When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.**
- **The interpreter strives to continually further his/her knowledge and skills.**
- **The interpreter must at all times act in a professional and ethical manner.**

## Notes to Interpreters

“The basic purpose of the interpreter is to facilitate understanding in communication between people who are speaking different languages. The key words here are **facilitate, understanding, communication** and **speaking**. “Facilitation” implies that the interpreter may have an active, rather than passive, role to play. “Understanding” implies that the goal of the interpreter goes beyond simply repeating words to being reasonably sure that the message was understood.

“Communication” is important because the interpreter cannot facilitate understanding on all levels but rather must focus on an understanding of what was said. And “speaking” refers to the fact that interpreters deal with spoken language; those who render written messages from one language to another are called translators.”

*Bridging the Gap: A Basic Training for Medical Interpreters*  
The Cross Cultural Health Care Program

We appreciate your dedicating your time and energy to serve as an interpreter for Partners for Rural Health. These notes offer some basic guidelines for interpreting in the DR as well as resources both to help you prepare before you go and to assist you when you're there.

### **Consecutive interpreting and the first person:**

Almost all of the interpreting you do in the D.R. will be consecutive interpreting. For those who have not done professional medical interpreting previously, consecutive interpreting means that one speaker (provider or patient) will say a few sentences, the interpreter will interpret what was said in the first person, the other speaker (provider or patient) will respond, and the interpreter will interpret what that person said, again in the first person. By “first person” we mean that when the patient says, “My stomach hurts,” the interpreter says “My stomach hurts,” NOT “She said her stomach hurts,” or “Her stomach hurts.” Interpreting in the first person is the norm among professional interpreters, as it reinforces the primary relationship between the provider and the patient and helps you stay in the background. It also helps you focus on repeating exactly what was said. Finally, interpreting in the first person shortens the communication and avoids confusion as to who is speaking. (The nursing students have been instructed on how to work with an interpreter, including that the interpreting will be in first person.)

### **Interpreting settings:**

You will be interpreting in people's homes, in one-room schools or in churches. We set up clinics in a different place each day. Because of the lack of space, you will often be sitting very near another trio of provider, interpreter and patient. To the extent possible, you should try to sit next to or a little behind the provider, so that the patient and provider face one another directly, while making sure that you can hear and see both the patient and the provider and be heard by both of them.

### **Patient demographics and common health concerns:**

The patients range in age from infants to the elderly, and most of the villagers rely almost exclusively on PRHDR for regular medical care and for receiving medications, so it's helpful to

know terminology not only for general health but for Pediatrics, Women's Health and Sports Medicine. Also, we commonly see patients with asthma, diabetes and high blood pressure. At the end of each consultation you will likely have to explain to the patient instructions for taking vitamins or other medications. Because some of our patients do not read or write, the providers use symbols such as the sun or moon to indicate the time medicines are to be taken. After you interpret the instructions for the medicines, it is advisable to have the patient repeat to you what they are going to do with each medicine. If a family member is present, you might suggest that they listen while you are interpreting instructions for medications.

### **Respect and cultural competence:**

Although the Dominican Republic is a very friendly and casual place, during the clinics use of the "usted" form of the verb shows respect and professionalism. When you are interpreting for someone a lot younger than you, or for a child, the "tú" form is appropriate.

Although it is impossible to generalize, you will likely see some attitudes toward health care and communication with health care professionals among Dominicans that are different from what you're accustomed to. For example, you may find some female patients to be uncomfortable with answering questions about women's health, particularly if the provider or interpreter is male. In such instances, find a female provider and interpreter for the patient. Or, you might find that the family of an elderly patient who is suffering from a terminal illness does not want the truth disclosed to the patient. The Peace Corps volunteers have the cultural competence to assist you in deciding how to handle situations where U.S.-Dominican cultural misunderstandings arise. It is possible that you may need to act as a cultural broker between the provider and the patient, clarifying aspects of Dominican culture to the provider so as to avoid or get past misunderstandings. It is your job to enable smooth, clear communication, and to ensure that both patient and provider feel comfortable and confident that they are understanding one another.

### **What to Bring:**

Before leaving for the Dominican Republic, purchase a good medical Spanish-English dictionary. Two good pocket-size examples are:

Delmar's English and Spanish Pocket Dictionary for Health Professionals by  
Rochelle K. Kelz

English-Spanish/ Spanish English Medical Dictionary by Glenn T. Rogers, MD

If you can't find one of these locally, you can download English-Spanish Dictionary of Health Related Terms edited by Liliana Osorio by going to the next section of this document, entitled "Useful Websites and Readings." The first website listed is this dictionary.

For the sake of maintaining accuracy, you may also find it helpful to have a clipboard or small notebook with you while interpreting, especially when there are a lot of instructions to interpret around medicines, or a patient gives his or her entire medical history in one breath. You will also

want a way to keep track of the frequently-repeated Dominican words, phrases and ways of describing symptoms.

**Personal Safety:**

Use common sense while interpreting in the clinics. Use Universal Precautions. Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens.

**Interpreting after Fusimaña:**

When you return to the United States, you might want to do more medical interpreting. For interpreters who live in the Portland area, visit [lanamaine.org](http://lanamaine.org). LANA, Language Access for New Americans, is a United Way Agency that offers Medical and Legal Interpreter Training Classes. The website will also link you to many interpreter and translator resources.

Have fun and remember that there is always an interpreter nearby if you are having a hard time understanding someone, or if you've forgotten how to say something!

## Useful Websites and Readings:

### A. Web resources

<http://www.cdpr.ca.gov/docs/enforce/usmexbrd/bpdocs/engspdict.pdf>

Downloadable version of English -Spanish Dictionary of Health Related Terms, Edited by Liliana Osorio

<http://www.healthinfotranslations.com>

Quality translations of many health care topics in English and Spanish

<http://medlineplus.gov/spanish/>

Many health topics in Spanish and English.

<http://www.nlm.nih.gov/medlineplus/spanish/diabetes.html>

Information on diabetes

<http://familydoctor.org/online/famdoces/home.html>

Consumer health website with many topics in Spanish.

[http://www.medicalspanishpodcasts.com/medical\\_spanish](http://www.medicalspanishpodcasts.com/medical_spanish)

The Medical Spanish Podcast is a multi-level Spanish podcast for the health care professional.

<http://ethnomed.org/ethnomed/cultures/hispanic/hispanic.html>

Click on "Spanish Health Information" and you can find links to hundreds of sites with information on various health issues in Spanish.

### B. Books

For medical interpreter training:

Holly Mikkelson. *The Interpreter's RX* (for self-training in medical interpreting for Spanish-speaking patients. Includes extensive vocabulary and strategies for effective interpreting)

Novels by or about Dominicans and their history and culture:

Julia Alvarez. *In the Time of the Butterflies*

Junot Díaz. *The Brief Wondrous Life of Oscar Wao*

Mario Vargas Llosa. *La fiesta del chivo. The Feast of the Goat.*

Books about cross-cultural health care:

Anne Fadiman. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and The Collision of Two Cultures*

Tracy Kidder. *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World*

## Screening Assessment Dominican Republic Setting

By Anne Keith

**Goal:** *To place value on the health of the body  
and to screen for something you can offer  
(wisdom, science, vitamins, medicine, personal hygiene, wound care, glasses )*

CHECK OFF EACH ITEM. You MUST describe all abnormalities. "R TM red"

Tell adults "I am going to examine you and check your blood pressure. I will give you some good vitamins." Establish gentle body contact with children first by touching their hand and then by placing any instrument first on YOUR body and then on their mother.

If young child is sleeping, try to gently sneak in and listen to heart and lungs before waking them. For toddlers, have a tongue depressor ready as a toy to keep their hands busy. Use the gyn room for intimate exams that are necessary. Same sex chaperone or interpreter.

**Everyone gets: (This is a good order to go in. )**

**Skin -** Yellow or pallid (check sclera), rashes, wounds. Tinea versicolor looks like a sharp edged, superficial round bleached spot. Can be confluent in infants and elderly.

**Hair -** Fungus, infections. If deep fungus in hair, need oral anti-fungal.

**Nodes -** check under jaw, watch elsewhere

**Mouth, teeth -** caries, swollen abscesses (amox), ?cancerous lesions. Young children, attempt or ask parent

**Ears -** pull up and back for adults, more down for infants. Do not pinch!  
Use full size "adult" tips over age 18 mos. or so. Wax is anything from dark red to white and flakey. May be large dry plug. Can flush with elephant ears bottle. TM is translucent and pearly. May be sand, bugs, skin infection in the canal, hole in TM, pus in canal, red TM.

**Heart -** Listen in a z pattern for practice. Might hear a friction rub murmur, or a lot of turmoil (machine shop murmur). Count pulse and evaluate regularity in adults. Compare heart exam and pulse to general appearance, edema, or poor growth in child. If chest pain, is it worse when they walk (?angina) or at night (?GI), deep breath (?ribs).  
Children have a lot of variation in their heart rates. Not usually meaningful.

**Lungs -** I go under the shirt unless modest. Breathe deeply (respire - "respeeray"), continue (sigue - "seegay"). Wheezes are expiratory, like a kitten's mew. Rales (crackles) are like hair rubbing. Rhonchi - deep rattles in large bronchi, heard all over. Just mucous.

**Legs, feet -** Have patient or parent take off shoes and socks and leave off. Check circulation, ulcers, pits/smelly cracks (pitted keratolysis), peeling and itchy redness (tinea pedis, athlete's foot - does not occur pre-pubertally.) Top of foot- consider allergic dermatitis from shoes. Teach importance of washing and DRYING the feet before sleep.

**As needed: Do and record abnormalities if you see a need, or pt asks.**

**Eyes, vision -** pull down lower lid (anemia-dead white). Pterygium is the stringy tumor that grows from corner of eye toward pupil r/t sun exposure. Sunglasses. Reading glasses if over age 45. Four strengths, by decades. FEW CHILDREN OR TEENS NEED READING GLASSES, Nurse must do eye chart, distance and close. Avoid fashion statements! Volunteer should firmly choose appropriate pairs and have person look at reading material or pictures. Many do not read!

**Throat -** "Pant like a dog."

**Thyroid, height** Plot height on growth chart if suspicious. May see goiter in adults. Huge thyroid. Older teen women very concerned if not developing yet.

**Abdomen and GU** use privacy room. Circumcision not common. Listen for concerns. Tinea infection of groin area very common. Younger men with urinary sx have Chlamydia or gc, not bladder infections. Older men can also have bladder infections, or prostate hypertrophy or infection. Most people who complain of their "kidneys" ("reenyonace") actually have back strain. However, kidney stones are a bit more common in the DR than the US. Most pts. willing to bring back a partner or can send meds home or to friend.

**Joints and muscles -** RECORD abnormalities. Overuse syndromes common. Muscle cramps (hydration and tums for calcium). If over 1 and not walking well, do hematocrit for Fe deficiency. Severe osteo or rheumatoid arthritis, ask for long-acting NSAID like Celebrex

**Psych, development, language -** Very few resources for rehab. Best to help family seek supports, be compassionate. Mentally ill can get care at big general hospital in Santiago. Atenelol can calm nerves. Compazine can treat psychosis (higher doses). Benadryl for sleep. Investigate if children not attending school up to 8<sup>th</sup> grade. Tontera ("toneteda") is a syndrome that does not fit our system. It includes weakness, wooziness, hotflashes, faints, panic attacks ...perhaps.

They are pleased if you treat it with a "big strong vitamin" and I teach them to drink water.

**Smoking-** Ask and record as a DIAGNOSIS (see end of inside list.) Cigarettes, cigars, pipes, cochimba (?word-it is a home made cigar). Old women like a pipa or cochimba in the evening. Teach the value of not smoking.

**Alcohol and drugs:** Many are open about alcohol and there is a lot of drug use near the paved roads, but we don't seem to see much evidence. Many do not drink at all.

# **Adult Medical Record**

VILLAGE: \_\_\_\_\_ TRIP: 2009 [ ] HTN [ ] DM [ ] ASTHMA

Home Village (if different): \_\_\_\_\_

NAME: \_\_\_\_\_  
*Primer Apellido (1<sup>st</sup> Last Name)*    *Segun Apellido (2<sup>nd</sup> Last Name)*    *Nombre (First Name – may be two names)*

PRIOR HEALTH CARE	USM Clinic	Other Healthcare Visits	Hospitalizations "Internado"
	Month/Year		

Age
DOB
[ ] M [ ] F

<b>VITALS, etc.</b>
HT
WT
BP (Intake)
BP (Exam)
Pulse
Resp
Temp
[ ] O [ ] R [ ] A

SUBJECTIVE	CHIEF COMPLAINT
THINK ABOUT...  When began Frequency / Duration Location Severity When better / worse Family Hx Contacts – Treatment	<input type="checkbox"/> WELL VISIT: <i>Check Vitals, Review of Systems, Vitamins, Toothbrush</i>

<b>ALLERGIES</b>

SKIN, HAIR	ALL PATIENTS: Skin, Hair, Feet, Legs		
Subjective	Objective	Assessment	Plan
		<input type="checkbox"/> Tinea versicolor <input type="checkbox"/> Tinea corporis <input type="checkbox"/> Pitted Keratolysis (Feet) <input type="checkbox"/> Crusted impetigo <input type="checkbox"/> Chronic infected lesions <input type="checkbox"/> Leg ulcers <input type="checkbox"/> Allergic dermatitis <input type="checkbox"/> Laceration abrasion <input type="checkbox"/> Scabies / Lice <input type="checkbox"/> Other	<input type="checkbox"/> Clotrimazole <input type="checkbox"/> PPZ <input type="checkbox"/> Erythromycin <input type="checkbox"/> Antibiotic oral/IM <input type="checkbox"/> Antibiotic – topical <input type="checkbox"/> Steroid cream <input type="checkbox"/> Wound care <input type="checkbox"/> Other

<b>LABS</b>
Urine
GLU
BLD
KET
LEUK
PRO
NITR
Blood
HGB
GLU
Other
PREG
KOH

HEENT	All Patients: Mouth, Teeth, Ears, Nodes		As needed: Eyes / Vision, Throat
Subjective	Objective	Assessment	Plan
		<input type="checkbox"/> Headaches <input type="checkbox"/> Vision problems <input type="checkbox"/> Otitis media <input type="checkbox"/> Otitis externa <input type="checkbox"/> Foreign body in ear canal <input type="checkbox"/> Bacterial Pharyngitis (strep?) <input type="checkbox"/> DENTAL ABCESS <input type="checkbox"/> Other	<input type="checkbox"/> Acetaminophen <input type="checkbox"/> Aspirin <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Cerumen removal <input type="checkbox"/> Eyeglasses / exam <input type="checkbox"/> Dental consult <input type="checkbox"/> Flouride Application <input type="checkbox"/> Antibiotic oral/IM <input type="checkbox"/> Dental Abcess <input type="checkbox"/> Other

NOTES / RX:

<b>REFERRALS</b>
<input type="checkbox"/> Return USM Clinic
Place:
Date:
[ ] Other

\_\_\_\_\_ *Print provider last name*

\_\_\_\_\_ *Print consult last name*

RESPIRATORY / CARDIOVASCULAR Lungs, Heart			
Subjective	Objective	Assessment	Plan
[ ] NORMAL EXAM		<input type="checkbox"/> ASTHMA <input type="checkbox"/> Smoker <input type="checkbox"/> URI, cold, "gripe" <input type="checkbox"/> Bronchitis <input type="checkbox"/> Allergies <input type="checkbox"/> COPD	<input type="checkbox"/> HYPERTENSION <input type="checkbox"/> Edema <input type="checkbox"/> PVD <input type="checkbox"/> Stroke <input type="checkbox"/> Other <input type="checkbox"/> Prednisone <input type="checkbox"/> Albuterol MDI 2 4 Syrup <input type="checkbox"/> Enalapril 5 10 12 <input type="checkbox"/> Atenolol 25 50 100 1 2 3 <input type="checkbox"/> HCTZ 25 50 100 1 <input type="checkbox"/> Other

GASTRO-INTESTINAL Abdomen			
Subjective	Objective	Assessment	Plan
[ ] NORMAL EXAM		<input type="checkbox"/> DIABETES <input type="checkbox"/> THYROID <input type="checkbox"/> ACID REFLUX <input type="checkbox"/> Gastroenteritis (diarrh/vom) <input type="checkbox"/> Gas or bloating <input type="checkbox"/> Constipation <input type="checkbox"/> Pinworms <input type="checkbox"/> Roundworms <input type="checkbox"/> Other	<input type="checkbox"/> Lack of micronutrients <input type="checkbox"/> Anemia by lab test <input type="checkbox"/> H2 Blocker <input type="checkbox"/> Metformin 500 850 1 2 3 4 <input type="checkbox"/> Glyburide 2.5 5 1 2 <input type="checkbox"/> Other <input type="checkbox"/> Insulin

GENITO - URINARY Kidneys, Bladder, Reproductive			
Subjective	Objective	Assessment	Plan
[ ] NORMAL EXAM		<input type="checkbox"/> Cystitis UTI <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Urethritis/Cervicitis/STI <input type="checkbox"/> Unexplained vag. bleeding <input type="checkbox"/> Dysmenorrhea <input type="checkbox"/> Menopause	Vaginitis : <input type="checkbox"/> YEAST <input type="checkbox"/> BV/Trich <input type="checkbox"/> Other

MUSCULO-SKELETAL Joints, Muscles			
Subjective	Objective	Assessment	Plan
[ ] NORMAL EXAM		<input type="checkbox"/> Lower back pain <input type="checkbox"/> Pain in specific joint <input type="checkbox"/> Recent trauma	<input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Muscle strain <input type="checkbox"/> Other

GENERAL / CNS / PSYCH			
Subjective	Objective	Assessment	Plan
[ ] NORMAL EXAM		<input type="checkbox"/> Fatigue <input type="checkbox"/> "Tontera" <input type="checkbox"/> Insomnia <input type="checkbox"/> Depression/ Anxiety <input type="checkbox"/> Mania <input type="checkbox"/> Paranoia/Hallucination	<input type="checkbox"/> Epilepsy, seizure <input type="checkbox"/> Developmental delay <input type="checkbox"/> Other

OB / GYN
[ ] Vag. Discharge / irritation: Color / odor / amt / itch / burn ?
[ ] Pelvic Pain: Onset / location / duration / quality / timing / better/worse?
[ ] Irregular bleeding: Amenorrhea / Postmenopausal / Intermenstrual
[ ] Pregnancy: EDD _____ Movement: _____ FHT _____ Fundal Ht _____ Edema _____ Bleeding _____ Nutrition _____
[ ] Other:

<b>Pregnancies:</b> Grav ____ Para: ____ Ab/Miscarriage ____ Living ____ Births: #Vag ____ # Caesarian ____ LMP ____ Frequ: Q ____ days <b>Contraception:</b> Self ____ Partner ____ Hx STD ____ STD Prevention ____
--

ORAL HEALTH
Untreated cavities? Y / N # Cavity experience? Y / N Oral Pathology:
<b>Periodontal / Gingival Index (inflammation)</b> <input type="checkbox"/> 0 None <input type="checkbox"/> 2 Mild <input type="checkbox"/> 3 Moderate <input type="checkbox"/> 4 Severe
Treatment:
Fluoride Varnish: YES NO

# **Pediatric Medical Record**

VILLAGE:  
Home Village (If Different):  
TRIP: 2009

NAME: \_\_\_\_\_  
*Primer Apellido (1<sup>st</sup> Last Name)*    *Segundo Apellido (2<sup>nd</sup> Last Name)*    *Nombre (First Name – may be two names)*

\_\_\_\_\_    \_\_\_\_\_  
*Edad (Age)*    *Fecha de Nacimiento (DOB)*

STATURE AND WEIGHT FOR AGE 0 - 36 MONTHS					STATURE AND WEIGHT FOR AGE 2 - 20 YEARS				
Mother's stature _____ <i>(Estatura de la madre)</i>		Gestational age: _____ weeks <i>Edad gestacional    semanas</i>			Mother's stature _____ <i>(Estatura de la madre)</i>		<i>To calculate the BMI:</i> <i>Weight (kg) ÷ Stature (cm) x 10,000</i> <b>OR</b> <i>Weight (lbs) ÷ Stature (in) X 703</i>		
Father's stature _____ <i>(Estatura del padre)</i>					Father's stature _____ <i>(Estatura del padre)</i>				
Date <i>Fecha</i>	Age <i>Edad</i>	Weight <i>Peso</i>	Length <i>Estatura</i>	Head Circ. <i>Circ. Cabeza</i>	Date <i>Fecha</i>	Age <i>Edad</i>	Weight <i>Peso</i>	Length <i>Estatura</i>	BMI* <i>IMC</i>
Comments:					Comments:				

### INFANT/CHILD DEVELOPMENT

**2 Months**

- \_\_\_ Raises head 45 deg. prone
- \_\_\_ Follows past middle
- \_\_\_ Quiets to sound
- \_\_\_ Smiles
- \_\_\_ Coos

**4 Months**

- \_\_\_ Laughs
- \_\_\_ Vocalizes
- \_\_\_ Reaches
- \_\_\_ Follows 90 deg.
- \_\_\_ Lifts chest w/arms
- \_\_\_ Brings hands together

**6 Months**

- \_\_\_ Babbles
- \_\_\_ Mouths objects
- \_\_\_ Transfers hands
- \_\_\_ Rolls back/front
- \_\_\_ Sits with support
- \_\_\_ Pulls to sit

**9 Months**

- \_\_\_ Stands holding on
- \_\_\_ Cruises
- \_\_\_ Finger feeds
- \_\_\_ Pincer grasp
- \_\_\_ Imitates speech
- \_\_\_ Shy with strangers
- \_\_\_ Plays repetitive games

**12 Months**

- \_\_\_ Walks w/assist
- \_\_\_ Cruises well
- \_\_\_ Sits from stand
- \_\_\_ Picks up sm. object
- \_\_\_ Says 3-5 words
- \_\_\_ Recognizes name
- \_\_\_ Understands commands

**15 Months**

- \_\_\_ Walks well
- \_\_\_ Stoops and recovers
- \_\_\_ Neat pincer grasp
- \_\_\_ Uses spoon
- \_\_\_ Jargon/gestures
- \_\_\_ Tests limits
- \_\_\_ Indicates wants

**18 Months**

- \_\_\_ Climbs to chair
- \_\_\_ Walks up stairs/hill
- \_\_\_ Eats w/spoon
- \_\_\_ Points to body parts
- \_\_\_ 15-20 words
- \_\_\_ Throws ball overhand

**2 Yrs**

- \_\_\_ Runs
- \_\_\_ Walk up/dwn stairs
- \_\_\_ Scribbles
- \_\_\_ 2 word phrases
- \_\_\_ Dresses self
- \_\_\_ Feeds self

**3 Yrs**

- \_\_\_ Walks up stairs w alt ft.
- \_\_\_ Kick ball
- \_\_\_ Copies circle
- \_\_\_ Short sentences
- \_\_\_ Listens to stories
- \_\_\_ Speech understandable

**4 Yrs**

- \_\_\_ Hops/balances on 1 ft
- \_\_\_ Draws a +
- \_\_\_ Speaks in full sentences
- \_\_\_ Asks "Why?"
- \_\_\_ Good imagination
- \_\_\_ Dresses self

**5 Yrs**

- \_\_\_ Hops, skips
- \_\_\_ Balances on 1 ft
- \_\_\_ Copies △ □
- \_\_\_ Tells stories
- \_\_\_ Knows colors
- \_\_\_ Dress/undresses self

**6 Yrs**

- \_\_\_ Brushes teeth, hygiene
- \_\_\_ Counts, beginning reading
- \_\_\_ Copies a diamond
- \_\_\_ Helps in house
- \_\_\_ Plays well with others

RESPIRATORY / CARDIOVASCULAR Lungs, Heart			
Subjective	Objective	Assessment	Plan
		<input type="checkbox"/> ASTHMA <input type="checkbox"/> Smoker <input type="checkbox"/> URI, cold, "gripe" <input type="checkbox"/> Bronchitis <input type="checkbox"/> Allergies <input type="checkbox"/> COPD <input type="checkbox"/> Other	<input type="checkbox"/> HYPERTENSION <input type="checkbox"/> Edema <input type="checkbox"/> Other Atenolol 25 50 100 1 2 3 HCTZ 25 50 100 1 Reduce salt intake
GASTRO-INTESTINAL Abdomen			
Subjective	Objective	Assessment	Plan
		<input type="checkbox"/> BREAST FED <input type="checkbox"/> BOTTLE FED <input type="checkbox"/> ACID REFLUX <input type="checkbox"/> Gastroenteritis (diarrh/vom) <input type="checkbox"/> Gas or bloating <input type="checkbox"/> Constipation <input type="checkbox"/> Other	<input type="checkbox"/> FAILURE to THRIVE <input type="checkbox"/> Pinworms <input type="checkbox"/> Roundworms <input type="checkbox"/> Antacids <input type="checkbox"/> PPI <input type="checkbox"/> MBZ <input type="checkbox"/> ABZ
GENITO - URINARY Kidneys, Bladder, Reproductive			
Subjective	Objective	Assessment	Plan
		<input type="checkbox"/> Cystitis UTI <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Urethritis <input type="checkbox"/> Mucopurulent cervicitis- STD <input type="checkbox"/> Prostatitis <input type="checkbox"/> Other	Vaginitis : <input type="checkbox"/> YEAST <input type="checkbox"/> Pinworms <input type="checkbox"/> Bacterial <input type="checkbox"/> Trichomonas <input type="checkbox"/> Antibiotics <input type="checkbox"/> Yeast tx <input type="checkbox"/> PID tx <input type="checkbox"/> STD Education
MUSCULO-SKELETAL Joints, Muscles			
Subjective	Objective	Assessment	Plan
		<input type="checkbox"/> Lower back pain <input type="checkbox"/> Pain in specific joint <input type="checkbox"/> Recent trauma	<input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Muscle strain <input type="checkbox"/> Other <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Massage <input type="checkbox"/> Body Mechanics
GENERAL / ENDOCRINE / CNS / PSYCH			
Subjective	Objective	Assessment	Plan
		<input type="checkbox"/> Lack of Micronutrients <input type="checkbox"/> "Tontera" <input type="checkbox"/> Insomnia <input type="checkbox"/> Depression <input type="checkbox"/> Anemia by lab test <input type="checkbox"/> Mania <input type="checkbox"/> Paranoia	<input type="checkbox"/> Epilepsy, seizure <input type="checkbox"/> Developmental delay <input type="checkbox"/> Fatigue <input type="checkbox"/> Hallucination <input type="checkbox"/> Thyroid <input type="checkbox"/> Anxiety <input type="checkbox"/> Other

OB / GYN
<p><b>Pregnancies:</b>                      Grav _____ Para: _____                      Ab/Miscarriage _____                      Living _____                      Births: #Vag _____                      # Caesarian _____</p> <p>LMP _____                      Frequ: Q _____ days</p> <p><b>Contraception:</b>                      Self _____                      Partner _____                      Hx STD _____</p>

ORAL HEALTH
Untreated cavities? Y / N # Cavity experience? Y / N Oral Pathology:
<b>Periodontal / Gingival Index (inflammation)</b> <input type="checkbox"/> 0 None <input type="checkbox"/> 2 Mild <input type="checkbox"/> 3 Moderate <input type="checkbox"/> 4 Severe
Treatment:

# **Dominican Republic Health Outreach Project**

## Dominican Republic Health Outreach Project

	<b>Aches &amp; Pains</b> “DOLOR”	<b>Fever = “fiebre”</b> <b>Headache =</b> “dolor de cabeza”	<b>Vaginitis</b> “Flujo de la vagina” (vaginal discharge)	<b>Chlamydia</b> <b>Gonorrhea</b>	<b>Hypertension</b> “precion alta”	<b>Cold “Gripe”</b> <b>Bronchitis/sinusitis</b>	<b>Acid Reflux/</b> <b>GERD</b> “reflujo”
Symptoms Or Questions?	Musculoskeletal complaints, Arthritis, Dysmenorrhea	Fever or headache: assess onset, timing, associated symptoms, location, radiation, & quality. Palliative & provocative factors.	Discharge: color? Odor? Amount? Pain? With sex? Itch? Dysuria? Pelvic Pain? Last menses? Postcoital bleeding?	May have no sx.  Any male <50 with urethritis & elevated WBC's Female: Discharge? Pelvic Pain?	Blood Pressure above 140/90	Bronchitis: cough, phlegm. Color? Fever? Duration? Lung sounds? Throat? Nodes?  Sinusitis: facial pain? Colored nasal discharge?	Burning or bad taste in throat, worse at night, after eating. Belching. May feel like chest pain.
Treatment	Ibuprofen, 400mg TID, PRN For really bad pain 800mg TID x 1 week.	Acetaminophen. Max dosing Q4h.  Adults: 1000mg QID.  Elders: max 650mg-1G QD  Migraines: 400mg ibuprofen + 1G acetaminophen QID x 1 day.	Yeast: (white, thick discharge, internal or external itch) Tx: miconazole, terazole cream intravaginally at bedtime x 7 days. Use some cream for external genitalia. Diflucan single dose.  Trichomonas & BV: metronidazole tabs BID x 7-10days or Metrogel QHS intravaginally x 7 days.	GC: Doxy, Cipro, Rocephin  CHL: Azithromycin, Doxy, Ofloxacin.	Aspirin 81mg or 325mg every other day (QOD) with food <i>can be purchased locally</i> .  Consult for ACE-I, CCB, BB, or diuretic	Bronchitis: Guaifenesin 600mg LA Q12h OR Robitussin DM syrup 1-2 tsp Q6-8 h w/ consult.  Sinusitis Steroid nasal spray (w/ consult) Afrin nasal spray.	Antacid: chew 1-2 tab when sx present and QHS prn.  H2blocker: 1 tab QHS  PPI or increased dose of H2B consult.  Consider h.pylori tx w. ulcer pain in “compliant” patient.
Pediatric Dose	Follow package instructions.  Dosing normally Q6hours	80mg per year of age until 4 yo  4-10 y: 325mg  11-17y: 650 mg	Usually not needed	Usually not needed	Usually not needed	DO NOT Give DM syrup Robitussin syrup QID: < 6 months= none 6-1y: 1.25ml by dropper 1-2y: 2.5ml 3-6y: 5ml (1tsp) 6-12y: 100-200mg PO	Not usually needed
Caution And Patient Education	Consider other NSAIDS for arthritis (naproxen)  Assess GI status: NSAIDS can cause/exacerbate ulcers.  Caution in HTN.	CONSULT FOR: ANY FEVER over 101; new onset headache, alcoholic/liver impairment.  Tylenol okay in pregnancy. C/I in renal dz.  Maintain hydration	Instruct how to fill & use an applicator.  Treat Partner if STD.  Always consult on treatment. <u>Caution when treating pregnant women.</u>  AVOID ALCOHOL w/ metronidazole	No sex during tx  Always treat partner, discuss transmission routes, prevention.  Always consult on these. <u>Caution when treating pregnant women.</u>  AVOID ALCOHOL w/ metronidazole.	Dietary reduction of salt and fats, regular exercise, weight loss.  Encourage sufficient fluids.  Increase daily potassium intake if on diuretic.	Increase fluids! Check ears. AFRIN- MAX 3 days.  With green phlegm or discharge: Zithromax or  Bactrim for sinusitis. Albuterol for wheezing	Don't eat for 2-3 hours prior to bed. Elevate head of bed (use a brick).  Avoid triggers: coffee, peppermint, alcohol, citrus, nicotine.  Weight loss helps.  Consider Pinworms or roundworms as source of reflux.

	<b>Pinworms</b> “Chiquitos” Roundworm “el grande”	<b>Scabies</b> “Piquinya”	<b>Impetigo</b> Bacterial skin infection	<b>Yeast:</b> <b>Candida</b> “Hongo”	<b>Tinea</b> <b>Corporis</b> “Tinea, or hongo” “Ringworm”	<b>Tinea Versicolor</b> Fungal infection	<b>Pitted</b> <b>keratolysis</b>
SX or Questions?	Pinworms: anal itching, threadlike, white. Itching worse at night. Roundworms: longer, larger, maybe seen in stool, red or yellow.  May feel something is tickling throat, cough, wheeze.	May see black dots or lines over red bites. Itches terribly, worse at night, seen at waistline, axilla, or between fingers, often anywhere, esp. on infant	Honey yellow crusted red lesions, often on face (STREP) May be bullous, or with pus. (STAPH)	Mostly in skin folds, diaper area, under breasts, scrotum.  Red, confluent and/or “satellite lesions,” likes moist areas.	May be red, scaly, itchy, with central clearing.  May be “cruris” (jock itch); spares scrotum	Hypopigmented spots often on trunk, and/or proximal extremities. Clustered, in a splash-like pattern with slight scale if scraped.	Erythema, edema, scaling, itching. May have deep craters on bottoms of feet. Bad odor!!  Make sure pt takes shoes & socks off, look between the toes.
TX	Albendazole 400mg 1 tab.	1% lindane (Dual): Apply chin- soles, to lesions on head, leave on overnight, wash off. Or apply first thing in the AM & wear all day while cleaning linens.  Tx closecontacts	Gently wash, apply Bacitracin or Bactroban to crusts TID  Systemic tx if 3+ lesions, or large area.	Antifungal cream to affected area.  Nystatin BID  Clotrimazole 1% BID	Clotrimazole BID x 10d  If available: Tolnaftate cream BID x 10d Ketoconazole 2% QD x 10 days	Smaller area: Clotrimazol BID 10-14d.  Large area: Selenium sulfide lotion to affected areas overnight, wash off in am. Once weekly x 4 weeks.  Severe case: Diflucan.	Erythromycin topical BID for 2 weeks  Clotrimazole, clindamycin, bactroban in some combination
Ped Dose	Albendazole: 0-1y: solution. 1-2y:100mg 2-12y: 200mg	2m-2y: Acticin (permethrin 5% cream) Apply chin-soles, and selectively to areas on scalp or face, wash off after 8-12 hours.	Infants: systemic antibiotics & CONSULT	Usually in diaper area, bright red, shiny confluent lesions w/ “satellite papules”.  Air dry diaper area  Infants: check mouth for thrush. Tx w/ nystatin- soln.	CONSULT for ped, pregnant or nursing.	Keep skin dry.  CONSULT for pediatric, pregnant or nursing.  Vague light spots ONLY on face are NOT tinea versicolor or parasites. Consider cortisone cream for these.	CONSULT  Usually seen in adults, often men who wear rubber boots for work
Caution Pt ed.	NO MBX OR ALBZ TO PREGNANT WOMEN Treat kids only Q6 months. May chew, crush, or swallow whole.  HAND WASHING	Secondary infection: Bacitracin or, if widespread, PO Keflex (consult)  Wash all bedding & leave outside in sun. Bring out mattresses.	Use warm washcloth to remove lesions prior to applying ointment.  CONTAGIOUS  HAND WASHING	Keep skin dry. Cotton underwear.  Clotrimazole treats both yeast & tinea if unsure or double infection.	Communicable w/ visible lesions  Keep skin dry.  HAND WASHING	Skin takes months to return to normal color.  DO NOT GO INTO SUN with lotion or soap on body r/t photosensitivity of tx.	Wear socks with shoes. Change socks frequently during day. Wash & dry feet prior to applying liquid. Show how to use dabber top.

# **Common Medical Illnesses in the Dominican Republic en Español**

## Common Medical Illnesses in the Dominican Republic en Español

Prepared by Lisa Dickey

Problema	Que buscar	Medicina para adultos	Medicina para niños	Otras formas de ayuda
Resfriado, bronquitis, sinusitis, gripe, catarro	Mucho goteo de la nariz de sustancias aguadas y claras O espesas y verde-amarillentas, tos persistente, fatiga, debilidad, dolores en las coyunturas. También puede tener dolores de cabeza, presión en la frente o debajo de los ojos, fiebre. Puede ocasionar diarrea en los niños.	<p>(Usualmente se resuelve sin medicina)</p> <p><b>Para la tos:</b> jarabe de Robitussin DM, 1-2 cucharaditas cada 6-8 horas cuando se necesite.</p> <p><b>Para el dolor de sinusitis</b> (congestión detrás de la nariz): Pseudoefedrina 30 mg cada 6 horas cuando se necesite.</p> <p><b>Si los síntomas continúan</b> por 7 días o mas sin mejorar, O si la persona tiene una fiebre muy alta, podría haber una infección y debe usar antibióticos: Clarytromycina 250 mg, dos veces por día de 7-14 días O Azytromycina 500 mg diarios por 3 días.</p>	<p><b>Para la tos:</b> Jarabe de Robitussin (NO USE la formula DM en los niños)</p> <ul style="list-style-type: none"> <li>• Menos de 6 meses: nada</li> <li>• De 6 meses a 1 año: 1.25 ml</li> <li>• De 1-2 años: 2.5 ml</li> <li>• De 3-6 años: 5ml (1 cucharadita)</li> <li>• De 6-12 años: 100-200mg</li> </ul> <p><b>Antibióticos:</b> (la dosis se calcula por peso) Clarytromycina: 7.5 mg/kg, 2 veces al día por 7-14 días O Azitromycina: 10 mg/kg diario por 2 días (no le de Azitromycina a un niño menor de 6 meses)</p>	<p>Beba muchos líquidos, especialmente agua (3-4 litros), el jugo de naranja también es bueno. Se puede hervir agua o hacer un té e inhalar el vapor lentamente. Duerma mucho—acuéstese temprano o tome siestas. Para dolor de garganta, haga gárgaras con una taza de agua tibia mezclada con media cucharadita de sal. Para prevenir contagios, cúbrase la boca cuando tose o estornude. Para prevenir infecciones del oído y sinusitis, séquese la nariz con un pañuelo en vez de sonársela. Siempre lave sus manos frecuentemente con jabón y agua caliente.</p>

Problema	Que buscar	Medicina para adultos	Medicina para niños	Otras formas de ayuda
Fiebre	<p>Cuando la temperatura corporal es muy alta. Muchas veces está relacionada con la gripe o con otras enfermedades. La cara de la persona se ve roja o sonrojada, la piel puede estar sudada. La persona puede sentirse caliente o tener escalofríos.</p> <p><b>Para una fiebre muy alta</b> (40C, 104F o más), tiene que bajarla inmediatamente.</p>	<p>Acetaminofén: 1000 mg cada 6 horas (NO tome mas de 4000mg en un periodo de 24 horas, esto puede causar daños en el hígado) O Aspirina: 650mg cada 4 horas.</p> <p><b>Para personas de mayor edad:</b> Acetaminofén 650mg cada 6 horas O aspirina 650mg cada 4 horas.</p>	<p>Acetaminofén:</p> <ul style="list-style-type: none"> <li>• 80mg por año de edad (hasta los 4 años)</li> <li>• De 4-10 años —325mg cada 6 horas</li> <li>• De 11-17 años : 650mg cada 6 horas</li> </ul>	<p>Quitase la ropa. Aplique paños humedecidos en agua fría en la frente y/o en el pecho. Póngase en contacto con la brisa. NO envolver un bebe con fiebre en frazadas o frisas.</p>
Dolor de Cabeza	<p>Dolor en la frente, en la parte de encima, o en los lados de la cabeza, en los ojos, o en la nuca. Podría ocurrir junto con la fiebre y/o la gripe.</p> <p>Dolores de cabeza muy severos, o latentes, a veces con nauseas, que se empeoran con luces brillantes o ruidos fuertes y a veces ocurren solo en un solo lado se llaman MIGRAÑAS.</p>	<p><b>Para dolores de cabeza:</b> 1000mg de Acetaminofén. Repita en 6 horas si el dolor de cabeza persiste.</p> <p><b>Para una migraña:</b> 650mg de aspirina Y 1000 de Acetaminofén.</p>	<p><b>Para dolores de cabeza:</b> 15 mg/kg Acetaminofén. Repita en 6 horas si el dolor de cabeza persiste.</p> <p>Migrañas no son comunes en niños; generalmente les afecta a los adolescentes o adultos</p>	<p>Aplique paños humedecidos en agua fría en la frente o en el cuello. Alguien le puede masajear el cuello y los hombros. Un dolor de cabeza puede ser causado por no comer o beber suficiente; la persona debe comer comidas saludables y beber mucha agua cada día. Para una migraña, además de tomar los medicamentos, se puede beber un café, acostarse en un lugar oscuro y silencioso y cerrar los ojos.</p>

Problema	Que buscar	Medicina para adultos	Medicina para niños	Otras formas de ayuda
Dolor	La persona se queja de dolor. Niños pueden llorar mas de lo normal o no dormir bien. El dolor puede estar en los músculos, las coyunturas, huesos, dientes o a causa de la menstruación.	<p><b>Para dolor en los músculos, dientes, o de menstruación:</b> 400 mg de Ibuprofén no mas de 3 veces al día, solo cuando sea necesario, y siempre después de comer. NO le de Ibuprofén a mujeres encinta, personas con alergias a la aspirina, o si la aspirina le hace daño al estómago de la persona.</p> <p><b>Para artritis (o si el Ibuprofén so se puede usar):</b> 500 mg de Acetaminofén cada 4 horas o 1000 mg cada 8 horas, cuando sea necesario. No use Acetaminofén si tiene problemas con los riñones.</p> <p><b>Otra medicina para el dolor:</b> 325 mg de Aspirina cada 4 horas, cuando sea necesario.</p>	<p>La dosis depende del peso y no por la edad.</p> <p>5mg/kg de Ibuprofén cada 6 horas.</p> <p>10mg/kg de Acetaminofén cada 4 horas.</p> <p>No le de aspirina a niños menores de 12 años.</p> <p>Solo para niños mayores de 12 años: 325 mg Acetaminofén cada 4 horas cuando sea necesario.</p>	<p>Descanse la parte del cuerpo que le duele. Duerma mucho--acuéstese temprano o tome siestas. Aplique calor o hielo, el que sea mas cómodo. Eleve la parte del cuerpo que le duele, especialmente si esta hinchada.</p>

<b>Problema</b>	<b>Que buscar</b>	<b>Medicina para adultos</b>	<b>Medicina para niños</b>	<b>Otras formas de ayuda</b>
Lombrices Intestinales (gusanos pequeños)	Gusanos pequeños y blancos en o cerca del ano o en la caca. Picazón del ano que es peor en la noche. Ocurre mas a menudo en niños, pero puede ocurrir en adultos también.	Una pastilla de 400 mg de Albendazole, una sola vez. NO usar en mujeres en cinta.  O  Una pastilla de 100 mg de Mebendazole cada semana por 3 semanas. No usar en mujeres en cinta.	Una pastilla de 400 mg de Albendazole, una sola vez. NO usar en niños menores de 2 años.  O  Una pastilla de 100 mg de Mebendazole cada semana por 3 semanas. NO usar en niños menores de 2 años.	Niños deben de usar calzoncillos o pantis apretados para dormir para evitar que se rasquen el ano. Córtese las uñas muy cortas. Puede aplicar vaselina al ano antes de acostarse para evitar la picazón. Lavar las manos (especialmente debajo de las uñas) y el área del ano cuando se despierta en la mañana. Siempre lávese las manos después de usar el baño y antes de comer o preparar comida. Lave la sabanas en agua hirviendo o agua bien caliente. Si es posible se le da el tratamiento a todos los miembros de la familia para prevenir la reinfección.
Gusanos Largos O Gusanos Redondos	Gusanos largos (20-39cm) que son rojos, rosados, amarillos o blancos. Puede ver los gusanos o los huevos en la caca. O puede sentir algo subiendo por la garganta. Puede tener dolor en el estomago. Niños pueden tener la barriga grande o hinchada.	Una pastilla de 400 mg de Albendazole, una sola ves. NO usar en mujeres encinta.  O  Una pastilla de 100 mg de Mebendazole cada semana por 3 semanas. NO usar en mujeres encinta.	Una pastilla de 400 mg de Albendazole, una sola ves. NO usar en niños menores de 2 años.  O  Una pastilla de 100 mg de Mebendazole cada semana por 3 semanas. NO usar Medendazole en niños menores de 2 años.	Siempre lavase las manos después de usar el baño y antes de comer y preparar comida. Mantenga la comida tapada protegida de las moscas. También use uno de estos dos remedios con lechosa en adición al medicamento. 1. Colecte 3-4 cucharaditas de látex (la leche que sale del árbol de lechosa cuando se corta). Mezcle esta leche con 3-4 cucharaditas de azúcar y una taza de agua caliente. Bébase esta mezcla.  O  2. Moler las semillas secas de lechosa para hacer un polvo. Mezcle 3 cucharaditas del polvo en una taza de agua y añada azúcar.  Bébase una de estas 2 mezclas 3 veces al día por 3 días.

Problema	Que buscar	Medicina para adultos	Medicina para niños	Otras formas de ayuda
Piquiña Sarna	Salpullido o líneas en la piel que pican mucho que se encuentran en sitios donde se suda mucho (entre los dedos, en las muñecas, alrededor de la cintura, debajo de los brazos o genitales). Usualmente no se encuentra en la cabeza ni cara—excepto en infantes. La sarna es causada por pequeños insectos que se meten debajo de la piel. La sarna se contagia a través del contacto de la piel de una persona infectada.	<b>Loción Lindane de 1%.</b> Aplicar a la piel desde el cuello hasta la planta de los pies (toda la piel excepto la cabeza) antes de acostarse. Permite que se seque, déjelo puesto toda la noche. Báñese bien en la mañana. El primer día después de haberse hecho el tratamiento lave su ropa y sábanas en agua hirviendo antes de usarlas de nuevo. La loción Lindane puede ser vendida como una medicina mas concentrada para ovejas o ganado. Si quiere usar esta medicina mas concentrada, mezcle una cucharada de la loción concentrada de Lindane con 15 cucharadas de vaselina calentada. Aplíquese esta mezcla en la piel del cuello hasta a la planta de los pies. Déjeselo puesto un día entero mientras que lava su ropa y sabanas en agua hirviendo. Después de un día, báñese bien. Si la vaselina no es disponible ponga 4 gotas de la loción Lindane en la mitad de un limón, déjelo por 5 minutos y entonces frote el limón en su piel del cuello a la planta de los pies.	<b>De 2 meses a 2 años:</b> Use la crema Permethrin 5%. Aplique a toda la piel excepto la cabeza. Bañar después de 8-12 horas. <b>De 3 años en adelante:</b> Use la loción Lindane de 1%. Aplicar a la piel desde el cuello hasta la planta de los pies (toda la piel excepto la cabeza) antes de acostarse. Permite que se seque, déjelo puesto toda la noche. Báñese bien en la mañana. El primer día después de haberse hecho el tratamiento lave su ropa y sábanas en agua hirviendo antes de usarlas de nuevo.	Báñese y cambie su ropa a diario. Después de usar el tratamiento indicado lave su ropa y sabanas en agua hirviendo en la mañana después de usar el tratamiento: permita que se sequen en el sol. Limpie el colchón fuera de su casa y déjelo al sol. Cuando haya una persona infectada con sarna todos los que viven en la casa deben de hacerse el tratamiento. O por lo menos todas las personas compartiendo una cama con una persona infectada se deben de hacer el tratamiento.

Problema	Que buscar	Medicina para adultos	Otras formas de ayuda
<p>Infeción Vaginal por Hongos</p> <p>Monilla</p>	<p>Flujo vaginal blanco que es espeso y pegajoso, y huele a levadura o a pan en el horno. Generalmente causa picazón severa en los genitales externos. Puede causar ardor al orinar. Es muy común en mujeres embarazadas, las que tienen diabetes, que toman anticoncepción oral (la píldora), o quienes han estado tomando antibióticos.</p> <p>**Es normal que una mujer tenga un poco de flujo vaginal diario. Generalmente es acuoso, claro, lechoso, o un poco amarillento. Si una mujer tiene flujo normal sin olor y sin picazón, no debe de tener un problema.</p>	<p>Es posible tener flujo vaginal anormal que no es causado por hongos. Por esta razón esta guía enfoca maneras para ayudar sin tomar medicina. Así, mujeres no tomarán la medicina incorrecta. Si estos consejos no ayudan consulte con un medico.</p>	<p>Si el flujo vaginal es anormal en espesor, cantidad, color, u olor la mujer puede hacerse hacer una ducha vaginal.</p> <p><b>Una ducha vaginal</b> es cuando la mujer se enjuaga la vagina con agua para eliminar la infección.</p> <p>El envase para hacerse una ducha vaginal se puede comprar en una farmacia. Si no, se puede hacer en el hogar. Llene una botella plástica con agua. Ponga un tubo en la botella. Acuéstese y mantenga la botella elevada y ponga el tubo en la vagina. Así el agua puede entrar y enjuagar la vagina.</p> <p>No deje que el agua entre en la vagina rápidamente. Mujeres que no tienen una infección NO necesitan hacerse una ducha vaginal.</p> <ul style="list-style-type: none"> <li>• Si una mujer tiene flujo anormal puede hacerse una ducha mezclando un litro de agua tibia (que ha sido hervida) con 6 cucharaditas de vinagre. Se puede usar 6 cucharaditas de limón sin no hay vinagre.</li> <li>• Una mujer puede hacerse la ducha vaginal 2 veces al día por 10-14 días.</li> <li>• NO se haga una ducha vaginal durante el último mes de embarazo o por 6 semanas después de dar a luz.</li> </ul> <p>Es importante mantener el área genital externa limpia. Lave con jabón y agua todos los días. No usar detergente de ropa en la piel ni siquiera en forma diluida.</p>

## **An Outline of Dominican Republic History**

At the time Columbus discovered the West Indies, the larger islands (Cuba, Jamaica, Puerto Rico, and Hispaniola (Española, or “little Spain,” the island now shared between the Dominican Republic and Haiti) were occupied by Indians known as the Taino, who had migrated up from the South American coast about 500 years before. The Taino, who were culturally and linguistically related to the Arawakan Indians of Venezuela and the Amazon Valley, developed complex societies with dense populations and hierarchical political structures based on highly productive agriculture (the staple crop was the bitter yuca or manioc which they brought from South America) supplemented by fishing. Columbus described the fertile valleys he found on the north coast of Hispaniola in 1492 as like the valley of Cordoba, which was one of the most fertile and densely populated regions of Spain. Hispaniola was ruled by five independent paramount chiefs or *caciques*, each of whom controlled numerous towns governed by members of an indigenous nobility, a political structure not greatly different from that of the five separate kingdoms of Christian medieval Spain.

The northern coast of Hispaniola was the first densely populated region discovered by the Spaniards in the New World. Navidad, the settlement where Columbus left members of his crew when the Santa Maria was wrecked on a reef, was located just west of the Dominican border in what is now Haiti. Isabella, the town he established when he returned in 1494, was on the coast between Puerto Plata and Montecristi at the mouth of the Bajobónico, a secondary river whose source is in the coastal range not far from Fusimaña. Columbus himself named Puerto Plata and the mountain behind it, a landmark along the coast, which he called the “Monte de Plata” or Plate Mountain because a cloud frequently sat on top of it like a dinner plate.

Columbus originally assumed that the lands he had discovered could be exploited by means of a monopolistic commercial enterprise controlling trading posts, like those on the African coast with which he was familiar from his years spent working for the Portuguese. Here Spanish employees would trade with the Indians to obtain gold, spices, and perhaps slaves, which could be shipped back to Spain to provide a return to the Spanish government of Ferdinand and Isabella, which had largely financed the original voyage. The Spaniards soon discovered that there were gold deposits in the interior of the island, but although Taino craftsmen had long used this gold to make decorative objects, they had no experience with large scale mining and little interest in carrying on trade with the Spaniards. The result was the conquest of the Taino chiefdoms and the establishment of a network of Spanish towns throughout the island from which the settlers could control the Indians and round up laborers to work in the mines. For a few years at the beginning of the sixteenth century, this mining economy based on forced Indian labor made the island a prosperous colony, but by mid century the exhaustion of the gold deposits, the virtual disappearance of the Indian population due to disease and exploitation, and the departure of most settlers for greener pastures on the mainland left the Spanish colony to fall into a state of stagnation and poverty from which it would not fully recover until the second half of the nineteenth century.

There has been much disagreement over the size of the Taino population on Hispaniola before the Spanish conquest. Estimates of it have ranged from less than 100,000 to as much as 8 million people, but a figure of 1 to 2 million seems most likely. What is undisputed is that the

population declined extremely rapidly after 1492, due in large part to the importation of old world diseases like smallpox, measles, typhus, and influenza, to which the Indians had not been previously exposed, and to which they had no resistance. By 1550 the Taino population as such had completely disappeared; though the scarcity of European women in the early years led many of the Spanish settlers to marry or settle down with Indian women, so that the rural population of the island remained genetically part Indian. By mid century the total population of the island had declined to less than 20,000 people, and in the part of the island which became the Dominican Republic, pre-conquest population levels would not be reached again until the twentieth century.

To replace the Indian labor force, the Spanish settlers imported African slaves, primarily to work on small sugar plantations which grew up along the southern coast and which pioneered sugar production in the New World. But restrictive Spanish trade policies eventually made it impossible for Dominican planters to compete in the international market for sugar, which came to be dominated first by the Portuguese in Brazil, and subsequently by the British and French who settled other islands in the Caribbean. As a result the Dominican settlers could not afford to import very many slaves, and though Africans contributed in a major way to the racial melting pot which became the population of the Dominican Republic, they did not fill the ecological vacuum left by the disappearance of the Indians, which was primarily filled by cattle and pigs. These animals, brought to the island by the Spaniards soon after the discovery, found themselves in an environment with no competitors or predators and multiplied with extreme rapidity, often becoming wild in the process. Exploiting livestock, both domestic and wild, became the primary way in which Dominicans supported themselves, and cattle hides for leather manufacture became the island's principal export, the only product with which most settlers could use to acquire European goods. If this meant that most Dominicans were very poor, it also meant that even the poorest had little difficulty obtaining food to eat. Enough land was generally available for those who wanted to grow food crops, and meat was plentiful, though not of the best quality.

By the end of the sixteenth century, many of the original towns established by the Spaniards were abandoned, and the population was consolidated along the southern coast and in the fertile Cibao region in the center of the island, where the towns of Santiago and La Vega were located. Some of this contraction was deliberate on the part of the Spanish government. Settlers on the northern coast, finding themselves unable to attract Spanish vessels for trade, were happy to receive foreign ships and engage in contraband trade. Unable to control this trade, the government decided on a policy of forcing the settlers to abandon the ports on the northern coast and move into the interior. With much of the island thus abandoned, the northwestern part of the island began to be occupied soon after 1600 by men of mixed nationality who lived off the wild cattle and pigs and from time to time took to their boats to raid Spanish settlements throughout the Caribbean. These buccaneers, as they were called, were gradually brought under the control of the French government, which also encouraged the immigration of settlers to establish sugar plantations in the region they controlled. During the 18<sup>th</sup> century, this French colony of Saint-Domingue (modern Haiti), took over the western third of the island and developed it into the wealthiest European colony in the Caribbean, with a population (predominately composed of African slaves) that was much larger than that of the original Spanish colony of Santo Domingo. In order to prevent further French expansion, the Spanish government encouraged the immigration of farmers from the Canary Islands to resettle a number of the towns along the northern coast, including Puerto Plata and Montecristi. But though the frontier was stabilized,

Santo Domingo remained economically a satellite of Saint-Domingue, supplying the livestock which the French plantations, with their heavy focus on sugar production, could not raise themselves.

In 1792, the slaves of Saint-Domingue revolted and threw out their French masters, transforming the wealthy sugar colony into the country of small peasant farmers that it has remained. The Haitians successfully resisted several European attempts at military conquest, and partly in self defense, their armies twice invaded and conquered Spanish Santo Domingo, which though it had twice the land area of Haiti, had only half its population. From 1801 to 1805, Santo Domingo was controlled by the Haitians, and from 1805 to 1808 by the French. From 1808 to 1822 the colony returned to Spanish control, and in 1822 it was again conquered by the Haitians, who ruled it until 1844, when the Dominican Republic finally gained its independence. Dominican suspicion of the Haitians who had occupied their country for more than 25 of the first 50 years of the 19<sup>th</sup> century has survived to some extent until the present day and helps to explain why they returned to Spanish control from 1861 to 1865, and why they tried to persuade the United States to annex the country in 1868 (the Grant administration approved the arrangement, but it was ultimately rejected by one vote in the U.S. Senate).

Like many other Latin American countries, the Dominican Republic had difficulty creating a stable political system accepted by a majority of the population and allowing for the peaceful transmission of power from one President to another. Though they might be technically elected, many of the Presidents who governed the country were military dictators who could only be removed from office by violent means. Though the economy began to develop more rapidly, particularly with the growth of large sugar plantations in the south and east and of coffee and cacao farms in the Cibao, the government fell deeply into debt. This led to intervention by the United States, which first took over the management of customs duties and subsequently established a military government which controlled the country from 1916 to 1924.

Under U.S. rule, government finances were stabilized, the system of land tenure was regularized, a network of roads was constructed, and a more professional military was created. But none of this brought stability to the political system. Instead, Rafael Leonidas Trujillo, a young military officer trained and promoted by the Americans, seized power in 1930 and ruled the country as a dictator, either directly or through puppet presidents, for the next 30 years. Though Trujillo's policies did encourage some economic development which benefitted the population as a whole, he also used his control of the government to gain control of major sectors of the economy and to enrich himself and his family, maintaining himself in power through repression and the use of a secret police. The United States was not very enthusiastic about their protégé, but since he seemed able to keep the country under control and pay its debts, they continued to support him until the Cuban revolution of 1959 led to fear that his continuance in power would lead to a similar revolution in the Dominican Republic. After that, opposition groups within the government and the military received more encouragement from the U.S. and began to plot his downfall, which occurred when he was assassinated in 1961.

Dominican politics after Trujillo were dominated by two men, the leftist Juan Bosch, an intellectual and university professor, and the rightist Joaquín Balaguer, a lawyer and the last of Trujillo's puppet presidents (he was legally President when Trujillo was assassinated). After a

constitutional process intended to establish a more stable and democratic government, Bosch was elected President in 1963, but less than a year later he was overthrown in a military coup, which was followed by a civil war. In 1964 President Lyndon Johnson sent in the U.S. marines to establish order (and prevent the leftists from regaining control). Two years later new elections brought Balaguer back to the presidency, which he held for 22 out of the next 30 years. His governments were basically authoritarian, but he was not a military dictator who could suppress political opposition and control the electoral process to maintain himself in power as Trujillo had done, and he therefore had to attract some popular support. Balaguer died in 2002, six years after leaving office for the last time at the age of 90. His old rival Bosch, who died the previous year, never regained the presidency himself after his aborted term, but politicians originally from the PRD (Dominican Revolutionary Party), the political party he had established in the 1960s, held it from 1978 to 1986 and have held it during the years since 1996. The current President, Leonel Fernández Reyna, was the Vice-Presidential candidate on Bosch's ticket, when he ran for the last time in 1994. He served as President from 1996-2000 and was elected a second time in 2004.

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**Medical Vocabulary**  
**Medical and Cultural Terms and Expressions**  
**Términos y expresiones médicos y culturales**

acidez estomacal - heartburn	convulsión - seizure
adormecido - numb	cuello - neck
adormecimiento - numbness	la cuestión - menstruation
agitar - to shake (a bottle of liquid)	
agudo - sharp, acute	dar a luz - to give birth
ahogo - suffocation or shortness of breath	desmayarse - to faint
apretar - press	el dolor - pain
amamantar, dar de mamar - to breast feed	la dosis - dose
análisis de la sangre - blood test	
las amígdalas - tonsils	el grande - roundworm
ampolla - blister	embarazada - pregnant
ardor - burning	entumecido - numb
arrojar - to throw up	espeso - thick
articulación - joint	el estómago - stomach
arthritis - arthritis	estar indispuesta - to have one's period
asma - asthma	estreñimiento - constipation
aspirina - aspirin	ETS (enfermedad de transmisión sexual) –
azúcar - sugar (associated with diabetes)	STD (sexually transmitted disease)
la barriga - tummy	falsemia - sickle cell disease
la boca - mouth	falta de aire - shortness of breath
bizco - cross-eyed	flujo - discharge
la bomba, inhalador - inhaler	frotar - to rub
el brazo - arm	la funda - bag
la cabeza - head	la gangrena - gangrene
calambre - cramp	la garganta - throat
calentura, fiebre - fever	la garrapata - tick
cápsula - capsule	
caries - cavities	la hembra - a female
cepillarse los dientes – to brush teeth	la herida - wound
cerebro - brain	el hígado - liver
cerilla - ear wax	hinchado - swollen
cheles, centavos - cents	hongo - yeast/fungus
un chequeo - a checkup	hormigueo - tingling
chin, un chin, chin-chin - a little	
chinchas, chinches - bed bugs	interdiario - every other day
chiquitos - pinworms	internado - hospitalized
la cicatriz - scar	
el codo - elbow	
comezón - a bad itch	

jaqueca - headache  
jeringa - syringe  
juachipa - rash  
juanete - bunion  
una lesión - injury  
letrina - latrine  
la llaga - sore  
los lentes - eyeglasses  
la lombriz - worm

malparto - miscarriage  
manco - amputated, amputee  
mareado - dizzy  
masa, dureza en el seno - lump in chest  
medicamento, medicina - medication,  
medicine  
un moretón - bruise  
el muslo - thigh

los oídos - ears (inner)  
opresión de pecho - chest tightness  
orinar - urinate  
la oreja - ear (outer)

las paperas - mumps  
el pañal - diaper  
los paños - skin spots  
los parásitos - parasites  
picar - to itch  
me pica - it itches  
picadura - bug bite  
picazón - an itch  
los pies - feet  
pinchar - to prick  
piquiña - scabies  
la pantorrilla - calf  
placa - x-ray  
planta del pie - foot sole  
la presión de la sangre - blood pressure  
pulga - tick  
los pulmones - lungs

rasquiña - rash  
reflujo - acid reflux  
la regla - period  
remojarse - soak  
la rodilla - knee

salpullido - rash  
se fue por el camino Viejo - it went down  
the wrong pipe (food)  
seno - breast  
el síntoma - symptom  
soco - stump (amputado)  
soplar - to blow  
sordo - dull (pain)

una tablet - a tablet  
tiroides - thyroid  
el tobillo - ankle  
tontera - dizziness, lightheadedness  
torcido - sprained  
tragar - to swallow

ungüento - ointment

varicela - chicken pox  
la vejiga - bladder  
las venas - veins  
vesícula biliar - gallbladder

¿Dónde le duele? - Where does it hurt?  
¿Cómo es el dolor? - What is the pain like?  
Me pica - It itches  
Me come - it itches (it's eating away at me)  
Me da como tontera - I get lightheaded  
ya me prepare - I've had my tubes tied

## Words for Describing Pain

Burning	Ardor
Dull	sordo, lento
Gripping	opresivo
Intense	intenso, agudo
Irradiating	que se irradia, que se corre
Jabbing	punzante
Mild	leve, ligero
Persistent	insistente, continuo, constante
Piercing	quelante
Severe	muy fuerte, severo
Sharp	agudo
Shooting	punzante
Slight	leve, ligero
Stabbing	picante, que clave
Throbbing	punzante
Unbearable	insoportable