

CLINICIANS ADHERANCE TO STANDARD TREATMENT GUIDELINES IN MANAGING CHILDREN WITH NON-MALARIA FEBRILE ILLNESSES AT TEMEKE AND MWANANYAMALA HOSPITALS IN DAR ES SALAAM

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ABSTRACT

Background- non-malarial febrile illnesses among children less than 5 years of age are an important cause of morbidity and mortality as they have been shown to cause a higher mortality than malaria globally, even in malaria-endemic areas, including Tanzania. However, there is a dilemma in diagnostic accuracy in low income countries which lead to wrong diagnoses and treatment.

Objective- The objective this study was to determine the level of clinician's adherence to standard treatment guidelines in managing children below five years with non-malaria febrile illnesses at Temeke and Mwananyamala Hospitals in Dar es Salaam, Tanzania.

Methodology: This was a descriptive cross-sectional hospital based study conducted at Temeke and Mwananyamala from May to July 2019. Medical records of children less than five years of age with non-malaria febrile illnesses at these hospitals were reviewed to determine how they were managed. Important information concerning their diagnoses and the kind of treatment administered were recorded on a structured questionnaire administered by the author. Twenty of the attending clinicians were interviewed using a structured questionnaire to determine if they were using the standard treatment guidelines and if not, the factors behind non-adherence to the available guidelines.

Results -Included in the study were 149 charts of children less than five years who presented with non-malaria febrile illnesses with mean temperature of 38.5°C. The mean age was 22 months. Males were 77 (51.7%) and females were 72(48.3%). The main causes of admission were pneumonia, Septicemia and Meningitis 39(26.17%), 35(23.49%) and 26(17.47%) respectively. In this study the overall prevalence of adherence to standard treatment guidelines was 43(29%). Children who were negative for malaria but treated with antimalarial were 21(14.1%). The study identified 114 (76.5%) children were prescribed antibiotics irrationally, as none of the prescriptions had been supported by blood culture and sensitivity. Some of the operational challenges/factors for non-adherence were lack of essential medicines 16(80%) and lack of nonfunctioning laboratories 14/20 (70%). Other challenges were low level of knowledge of the existing guidelines 10(50%) and non-availability of the guidelines 10(50%). 17(85%) mentioned heavy workload was as a factor to non adherence to STGs.

Conclusions - The study found very low adherence of clinicians to standard treatment guidelines. Only 43/149 (29%) were found to adhere to the STGs. Those found not to adhere to the guidelines were 106(71%). The study found high irrational use of antibiotics with 114/149(76.5% children been prescribed antibiotics without laboratory support of blood culture and sensitivity. Similarly with antimalarial 21(14.1%) which was prescribed to children with negative MRDT. Some of the operational challenges/ factors for non-adherence were lack of essential medicines 16(80%) and lack of functional laboratories 14/20(70%), and lack of existing guidelines. Other challenges to adherence were low level of knowledge of the existing guidelines and heavy workload which left no time for clinicians to consult the STGs.