



## Third Quarter Newsletter

### July Clinic Pinnacles

**Highlighted Case Opportunities:** July's medical report focused on three conditions in pregnancies: **High blood pressure, hypertension, and anaemia**. Blood pressure higher than 180/120 mmHg can lead to a hypertensive emergency. Although high blood pressure is common in adults, children can also have high blood pressure that may be caused by kidney or heart problems. Having Anaemia during pregnancy makes it difficult for the baby to utilize the mother's blood.

In July, the clinic treated 37 clients with hypertension, 20 females and 17 males. One case involved a 56-year-old female named Mbabazi. Although she was already on medication for her blood pressure it was not reducing to normal levels. After further tests it was discovered that Mbabazi had high cholesterol levels. The doctor referred her to the regional hospital where she received statins that lowered her blood pressure to 130/80 mmHg.

Antenatal Care (ANC) is available for all pregnant mothers. Twenty-four women visited the Clinic for care. Among them was Tusabe, a 23-year-old who was attending for the first time with her first pregnancy. She had no menstruation for 18 weeks and complained of light-headedness and a great desire to eat soil. The midwife examined her and recommended haematinics to correct her anaemia and Tusabe was given education on her pregnancy. The Complete Blood Count Machine was a tremendous help in delivering targeted care.

Otoscope Equipment:



*John H. and Marie Parrish Medical Clinic*

### August Clinic Pinnacles

**Highlighted Case Opportunities:** The conditions highlighted in the August clinic report highlights Obstetrics—**Diabetes Mellitus pregnancy (Type 1 & 2 Diabetes and Gestational)** and **Otitis Media (middle ear infection) in children**.

In August, the Clinic received three pregnant women with Gestational Diabetes. Bagaya, a 23-year-old, was carrying her first child. She was brought into the Clinic unconscious. She was given a CBC and Random Blood Sugar levels tests. Her results showed she had hyperglycemia and was dehydrated—Gestational Diabetes. Bagaya received insulin and intravenous fluids to control her glucose levels. She regained consciousness after three hours and was discharged on oral diabetic medicine.

Middle ear infections are common among the 6-month-old to 2-year-old children. If not treated, serious complications can arise for the child. There were five clients received at the Clinic, all under 5-years-old, with a high fever, swelling behind the ear, and a discharge from her ear. After assessment with the CBC machine and a Malaria test, they showed Neutrophilia—a bacterial infection. Although Kasemire tested negative for Malaria, she was treated for the ear infection and fully recovered. During the examination, **the doctor did not have an otoscope, so he improvised with his mobile light**. Because this instrument is lacking, the more serious cases are sent to the referral hospital.



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#### September Clinic Pinnacles

**Highlighted Obstetric Case Opportunities: Hyperemesis Gravidarum (HG) and Constipation** are highlighted for September’s report. **HG** is excessive vomiting with weight-loss and dehydration, but it is not morning sickness. This condition lasts longer and is more severe.

In September, the Clinic had two pregnant clients suffering from HG. A 23-year-old named Ruth was on her first pregnancy at 18 weeks. Her nausea continued for 5 weeks. She had severe vomiting and fainting episodes. Ruth was examined and stabilized with intravenous fluids. The Ultrasound images showed she was carrying twins who were normal. She received oral antiemetics and health education.

Agonza, a 37-year-old, was another client who came for her first antenatal visit at the Clinic. She was 8 weeks pregnant and complained of severe vomiting. This was her third pregnancy. Ultrasound images showed a molar pregnancy (a tumour in the uterus). She was stabilized and referred to the Fort Portal Regional Hospital for a Dilatation and curettage (D & C) procedure.

Constipation affects all age groups but is sometimes hard to identify. This condition could be a hidden factor of Irritable Bowel Syndrome (IBS), Muscular Dystrophy, or bowel cancer. Kusiima , aged 43, visited the Clinic with a severe stomach pains and cramps, bloated, and loss of appetite. A week went by without passing any stools. The doctor administered an enema to temporarily relieve Kusiima. He was then referred to the regional hospital where it was discovered he had colon cancer.

#### Needed Medical Equipment

The Clinic needs the following equipment to effectively service clients:

- ❖ Endoscopy Machine: \$1900-\$5000
- ❖ Prostate Specific Antigen Test (PSA):\$2800-\$5500
- ❖ Vital Signs Monitor Machine:\$500-\$1300
- ❖ Electromyography (EMG) Machine:\$1200-\$2600

Anyone with access to non-government organizations, private companies, individuals, and institutions that can assist are encouraged to contact HHCharities at [info@hhcharities.org](mailto:info@hhcharities.org).



Electromyography



Endoscopy Machine

Vital Signs Monitor



Clinic Visit



## Third Quarter Newsletter

### Ugandan Children's Manager's Report July - September

Although the government issues mosquito nets some of the children do not have one to protect them at night, or their parents chose not to use them. Consequently, some of the children will suffer from Malaria which keeps them out of the classroom. The climate has changed even in Uganda, so the rainy season came in July. The children lack raincoats to help them stay dry, umbrellas, and backpacks to keep their books from ruining.

The children completed their Term II in August. Some of the children that have not been sponsored yet are approaching our Children's Manager and asking for sponsors so they can attend school. This is so heartbreaking because we cannot support all the children. There are probably close to 2000 orphaned children who are disadvantaged and do not attend school. In August, the children were encouraged to keep their bodies clean, and to cut bushes that have grown up around the house. This will cut down on the children attracting bugs and mosquitoes that will cause infections.

September is the season to return to school for Term III. All sponsored children have paid their tuition and are enjoying getting back to the classroom. The Children's Manager visited each child's school to make sure they had reported back to the classroom. The children are now experiencing a Career Guidance Day where they are guided on what courses are good for them. They are still challenged with the climatic change that has brought rain. All in all, the children are so proud to be able to attend school.

Remember, the children cannot attend school unless they have a sponsor to support them! Hopefully, the Ugandan school board will soon post the calendar for 2024 so we can share that with our interested readers. Blessings!



***Imagine Life Through a Child's Eyes...Sponsor a Child's Education!***

***Ugandan Children's Tuition/Support for 2024  
Fort Portal, Uganda***

Three (3) Academic Terms/Semesters in the **Ugandan Public Schools:**

(Exact dates and fees to be posted later)

- **Term I – February– May**
- **Term II – May– August**
- **Term III – September – December**

Funds are used for: Tuition, Uniform, Lunch Meals, School Supplies Additional Meals/Clothes