



Guatemala
Medical
Manual

THE WIN – HOW TO MEASURE SUCCESS

U.S. teams will establish relational connections between team members and community members through providing medical, minor surgery, and dental services to those where quality medical care is limited or unavailable. The time in the community for a 410 Bridge medical team will involve treatment, education, relational activities, and spiritual growth opportunities for the team and community members.

- « U.S. Team – Providing care in medical/dental clinics, providing medical training seminars and using their individual gifts to administer God’s love and grace to 410 Bridge community members. It is important to note that a medical clinic provides an opportunity for service teams to share the Word of God and pray with community members.
- « Community – Medical and dental care will be provided to communities where it is scarce.

WHO IS IMPACTED?

Members of 410 Bridge communities and surrounding areas whose needs are identified as medical or health related.

WHAT IS THE COST?

2019 Guatemala medical program costs with The 410 Bridge ordering medications and supplies is \$2,150. If a team wants to gather their own medications and supplies the program cost is \$900. Teams with dentists may choose to order additional supplies at an added cost.

COMMUNITY CONTRIBUTION

Community leadership councils (LC) will work with 410 Bridge staff members to provide the location of the medical clinic and training topics to benefit the community. They will also be responsible for mobilizing community members to attend the clinic.

410 BRIDGE STAFF CONTRIBUTION

The 410 Bridge Guatemala staff will be responsible for allocating local medical professionals, translators, and pastors to assist the team. The 410 Bridge medical liaison is responsible for ordering the medications and medical supplies needed during clinic unless the team opts to procure their own. If additional medication or supplies are suggested from the Guatemala staff for the team to bring, team leaders will be made aware from the U.S. office.

TEAM CONTRIBUTION

Team leaders or the sending church/organization are responsible for the following:

- « Provide The 410 Bridge with the number of medical professionals on the team and the skill set of each team member 3 months before departure.
- « Provide updated medical licenses to the U.S. 410 Bridge office at least 2 weeks before departure.
- « Upon receiving the finalized medications and supply list, coordinate any additional supplies the team plans to bring into Guatemala for the clinic (keep airline baggage regulations in

mind). An example of additional supplies to bring is on pages 9-10.

- Please check the expiration date of medications to avoid short expiration dates if team opts to obtain their own.
 - Boxes and totes are no longer allowed as checked luggage into Guatemala. Teams will need to put the medications and supplies in their luggage, duffle bags, or backpacks. Items in boxes and totes are considered “goods” and will be taxed.
- « Upon arrival, organize the medical supplies for the week and assign different roles and responsibilities for clinic management and community activities with your team based on your itinerary and the skills/passions of the team members.
- For purposes of ensuring medications and supplies are safe, not every team will be able to set up clinic the day they arrive to the community. Some will be asked to set up clinic the next day.
- « Dentists and oral surgeons will need to collect their own supplies as needed for extractions and small oral surgeries.
- « Work each day in the community with the local leadership, doctors, nurses, and translators to ensure that all interactions and services are provided in a culturally appropriate and healthy manner.
- « Conduct medical home visits in the community, as indicated by the itinerary, to enable medical team members to provide care for community members who are unable to attend the medical clinic.

NUMBER OF MEDICAL PROFESSIONALS PER TEAM

The number of medical professionals on each service team will vary. However, in order to provide optimal medical services in a 410 community, a team composition of medical professionals is paramount (please see list below). Team members without medical training are welcomed and can be of great help on medical trips. Teams, along with The 410 Bridge Community Coordinator, leadership council members, a local doctor and/or nurse(s), as well as translators, will work alongside each other during clinic hours to assist with the workload.

- « **Team composition (essential):**
- 1 doctor
 - 1 physician’s assistant
 - 3 nurses
 - 1 pharmacist
 - Non-medical team members
- « **In addition (optional):**
- Dentist
 - Physiotherapist
 - EMT (Emergency Medical Technician)
 - Gynecologist
 - Ophthalmologist
 - Mental health occupations

Many 410 Bridge communities are in great need of dental and ophthalmological services, so medical teams with these specialties would be highly valuable.

RESOURCES

- « The 410 Bridge orders medications and supplies through a medical mission organization, Blessings International. A custom order can be created for each team or the team may opt for a general order. If teams opt to get their own medications and supplies, they will need to send the list to the U.S. office for review. Please be sure to only bring medications that expire at least 6 months after your team returns.
- « Even with the U.S. office placing the medication order, any medications or supplies the team plans to provide (beyond those ordered by The 410 Bridge) will need to be approved by The 410 Bridge and will need to be gathered, packed, and transported by the team. Any extra supplies will need to be donated or funded by the team.
- « For medical trainings, The 410 Bridge will provide suggested topics based on the communities' needs. The team has the option to provide training props and/or printed handouts for community members. Please keep in mind literacy and language translation may be an issue. There may also be a large or indeterminable number of community members in attendance.
- « A Patient Triage Form, Health Screening Form, Prayer Ministry Guide, and Prayer Ministry Follow-Up Form are provided in the back of this manual on pages 13-16.

TIME FRAME

Time frames will vary by team. Three to five days of seeing patients is typical of most medical team itineraries.

PRE-TRIP:

- « Team provides number of medical professionals planning to treat patients and teach community members. A list of all team members' skill sets should be sent to The 410 Bridge three months before trip departure.
- « The 410 Bridge will communicate the number of local doctors and/or nurse(s) along with translators that will be assisting the team.
- « The 410 Bridge will provide a trip itinerary with times designated for medical clinic work and medical training based on your team's size, skill set, and specific community needs.
- « Medications will be ordered either through 410 Bridge or by the team. Include a time during a pre-trip meeting to pack is recommended for teams to divide up the medications and supplies among the team members.
- « In Guatemala, most of our communities have local clinics. Teams should not expect to have access to any of the clinic's supplies or medications, only use of the building itself and the staff.
- « The team should work to assign different roles and responsibilities for clinic management and community activities based on the itinerary plan.
- « The team will be responsible to fund, collect, pack, and carry any additional supplies elected to take on the trip.
- « The team will need to carry the following documents while traveling: The 410 Bridge customs letter, medical license of each medical professional, and the medications list.
- « As part of pre-trip planning, The 410 Bridge highly recommends assigning every team member to a clinic station and go over responsibilities of each, including who is responsible for teaching the health training topics.

DURING TRIP:

- « A briefing will happen the day clinic starts between the local medical personnel, the U.S. team, and the Guatemala team leader. This briefing is to establish where everyone will be stationed, the flow of clinic, answer any questions, and to lift the clinic up in prayer before it starts.
- « Depending on the community's resources, the medical clinic operation may be set up in a few different ways. In communities where there is a local clinic, the team will serve there. Communities without a local clinic will set up a pop-up clinic in a school or church.
- « Some teams will work outside the clinic to provide health screenings in schools or treatment to community members who cannot leave their homes. This is called a medical home visit. Our staff will prepare school health screenings, medical and non-medical home visits, and medical trainings to engage your team in.
- « Unused medication and supplies will be kept and given to the local clinic your team is working with.

POST- TRIP:

- « Take The 410 Bridge's electronic survey and provide feedback about your experience.
- « A post-trip debrief with The 410 Bridge U.S. staff will be scheduled.
- « Provide The 410 Bridge with information about the number of patients seen, illnesses observed, and treatments offered.

MEDICAL TEAM FAQs

WHAT IS THE PURPOSE OF A MEDICAL SERVICE TRIP?

Medical teams provide medical, dental, and minor surgical care to communities where health care services are limited or unavailable. Revisiting a community, establishing relationships, and learning about the community's specific health care needs provides opportunities for educating the community on short-term and long-term health care solutions. Prevention and education are important components of the overall care provided. Empowering the community with tools to establish and maintain their health is an important aspect of the services a medical team can offer.

Medical service also provides an opportunity to share the Word of God and pray with community members who may otherwise not regularly (if ever) attend church. Serving in a medical clinic is a wonderful avenue to use your gifts to administer God's love and grace in many ways. The best medical care addresses physical, psychological, cultural, and spiritual needs. Sharing the love of Christ will have a powerful impact on those you care for and can have longer lasting results beyond any medical treatment that is given.

WHAT WILL I DO ON A 410 BRIDGE MEDICAL SERVICE TRIP?

Each medical team will have their own medical experiences and skills to contribute to the medical camp. Some teams will be able to serve in established health facilities. Depending on the area, not all teams will have access to a health facility. In this case, the medical teams may use other buildings in the communities to set up a temporary site for the team to conduct the medical camp.

Another way medical teams can serve is through health education sessions. These sessions raise awareness on basic health topics and issues. Medical professionals should conduct themselves according to their knowledge, skills, training, and experience as they would in the United States. Nurses, nurse practitioners, physician assistants, technicians, and non-medical personnel will work under the guidance of practicing physicians and/ or local medical personnel.

Non-medical personnel can assist throughout different aspects of the clinic. Some roles that a non-medical volunteer may fill can include: patient in-take and medical history, patient and community health education, medication disbursement, documentation, journalist or photographer, prayer support, and more. During clinic, the local pastors alongside U.S. team members will be involved in sharing the Word of God about healing and faith. At the prayer room, there will be one-on-one time to share with willing patients and offer personal prayers according to specific needs. Every job is as important as the other and everyone's skills come together to provide the needed care.

WHAT IS A MEDICAL HOME VISIT?

A medical home visit is a visit to the home of a patient that may have difficulty reaching the clinic venue. This is preferably done by medical practitioners from the U.S. team and the Guatemala team, along with leadership council members in attendance as a relational bridge. These homes are chosen in advance of your team's arrival. Such visits are very helpful to both parties in building relationship and providing for needs otherwise not attended to.

The medical team may also do a *non-medical* home visit where they are able to interact with community members and learn about their culture. This activity is also very impactful as it gives a medical team context for the people they are treating in the clinic.

WHAT DO SCHOOL HEALTH SCREENINGS INVOLVE?

Health screenings done at schools will include assessing the students' health in general. The parents of those identified with health needs are notified so they can take appropriate action. This

activity is very important as it helps identify issues in the early stages. If health screenings are on your itinerary, your 410 Bridge trip communicator will tell you how any copies to print and bring with you.

WHAT ADDITIONAL MEDICATIONS OR SUPPLIES SHOULD THE TEAM PLAN TO BRING?

If there are additional medications or supplies the team wishes to add, the team leader should consult The 410 Bridge first on this matter.

Things to consider when prescribing medication and working in medical camps in Guatemala:

- « Birth control is not available in many of the communities and prenatal care, including pregnancy tests, are typically not to be found. Women of childbearing age should be considered pregnant until proven otherwise. Medication should be prescribed cautiously.
- « Consider the environment when prescribing medications. For example, if the patient works in the fields or is in the sun all day, they should not be given medicine that has photosensitivity as one of the side effects.
- « Medications that need to be tapered off should be used cautiously.
- « Pediatric medication that needs to be reconstituted with water or requires refrigeration once diluted should not be prescribed or taken. Water is provided for reconstitution and the reconstitution will be done before dispensing the medicine to the patient. Please avoid medicines that require refrigeration.
- « Information may not be readily volunteered unless specifically asked. Depending on literacy, teams may need to provide instructions for taking medication to another member of the family. U.S. team members will always be working alongside Guatemalan personnel and translators, so any instruction needed will be translated into the local language.

HOW SHOULD EACH TEAM MEMBER PREPARE FOR THE TRIP?

- « A general background in general medicine will serve most physicians well. A review in diagnostic evaluation is highly recommended. Treatment is based on history and physical examinations. In rare cases, we may be able to carry out some lab tests especially when working in a healthcare facility. One or two reference books are helpful in diagnosing unfamiliar illnesses such as Chikungunya, Malaria, Typhoid Fever, Dengue Fever, and intestinal worms.
- « Learn a few words or phrases in the local language – hello, goodbye, please, and thank you.
- « Pray that you will serve each patient to the best of your ability. Make every effort to model Christ-like behavior while serving patients and team members with dignity, love, and a servant's heart.
- « Be prepared to share the gospel with patients as well as their extended family members accompanying them.
- « Adjust your goals for the conditions and limitations you are going to face.
- « Be flexible!

HOW SHOULD MY TEAM ORGANIZE ROLES AND RESPONSIBILITIES FOR THE CLINIC?

The way in which a team is organized to work in the medical clinic will be based on the number of medical professionals planning to treat patients on the team. Examples of some of the roles that can be filled in a medical clinic include triage, patient treatment, pharmacy, follow-up/prayer ministry, health training leader, entertaining children, and being a floater. Please see pages 10-11 for station definitions and guidelines along with a flow chart of what your clinic stations could look like. Team members should know their roles and prepare accordingly before departing to Guatemala to serve.

HOW SHOULD WE GO ABOUT PRAYING FOR PATIENTS?

We believe that prayer is a crucial part of all trips, especially medical ones. We recognize that some things cannot be cured through medical attention, but rather spiritual attention. After going to the pharmacy, each patient will pass through the prayer station created by your team; here, they'll have the chance to receive and engage in prayer to our Heavenly Father. Greet each patient with love. Let them know you are grateful for the opportunity to serve in their community. Let them know that you'd like to pray for their health concerns but would like to ask them a few questions first. Ask their name, how they're feeling today, and you can even ask if they go to church. Use the prayer ministry guide and be sure to print copies of the Prayer Ministry Follow-Up to take with you.

WHAT MEDICAL ISSUES WILL WE SEE DURING CLINIC?

- « Complaints related to lifestyle and environment
- « Complications from manual labor, lifting and carrying heavy loads
- « Water borne illnesses due to poor water quality
- « Sexually transmitted diseases
- « Parasitic diseases
- « Ophthalmological disorders
- « Musculoskeletal complaints
- « Respiratory diseases
- « Diarrhea diseases
- « Dental conditions
- « Wounds that need debridement: cysts, tumors, and various lesions that may require surgically related skills

HOW WILL PATIENTS PRESENT THEIR SYMPTOMS?

Patients often present multiple symptoms and complaints. They may seek treatment for things that seem like minor complaints but are significant concerns to them. They may not understand the source of their symptoms or know whether their conditions are serious or not. Most patients will not have access to medication to resolve their symptoms. They may believe that all of their complaints reflect an inner-disease process. Additionally, their complaints are being translated through an interpreter potentially making it difficult to fully understand their symptoms.

One or two reference books are helpful in diagnosing unfamiliar illnesses.

WHAT OTHER INFORMATION IS IMPORTANT TO KNOW?

- « In many 410 Bridge communities, there are few or no laboratory, radiological, or other diagnostic capabilities.
- « Working side by side with a local medical partner is critical.
- « It is important to listen, be patient, and show respect as the patients share their symptoms with you.
- « The majority of people in our communities speak Spanish but some will only speak a local dialect. Since there are so many dialects in Guatemala, our translators will not always be able to speak each one.
- « Much of the treatment provided is based on a patient's perceived symptoms; it is not an exact science.
- « Remember there is a real deficit of knowledge that we take for granted. Do not assume, for example, that a patient who has had a foot injury knows the importance of keeping the wound covered until it heals or to not go walking barefoot.
- « Realize that you can't cure everyone who comes to you for care. You can however, make a significant difference in many lives utilizing the skills you have been given by treating what you can and providing a listening ear.
- « Know that the patients appreciate all that you do, even if they aren't "cured."
- « A bridge will be formed, and relationships will be established.
- « For general, country-wide, information on Guatemala you can visit the CIA's World Factbook online.

SUPPLY LIST

- « Clip boards
- « Pens
- « Small hand sanitizers
- « Large hand sanitizers
- « Regular scissors
- « Bandage scissors
- « Large heavy-duty trash bags
- « Name tags
- « Flat sheets for privacy
- « Sharpies
- « Highlighters
- « Pen light
- « Stethoscopes
- « BP cuff - auto & manual ones
- « Walkie-talkies (quicker communication)
- « Soap, bowls, & towels to wash hands
- « Glucose meter & strips
- « Urine tests
- « Storage cubes to organize meds
- « Otoscope
- « Thermometers
- « Thermometer covers
- « Thermometer temporal, tympanic
- « Non-latex gloves
- « Triage forms
- « Band-Aid's
- « Tape: silk, paper, surgical
- « Batteries - various sizes for equipment
- « Cloth pins/duct tape to hang sheets
- « Caviwipes or Clorox wipes
- « Pulse oximeter
- « Scale - 1 adult and 1 infant
- « Chux - 100 for scales and misc.
- « Prescription papers
- « Extra copies of med list
- « Hemoglobin meter & strips
- « List of generic & brand name meds for non-medical helpers in pharmacy

SUPPLY LIST – PHARMACY SPECIFIC

- « Index cards – 2 packs for numbering system
- « Small funnel – to reconstitute meds
- « Syringe – to reconstitute meds
- « Pill trays
- « Pill counters
- « Counting trays
- « Spatulas
- « Measuring cup w/spout for pouring
- « Dose cups
- « Door shoe organizer – med organization
- « Brown paper bags
- « Small med bags

PRAYER STATION SUPPLIES

- « Bibles
- « Bowl and towels to wash feet
- « Prayer ministry follow-up forms
- « Scriptures ready

CLINIC STATIONS, RESPONSIBILITIES, & GUIDELINES

Each station can and most likely will have multiple U.S. team members and Guatemalan team members assisting each other.

INTAKE/TRIAGE:

- « Intake staff: one team member and a translator.
- « The intake area is the line waiting to be seen in triage. This is an area the translator can greet the head of the line and obtain basic information such as the patients name, age, and weight. This information should be placed on the triage form.
- « The patient will carry the triage form with them throughout the clinic.
- « Triage is how to determine the priority of patients' treatment based upon the severity of their condition.
- « Triage staff: recommended four members with at least two registered nurses and translators.
- « Once in triage, the workers should record vital signs, take a brief medical history, assess patient, take blood sugar, if needed, administer pregnancy test (if applicable and supplies accessible), document three chief complaints, then prioritize patient card with color coded sticker and direct to consultation line.

CONSULTATION:

- « Consultation staff: at least one medical doctor or physician's assistant and a translator.
- « The consultation area is where the patient will see a provider. This medical provider will review patient history, provide a diagnosis, order treatment, medication, and/or referrals needed.
- « Patients are then directed to the waiting area for treatment. This is another opportunity for other team members to socialize and pray with patients while they wait.

TREATMENT:

- « Treating staff: at least one registered nurse and a translator at each treating area or station.
- « Depending on supplies and needs within the community, the treatment nurse can administer respiratory treatments, vaccines, wound care, education on OTC meds/supplies, and assist providers with any procedures ordered.
- « It is important to educate patients on medicines or care during this time.

PHARMACY:

- « Pharmacy staff: at least one pharmacist (or nurse or pharmacy technician) to organize and lead this area and one translator. Recommended four team members.
- « The pharmacy is where patients will go to pick up any medications and or supplies needed per the provider.
- « Set-up a controlled entry point, limit patients in intake/counsel area to five or fewer.
- « While patients wait for prescriptions to be processed, effective ministry and health education can occur in waiting area.
- « Local volunteers are helpful in controlling the pharmacy waiting area as well as translating.
- « Patient should be directed back to treatment RN, if needed, or informed they have completed the clinic and directed to education area or prayer

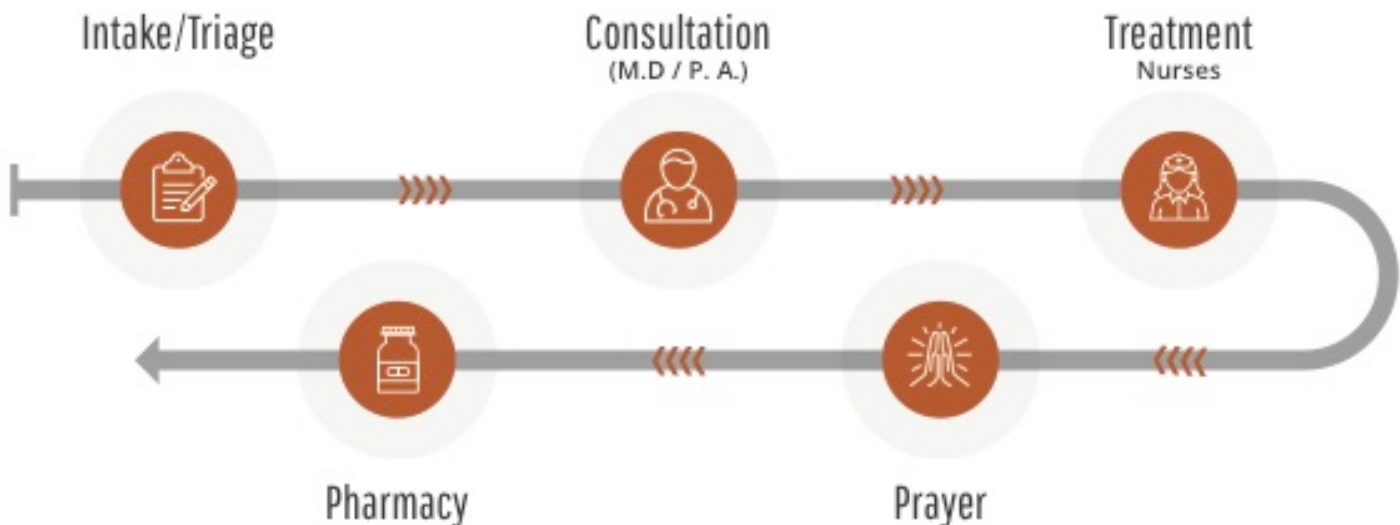
PRAYER:

- « Prayer team: at least two people in the prayer room or prayer area and a translator.
- « Prayer can be done at any point during clinic, whether in the prayer room or not. Please encourage team members to be attentive to the Holy Spirit while they're serving and be ready to stop what they're doing to just listen and spend time in prayer with patients.
- « Prayer is an essential part of clinic. Please see the Prayer Ministry Guide for more information.

EDUCATION:

- « Teaching staff: a translator and any team member able to discuss educational topic.
- « This is a designated area where patients can come and listen to small educational sessions based on the needs of the community as well as the educational topics provided by The 410 Bridge.
- « Team members should be assigned for a teaching time slot prior to the trip. This way the member is prepared for the topic and there is a smooth rotation while the clinic is in progress.
- « Education can happen in any number of ways and areas, that is why it does not have a designated spot on the clinic rotation example below.

CLINIC ROTATION EXAMPLE



TRAINING TOPICS

Specific training topics will be listed on your detailed itinerary. Below are our most common training topics for educational purposes with community members and brief descriptions of each. Our goal in creating a long-term solution to health issues in our communities means teams will not only treat but also spend an allotted amount of time training community members. Clinic does not need to end for training to take place. Create a space for a few team members to provide education while patients are waiting or pull team members at allotted times on the itinerary for specific training time and topics.

PRE-NATAL CARE, CHILDBIRTH, & POST-NATAL CARE

Pre-natal care, also known as antenatal care, is a type of preventive healthcare. The goal is to provide regular check-ups with health care providers to evaluate, treat and prevent potential health problems during pregnancy for the mother and baby. Prenatal care is extremely important in reducing maternal death rates, birth defects, and miscarriages.

Childbirth is the process of birth of one or more babies as well as the placenta from the womb to the outside world.

Post-natal care is the evaluation of the mother and baby after delivery. This care should be received for 6-8 weeks after birth. It is extremely important to follow up with post-natal care as it is a critical phase with the mother and baby's health. Post-natal care includes advice on breastfeeding as well as common and serious health issues with mom and baby.

GENERAL HYGIENE

Poor water and washing conditions are one of the major causes for illness and death throughout developing world countries and is one of the top causes for diarrhea related deaths in children. Intestinal and respiratory infections are the leading cause of death in young children in developing world countries. Hygiene promotion is the most cost-effective health intervention. Women and girls are usually affected greater by poor sanitation and water conditions. Other hygiene practices to provide education on are: food hygiene, general hygiene such as surface cleaning and laundry, control of wastewater and rainwater, care of animals, and control of insects.

DISEASE PREVENTION & EDUCATION

While most diseases or illnesses in our communities could be prevented or treated with medicine, treatment is not always available to community members for several factors. Education on prevention or natural ways to prevent illness is extremely valuable. You will be given a list of training topics based on the community you are traveling to before your trip. The most common education training topics include CPR/First Aid, infectious diseases, parasitic diseases, dehydration, and general hygiene.

TRIAGE FORM

An editable word doc of this form is available from your 410 Bridge trip communicator.

Name/Nombre:				Date/Fecha:			
Age/Años:	WT:	HT:	Female/Hembra	Male/Masculino	BP:	Temp:	
Are you pregnant? /¿estas embarazada?			Yes/Sí How many months?/¿cuántos meses?			No/No	
Allergies/alergias:							
Current medications/medicamentos actuales:							
Chief complaints/ principales quejas:							
Symptoms/Síntomas							
Pain/Dolor		Skin/Piel			Other/Otro		
Head/Cabeza:		Fungus/Hongo:			Runny Nose/Nariz moquienta:		
Stomach/Estómago:		Rash/Erupción:			Cough/Tos:		
Joints/Articulaciones:		Sores/llagas:			Worms/Lombrices:		
Body/Cuerpo:		Problem with/Problema con			No appetite/Sin apetito:		
Back Pain/Dolor de espalda:		Eyes/Ojos:			Loose Stools/Diarrea:		
Other/Otro:		Ears/Orejas:			UTI/Infección del tracto urinario:		
Other/Otro:		Tooth/Diente:					
Doctor Notes / Notas del doctor:							
Prescriptions/Prescripción:							

HEALTH SCREENING FORM

This is different than the triage form in that it is to be used in schools and act as a referral to the clinic for follow-up assessment and treatment. This is also available in an editable Word doc for easier printing.

Name/Nombre:				Date/Fecha:		
Age/Años:	WT:	HT:	Female/Hembra	Male/Masculino	BP:	Temp:
Allergies/ alergias:						
Current medications/medicamentos actuales:						
Chief complaints/ principales quejas:						
Symptoms/Sentòm						
Pain/Dolor		Skin/Piel			Other/Otro	
Head/Cabeza:		Fungus/Hongo:			Runny Nose/Nariz moquenta:	
Stomach/Estómago:		Rash/Erupción:			Cough/Tos:	
Joints/Articulaciones:		Sores/llagas:			Worms/Lombrices:	
Body/Cuerpo:		Problem with/Problema con			No appetite/Sin apetito:	
Back Pain/Dolor de espalda:		Eyes/Ojos:			Loose Stools/Diarrea:	
Other/Otro:		Ears/Orejas:			UTI/Infección urinario:	
Other/Otro:		Tooth/Diente:				
Notes / Notas:						

PRAYER MINISTRY GUIDE

This is to be used in the prayer room or at any time during clinic where prayer is offered.

Greet them in their dialect and introduce yourself.

Let them know:

- a. You are grateful for the opportunity to serve in their community.
- b. You would like to pray for their health concerns but would like to ask a few questions first if they are agreeable.

Ask if they attend church:

Yes____ No____ If yes, indicate church on Prayer Ministry Follow-Up Form.

For church attendees:

Ask what their relationship with Jesus means to them. (e.g. how have they seen Him work in their lives, how has He helped them through difficulties, etc. This can shed light on whether they have actually placed their faith in Christ. If you have the impression they are **not** yet a believer, see below for non-church attendees.

- a. Besides health concerns, ask what else you can pray about for them. (Use space on Prayer Ministry Follow-Up Form)
- b. Pray for their needs and for encouragement in their walk with Christ.

For non-church attendees:

- a. Ask what has been a barrier for them in pursuing a relationship with God. (Avoid questions merely requiring a yes/no answer. This enables you to get more pertinent information.)
- b. Listen and respond. Address any other objections.
- c. Ask them if there is any reason why they would not want to pray to receive Christ right now.

Prayer of salvation - ABC Method:

Admit you are a sinner.

Believe Jesus died on the cross for your sins.

Confess that Jesus is your Lord and Savior.

If they pray to receive Christ, mark a cross on the top right corner of the form.

Talk about next steps.

Local pastors will be in the prayer room with U.S. team members. Point to the local churches and pastors as resources for everyone who receives prayer. Encourage them to connect to a community of believers.

RETURN FORMS to the Guatemala Team Leader or Leadership Council to pass on to the community pastors.

PRAYER MINISTRY FOLLOW-UP FORM

Patient Name: _____ Number: _____ (if applicable)

Tel. Contact: _____ Location/Village: _____

Attends Church: Yes ___ No ___ Church Name/Preference: _____

PRAYER REQUESTS

* These forms will be distributed to the pastors in the community with the intention that they will follow up with anyone who accepted Christ during this time, has shared significant struggles where support is needed, has asked for help, etc.

COMMON MEDICAL ISSUES IN GUATEMALA

Adult

- « Acid reflux
- « Amebiasis
- « Anxiety
- « Chronic or lifestyle diseases
- « Common cold
- « Dental
- « Depression
- « Fibromyalgia
- « Gastrointestinal infections
- « Joint pain
- « Optic neuritis
- « Osteoarthritis
- « Urinary tract infection
- « Vaginosis

Child

- « Amebiasis
- « Anemia
- « Asthma
- « Bacterial tonsillitis
- « Common cold
- « Dental
- « Gastrointestinal infections
- « Middle ear infection
- « Parasitic worms
- « Respiratory infections
- « Undernutrition