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Published 09.02.2024

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# Adult - Neck and shoulder pain

Published: 26.01.2024

Revision: 3

## Grounds

### Find out

- ▶ What symptoms does the patient have?
- ▶ Injury?
- ▶ When did the symptoms start?
- ▶ How long has it taken for the symptoms to develop?
- ▶ Has the situation grown worse and in what time period?
- ▶ Has the patient previously experienced these symptoms?
- ▶ What led them to seek treatment now?
- ▶ When do they feel the pain? When at rest/when moving?
- ▶ Pregnancy at less than 12 weeks (possibility of an ectopic pregnancy)? Any recent abdominal region surgery?
- ▶ General condition?

### See also

*No symptom cards*

## Emergency – 112

- ▶ Suspicion of a nerve or vessel event
- ▶ Neck/shoulder pain and basic organ function disorder (a respiration rate of more than 20, a heart rate of more than 100, SpO<sub>2</sub> less than 92%)
- ▶ Obstructed airway, insufficient respiration, shock

## Referred to treatment 24/7

- ▶ Severe pain radiating to an upper extremity
- ▶ Previous accident
- ▶ Stiffness of the neck, high fever (>38.0 C), meningism, petechia and other skin symptoms
- ▶ Motor impairment symptom in limb

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Local pain that reduces functional capacity
- ▶ Sudden severe neck pain

## Appointment within 1-3 days

- ▶ Mild numbness in both upper extremities without other symptoms (neck and shoulder symptom)

## Non-urgent appointment (4-7 days)

- ▶ Aggravation of old neck issues

## Advisory service / home care

*No grounds*

## Additional information

### Possible ICPC 2 codes

- ▶ L01 - Niskan oire/vaiva
- ▶ L02 - Yläselän oire/vaiva
- ▶ L18 - Lihaskipu

### More information

*No content*

### Home care instructions

In local neck pain, the primary treatment is continuing normal activity and pain relief using pain medication.

Exercise to improve muscle strength or endurance in neck and shoulder muscles may be useful in chronic neck pain.

# Adult - Diarrhoea and constipation

Published: 08.02.2024

Revision: 4

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved? How is the patient breathing?
- ▶ Primary diseases? - Medication? - Allergies? Age?
- ▶ When did the symptoms start? Gotten worse and over what period? How severe are the symptoms, number of times have they had to go to the toilet due to diarrhoea?
- ▶ Is the diarrhoea loose/watery/bloody?
- ▶ If there is blood in the diarrhoea/stool, is it dark or bright?
- ▶ Any fever, general condition?
- ▶ Are there other symptoms (e.g. vomiting, stomach pain, intestinal inactivity, suspected obstruction)?
- ▶ Any sudden loss of weight? Have your family and friends had the same symptoms? Have you used OTC products?
- ▶ Travelled abroad recently?
- ▶ Where does the patient work? (NOTE! Restaurant sector)

### See also

- ▶ Abdominal pain
- ▶ Problems urinating
- ▶ Symptom in the anal area
- ▶ Vomiting

## Emergency – 112

- ▶ Bloody diarrhoea with severe symptoms
- ▶ Black stool + decline of general condition
- ▶ Exceptionally painful
- ▶ Severe disruption of basic vital function or change to level of consciousness
- ▶ Diarrhoea and dehydration of person with diabetes

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Diarrhoea with severe symptoms
- ▶ Bloody diarrhoea or black stool
- ▶ Constipation with faecal vomiting
- ▶ Fever >38.0 C
- ▶ Suspicion of severe dehydration
- ▶ Septic diagnosis
- ▶ Severe diarrhoea of an organ transplant patient or immunocompromised patient
- ▶ Cardiac patients, the elderly, Addison patients, pregnant women with less severe symptoms
- ▶ Diarrhoea of diabetes patient with possible dehydration

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Diarrhoea with severe symptoms
- ▶ Suspected obstruction in patient that has undergone abdominal surgery
- ▶ Constipation and vomiting/nausea
- ▶ Diabetic diarrhoea, no indication of ketoacidosis
- ▶ Exacerbation of inflammatory bowel disease and decline of general condition
- ▶ Gastroenteritis in a pregnant person, changes in general condition
- ▶ Functional/treatment problems with intestinal ostomy
- ▶ Gastroenteritis requiring sick leave

## Appointment within 1-3 days

- ▶ Blood in stool (small amount), primary disease known
- ▶ Stool has turned black, good general condition
- ▶ Constipation (prescription-free constipation products tested)
- ▶ Inflammatory exacerbation of bowel disease if no decline in general condition and medication for flares at home
- ▶ Constipation/difficulty with intestinal function of a long-term patient
- ▶ Has recently travelled abroad
- ▶ Gastroenteritis of pregnant person, good general condition
- ▶ Suspected obstruction in patient that has undergone abdominal surgery, mild symptoms

## Non-urgent appointment (4-7 days)

- ▶ Prolonged disabling diarrhoea
- ▶ Prolonged diarrhoea and weight loss
- ▶ Prolonged diarrhoea, good general condition
- ▶ Repetitive or intermittent constipation as a new symptom
- ▶ Recurrent constipation
- ▶ Streaks of blood in stool or when wiping

## Advisory service / home care

- ▶ Constipation without abdominal pain
- ▶ Constipation in patients who have not undergone abdominal surgery, good general condition
- ▶ Mild diarrhoea, symptoms in less than 5 times per day, getting better
- ▶ Good general condition, no vomiting, no fever
- ▶ Gastroenteritis requiring sick leave

## Additional information

### Possible ICPC 2 codes

- ▶ D11 - Ripuli
- ▶ D12 - Ummetus

### More information

- ▶ [Päivystystalo: Food poisoning \(self-care instructions\)](#).
- ▶ [Päivystystalo: Constipation \(self-care instructions\)](#).

## Home care instructions

Normal gastroenteritis: rest, consumption of liquids (sugar-salt powder in drink), light foods where possible.

In case of diarrhoea, loperamide (Imodium) as necessary, if there is no blood in the faeces or fever.

Short-term constipation with no severe abdominal pain and a good general condition can be treated at home with stimulating laxatives (e.g. Laxoberon) and/or a miniature enema (e.g. Microlax)

In the treatment of long-term constipation, the primary priority is adding fibres and liquids to the diet, 20–35 g of fibre per day, 1.5–2 l of water per day, and increasing physical activity. In addition, Vi-Siblin daily and, if necessary, Pegorion regularly.

# Adult - Heat exhaustion, sunstroke

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved? How is the patient breathing?
- ▶ Age
- ▶ How was the patient exposed
- ▶ Symptoms/difficulties
- ▶ Primary diseases/medication/allergies
- ▶ Which part of their is injured?
- ▶ Scope and depth of injury
- ▶ Pain intensity (VAS scale)
- ▶ First aid measures

### See also

- ▶ Burns
- ▶ Dehydration
- ▶ Skin symptoms
- ▶ Sudden confusion

## Emergency - 112

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Poor general condition
- ▶ Severe general symptoms

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Headache, irritation, nausea, dizziness: instruct the person to go into a cool place, rest and drink fluids, and to take painkillers if necessary.

# Additional information

## Possible ICPC 2 codes

- ▶ A88 - Fysikaalisen tekijän haittavaikutus

## More information

- ▶ [Päivystystalo: Sunburned skin \(self-care instructions\)](#).
- ▶ [Päivystystalo: Over exposure to the sun and hyperthermia \(self-care instructions\)](#).

## Home care instructions

First aid for hyperthermia involves cooling which must be initiated immediately. Lying on side. Cooling as quickly as possible (already on site). The preferred method is splashing, spreading or spraying water on the person's entire skin and simultaneous efficient ventilation with 2-3 fans or by fanning clothing. Immersion in cold water is the fastest way to cool a healthy body. The method is not recommended for cooling elderly people, children or people with primary diseases due to its strong effect on circulation. Cold packs are useful when placed correctly. Good places include armpits, neck and the groin area. The treatment of the sunstroke is to move to a cool place, rest and consume fluids. Heat swelling is swelling provoked by the heat of the lower limbs, which people with hypertension and who are overweight are susceptible to. The treatment involves rest, raised limbs and consumption of plenty of fluids.

Ensuring sufficient consumption of fluids is important in the treatment of all sudden heat-related illnesses.

# Adult - Pressure injuries, decompression sickness

Published: 01.02.2024

Revision: 3

## Grounds

### Find out

- ▶ Description of the dive
- ▶ Condition of the diving partner
- ▶ Is a possible dive computer being brought to the emergency clinic with the patient
- ▶ Age
- ▶ How were they exposed
- ▶ Symptoms/issues
- ▶ Primary diseases/medication/allergies
- ▶ Which part is injured?
- ▶ Scope and depth of injury
- ▶ Pain intensity (VAS scale)
- ▶ First aid measures

### See also

*No symptom cards*

### Emergency – 112

- ▶ Visual impairment and paralysis symptoms following scuba diving

## Referred to treatment 24/7

Decompression symptoms occurring after scuba diving: tingling of one or more limbs, feeling of

- ▶ pins and needles on the skin, unspecified pains in (large) joints, marbled skin (note: declining general condition if sepsis in the background) and fatigue

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ Ear pain related to flying, symptoms persist >10 days

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Normal ear pain related to flying

# Additional information

## Possible ICPC 2 codes

- ▶ A88 - Fysikaalisen tekijän häiritsevä vaikutus
- ▶ H01 - Korvan kipu/särky
- ▶ H02 - Kuulo-oire

## More information

*No content*

## Home care instructions

Ear pain which began during a flight, feeling of blocked ear, or blocked ear in a situation where the post-flight pain in the ear has eased and the patient has no acute hearing impairment, dizziness or vomiting, can be treated at home.

The prognosis of pressure injury in the middle ear is good and most patients heal without special treatment. NSAID is usually sufficient as pain medication. Mucous membrane swelling in the nasopharynx and the auditory tube can be reduced by using nasal sprays to reduce mucous membrane swelling. At the same time, pressure equalisation is performed using the Valsalva manoeuvre several times a day (an adult patient can also use the Politzer device to open the auditory tube) for 10 days. If the symptomatic treatment does not help in 10 days, the patient is referred to an appointment.

# Adult - Allergic reaction, anaphylactic symptom

Published: 18.12.2023

Revision: 6

## Grounds

### Find out

- ▶ Is this a sudden reaction or a long-term symptom?
- ▶ Duration and progression of symptoms?
- ▶ Is the person breathing normally?
- ▶ How is the patient speaking? Do you hear extra sounds when they breathe? Is there swelling of the pharynx or numbness in the oral region?
- ▶ General condition? Previously similar symptoms? Other symptoms? (rash, itchiness)
- ▶ Allergies, primary diseases?
- ▶ Use of adrenaline/allergy medication?
- ▶ Do they know what the reaction is due to? (new medicines/food/bee or insect sting?)
- ▶ Does the person have a fever?

## See also

- ▶ Bite and sting by an insect or tick
- ▶ Cough
- ▶ Dizziness
- ▶ Dyspnoea
- ▶ Low blood pressure
- ▶ Pain or symptom in the face without prior injury
- ▶ Poisoning (intoxication)
- ▶ Skin symptoms
- ▶ Throat symptoms and sore throat

## Emergency – 112

- ▶ Anaphylactic reaction, not awake, general condition has collapsed
- ▶ Strong dyspnoea, unable to speak sentences
- ▶ Difficulty in forming sound
- ▶ Swelling of the larynx, raspy, wheezing breathing, coughing fits
- ▶ Swelling around the neck or mouth region
- ▶ Known severe allergy, previous anaphylactic reaction
- ▶ Used adrenaline

## Referred to treatment 24/7

- ▶ Swelling of the face
- ▶ Feeling of palpitations/arrhythmia
- ▶ Nausea/vomiting
- ▶ Sudden skin reaction, severe itching, extensive blistering
- ▶ Extensive skin reaction, has tried allergy medication -> no help
- ▶ Shortness of breath

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Extensive skin symptoms/rash
- ▶ Flushing, redness, pins and needles
- ▶ Severe swelling of eyelids
- ▶ Local or milder skin reaction, urticaria/nettle rash, has tried allergy medication -> no help

## Appointment within 1-3 days

- ▶ Mild itching, blistering, local skin reaction/swelling
- ▶ Skin reaction, has tried allergy medication -> no help
- ▶ Watering of eyes/discharge from eyes
- ▶ Transient and recurring symptoms (general condition good)
- ▶ Renewal of allergy medicine prescriptions, former medicines are not adequate
- ▶ Mild swelling of eyelids

## Non-urgent appointment (4-7 days)

- ▶ Suspicion of occupation-related reaction
- ▶ Watery cold
- ▶ Transient and recurring symptoms, which do not cause harm (general condition good)

## Advisory service / home care

- ▶ Renewal of allergy medicine prescriptions (My Kanta), former medicines are not adequate

# Additional information

## Possible ICPC 2 codes

- ▶ A92 - Allergia / allerginen reaktio, määrittämätön

## More information

- ▶ [Päivystystalo: Allergy symptoms \(self-care instructions\)](#).
- ▶ [Päivystystalo: Insect bites and stings \(self-care instructions\)](#).
- ▶ [Päivystystalo: Nettle rash \(self-care instructions\)](#).

## Home care instructions

In the event of anaphylactic symptoms, an adrenaline pen (Epipen/Jext) immediately on the outer side of the thigh if the patient has a pen of their own + 20 mg of Prednisolon (if prescribed) + antihistamine p.o.

For severe skin symptoms take antihistamine Cetirizine 10mg x1 or Hydroxyzine 25-50mg x1 for a few days.

# Adult - Skin symptoms

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ What symptoms does the patient have? Do they have a fever?
- ▶ When did the symptoms start?
- ▶ Has the situation grown worse and in what time period?
- ▶ Similar symptoms previously? Pain?
- ▶ How has this been treated at home?
- ▶ Does the finger/toe work normally?
- ▶ Head lice and pubic lice: single infection or possible epidemic in school or daycare. In suspicious situations, a notification to primary health care in the region
- ▶ See treatment of head lice at Terveysportti
- ▶ When a patient has the pox, take into account the need for isolation

### See also

- ▶ Allergic reaction, anaphylactic symptom
- ▶ Bite and sting by an insect or tick
- ▶ Cuts and wounds
- ▶ Dyspnoea
- ▶ Sexually transmitted diseases

## Emergency – 112

- ▶ Sepsis diagnosis (rapidly developed swelling, redness and pain in the infected area, sometimes blistering and cyanosis, severe general symptoms and feeling of illness)
- ▶ Severe allergic reaction
- ▶ Skin reaction, hives, urticaria if shortness of breath, swelling in the respiratory tract or extensively
- ▶ Necrotising fasciitis (blistering of the skin, severe swelling, visible changes to skin over a large area, numbness of the skin and severe general symptoms)
- ▶ Suspected gas gangrene (tissue around the wound is swollen, painful, popping sound when pressed, may form bubbles in skin)

## Referred to treatment 24/7

- ▶ Petechia and infection symptoms
- ▶ Suspected bacterial erysipelas with fever as a general symptom
- ▶ Skin reaction, hives, urticaria
- ▶ Big blisters or extensive blistering
- ▶ Significant allergy background
- ▶ Severe itching (continuous, disturbs sleep)
- ▶ Subcutaneous air
- ▶ Suspected necrosis
- ▶ Suspected viral disease if the patient is immunocompromised (medication, congenital reasons)

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Initial assessment of inflammatory skin symptoms (e.g. erysipelas), good general condition, no fever
- ▶ Shingles (one-sided pain + blisters)
- ▶ Moderate itching (continuous, does not disturb sleep)
- ▶ Herpes (extensive blistering of skin and mucous membrane, fever, nausea, eye symptoms, facial paralysis symptoms)
- ▶ Suspected measles
- ▶ Skin reaction, hives, urticaria
- ▶ Painful haematoma under nail
- ▶ Paronychia with severe symptoms

## Appointment within 1-3 days

- ▶ Itching, rash
- ▶ Chafing areas between toes, crook of elbow, knee, etc.
- ▶ Big, palm-sized bruises, abnormal or new bruises spontaneously/abundantly
- ▶ Paronychia
- ▶ Head lice: severe symptoms or diagnosis uncertain
- ▶ Painful chafing and blisters
- ▶ Severe itching of skin (pregnant people, maternity clinic)
- ▶ Impetigo (larger than the tip of your thumb)
- ▶ Herpes blisters elsewhere on the skin
- ▶ Suspected scabies infection
- ▶ Pubic lice in hairy areas
- ▶ Infectious poxviridae / suspected case

## Non-urgent appointment (4-7 days)

- ▶ Exacerbation of atopic or chronic rash
- ▶ Assessment/removal of changes in papules, mole and nails
- ▶ Fast-growing or bleeding mole, change on skin that is growing (max. 1-2 weeks)
- ▶ Recurrent herpes
- ▶ Warts, water warts, calluses if OTC products are not helpful

## Advisory service / home care

- ▶ Exacerbation of chronic rash
- ▶ Bruises that appear spontaneously. Large, palm-sized abnormal - Follow-up (if necessary, assessment of current medication during office hours, blood thinning medication)
- ▶ Herpes (Terveyskylä)
- ▶ Mild paronychia
- ▶ Warts, water warts and calluses
- ▶ Poxviridae with typical symptoms
- ▶ Suspected scabies infection
- ▶ Head lice or suspected case of lice
- ▶ Human pinworm

## Additional information

### Possible ICPC 2 codes

- ▶ S01 - Ihon kipu/arkuus
- ▶ S02 - Kutina

## More information

- ▶ [Päivystystalo: Nettle rash \(self-care instructions\)](#)
- ▶ [Ihotautitalo: urtikaria](#)
- ▶ [Päivystystalo: Wart \(self-care instructions\)](#)
- ▶ [Päivystystalo: Oral herpes \(self-care instructions\)](#)
- ▶ [Päivystystalo: Nettle rash \(self-care instructions\)](#)

## Home care instructions

Home treatment for atopic dermatitis involves with general ointment, twice a day. If necessary, apply cortisone ointment for 1-2 weeks. For atopic dermatitis of the hands, it is important to protect hands from moisture and other factors causing irritation. Sunlight often helps. Try antihistamine to stop itchiness.

To treat nettle rash, it is a good idea to take antihistamines that do not cause fatigue regularly for a few weeks, and treatment can be continued for longer if necessary. In the case of nettle rash, localised treatment of skin is not helpful.

To treat chafing areas between toes, wash and dry the area between the toes carefully a couple times a day, and wind strip of sheep's wool between the toes to prevent chafing, air baths.

To treat chafing in groin area and skin folds wash and dry carefully a couple times a day, and apply zinc cream and talc.

# Adult - Cuts and wounds

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ What caused the wound?
- ▶ Wound size? Length? Depth?
- ▶ When did the wound appear?
- ▶ What part of the body?
- ▶ What is the wound like? (e.g. jagged, straight incision, puncture, torn off skin still hanging in place)
- ▶ Is it bleeding? How much?
- ▶ Does the limb move normally?
- ▶ Are there foreign objects in the wound, such as sand? Can it be removed?
- ▶ How has this been treated?
- ▶ Any signs of infection?
- ▶ Is skin pale and sweaty? Pain?
- ▶ Primary diseases? - Allergies? Age?
- ▶ Medication?
- ▶ The patient's general condition?
- ▶ Are they on blood thinners?
- ▶ Is their tetanus vaccine up to date?

## See also

- ▶ Animal or human bite
- ▶ Blood thinning therapy
- ▶ Face injury, tooth injury
- ▶ Head pain
- ▶ Injured patient
- ▶ Injuries to limbs
- ▶ Post-procedure or treatment complication

## Emergency – 112

- ▶ Life-threatening bleeding
- ▶ Heavy bleeding, especially if blood thinners are in use
- ▶ Detached limb or other body part
- ▶ Wound in that perforates the body
- ▶ Open fracture

## Referred to treatment 24/7

- ▶ Wounds requiring sutures or glue
- ▶ Lack of peripheral circulation in wound
- ▶ Wound with suspected tendon or nerve damage
- ▶ Wound of eyelid
- ▶ Infected wound (if general symptoms such as fever, pain in the wound area, weeping puss)
- ▶ Open bleeding/infected surgical wound (as a rule, should be care for by the unit where the surgery took place)
- ▶ Post-artificial joint surgery wound infection/suspected
- ▶ Vaginal injury + bleeding (gyn.)
- ▶ Accident involving blood if suspected exposure to HIV or hepatitis B
- ▶ Problems with the negative pressure device: bandages to be removed within 2h
- ▶ Head wound on intoxicated person or person who uses blood thinners

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Open surgical wound and/or increased wound pain
- ▶ Infected wound, good general condition
- ▶ Tendon rupture without wound
- ▶ Unvaccinated or inadequate vaccination protection (Tetanus), in connection with an injury

## Appointment within 1-3 days

- ▶ New wound on lower leg (asymptomatic)
- ▶ Old wound on lower leg, symptoms growing worse
- ▶ Acute inflammation of chronic wound - good general condition
- ▶ Open surgical wound (small)
- ▶ Superficial wound infection
- ▶ Tetanus booster after getting a wound (no wound care required)

## Non-urgent appointment (4-7 days)

- ▶ Noninfected chronic wound
- ▶ Wound care, removal of sutures/staples
- ▶ Complications or conditions resulting from an injury that hamper work

## Advisory service / home care

- ▶ Broken skin, nicks
- ▶ Small puncture, scraping marks
- ▶ Need for tetanus vaccination (is administered within 1-3 days of the injury if the tetanus is valid.  
▶ Unvaccinated or unclear vaccination protection -> vaccination is administered on-call)

# Additional information

## Possible ICPC 2 codes

- ▶ A87 - Kirurgisen tai muun hoidon komplikaatio
- ▶ S17 - Hiertymä/naarmu/rakkula
- ▶ S18 - Haava/laseraatio

## More information

- ▶ [Päivystystalo: Wound \(self-care instructions\)](#)
- ▶ [THL: rokottaminen](#)

## Home care instructions

Effective first aid is often to stop the bleeding, cover the wound and get the patient to a doctor. Ensure that they have tetanus protection. If the wound does not extend beyond subcutaneous fatty tissue, most wounds on the body and limbs smaller than 2 cm in length can be treated at home. The wound area should be cleaned, preferably only under running water. Remove foreign objects from the wound, such as sand and glass fragments. Pull the edges of the wound together with a band-aid or butterfly tape, a clean dry bandage can be placed on top. The wound area must be kept clean and preferably dry for 3-7 days, depending on the size of the wound. After this, the wound can be left to heal without bandages gradually scarring in approximately a couple of weeks. If the wound secretes slightly green puss, but the surrounding are if not red or hot, daily bathing in running water is sufficient.

# Adult - High blood sugar or suspicion of recent type 1 diabetes

Published: 12.01.2024

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved? How is the patient breathing?
- ▶ Is the reason known? Diabetes, type? What kind of symptoms? When did the symptoms start?
- ▶ How high is their blood sugar?
- ▶ How long has the person's blood sugar been high?
- ▶ Do they use an insulin pump?
- ▶ How has this been treated at home?
- ▶ Is the patient pregnant?

### See also

- ▶ Abdominal pain
- ▶ Dehydration
- ▶ Diarrhoea and constipation
- ▶ Low blood sugar
- ▶ Problems urinating
- ▶ Vomiting

## Emergency - 112

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement
- ▶ Severe disruption of basic vital function or change to level of consciousness
- ▶ Blood sugar over 15 and chest pain/tachycardia/vomiting/hyperventilation

## Referred to treatment 24/7

- ▶ Blood sugar over 15 and insulin pump
- ▶ Blood sugar over 15 and fever
- ▶ Blood sugar over 15 and abdominal pain
- ▶ Blood sugar over 15 and nausea
- ▶ Blood sugar over 15 and decline in general condition
- ▶ Suspected new case of diabetes: thirst, increased urination, breath smells of acetone (weight loss and abnormal fatigue)

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

- ▶ Known to have diabetes and poor treatment balance/weight loss
- ▶ Long-term elevated blood sugar with no symptoms

## Advisory service / home care

- A person who has diabetes and is asymptomatic may try to lower their blood sugar by increasing their home medication if they have received instructions for this from the party treating it, as well as by increasing physical activity and changing their diet, a non-urgent visit with their own diabetes nurse is reserved for the patient.
- ▶ Infection or other acute illness and cortisone treatment will increase the need for insulin and resistance to insulin.
  - ▶ Sufficient hydration is always important when blood sugar is high, as hyperglycaemia causes dehydration, which in turn exacerbates hyperglycaemia and leads to cycle.

## Additional information

### Possible ICPC 2 codes

- ▶ A04 - Heikkous/väsymys, yleinen
- ▶ D10 - Oksentelu
- ▶ D11 - Ripuli
- ▶ T01 - Ylenmääräinen jano
- ▶ T08 - Painon lasku
- ▶ T87 - Hypoglykemia / matala verensokeri
- ▶ T89 - Diabetes, tyyppi 1
- ▶ T90 - Diabetes, tyyppi 2
- ▶ U02 - Tihentynyt virtsaamistarve
- ▶ W85 - Raskausdiabetes

### More information

*No content*

## Home care instructions

If the patient has diabetes but no symptoms, they can try to lower their blood sugar by increasing their home medication, if they have received instructions for this, as well as by increasing their physical activity and changing their diet. A non-urgent visit with their diabetes nurse should be booked.

Infection or other acute illness and cortisone treatment will increase the need for insulin and the body's resistance to insulin.

Sufficient hydration is always important when blood sugar is high, as hyperglycaemia causes dehydration, which in turn exacerbates hyperglycaemia and leads to a vicious circle.

# Adult - Animal or human bite

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ What animal has bitten the person?
- ▶ How large is the bite injury and where is it?
- ▶ Poisonous, communicable diseases?
- ▶ Has the bite occurred abroad?
- ▶ How old is the wound?
- ▶ Primary diseases? - Allergies? Age?
- ▶ Medication?
- ▶ The patient's general condition?
- ▶ Are they on blood thinners?
- ▶ Is the tetanus vaccine up to date?
- ▶ Need for rabies immunoglobulin treatment (bites by mammals in foreign countries or by mammals that have been brought from foreign countries)?
- ▶ Approximately 10% of human bites become infected, 5-10% of dog bites, and 30-60% of cat bites, assessment of the need for antibiotic prophylaxis

## See also

- ▶ Allergic reaction, anaphylactic symptom
- ▶ Bite and sting by an insect or tick
- ▶ Cuts and wounds
- ▶ Injuries to limbs

## Emergency – 112

- ▶ Patient in danger
- ▶ A heavily bleeding wound and bleeding will not stop with first aid
- ▶ Anaphylactic shock
- ▶ Snake bite and general symptoms

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Significant bite wound or general symptoms after getting the bite wound
- ▶ Damage may extend to the bone or joint
- ▶ Injury of blood vessel, nerve or tendon
- ▶ Blood or lymphatic circulation disorders of extremities
- ▶ Bite on hand, close to an artificial joint, close to the genitals
- ▶ Immunocompromised ( due to medication, congenital causes)
- ▶ Common European viper bite (less than 2 days) and extensive tissue swelling
- ▶ High-risk wounds (perforating the skin) if the person is unvaccinated or has inadequate vaccination protection
- ▶ Bite without disruption of basic vital functions or other risk symptoms

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ Clean/low-risk wounds - vaccination protection if not vaccinated or inadequate vaccination protection

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Small wounds and nicks on people in good basic health: instructions provided on good wound irrigation and monitoring, vaccination protection if necessary
- ▶ Suspicion of a common European viper bite, if the patient is completely asymptomatic: monitoring at home and referral to treatment if necessary

# Additional information

## Possible ICPC 2 codes

- ▶ S12 - Hyönteisen purema/pisto
- ▶ S13 - Eläimen/ihmisen purema

## More information

- ▶ [THL: tetanus vaccination](#)

## Home care instructions

The bite wound should be cleaned immediately with plenty of running tap water and an antiseptic solution and covered with a clean dry dressing or other clean cloth. If there is a suspicion of rabies, the bite wound should be washed with water and soap and the soap should be rinsed off carefully. Any detached tissue parts should be transported to the place of treatment for reattachment. Tetanus protection should be provided for bite wounds. An important factor in the post- bite treatment of limb wounds is that the limb is in a raised position, which prevents the development of swelling and inflammation. Follow-up of the wound if it becomes red, swells and or feels warm or the patient gets a fever, or if the wound does not begin to heal, a new assessment is required.

# Adult - Nausea and vomiting in pregnancy

Published: 08.02.2024

Revision: 3

## Grounds

### Find out

- Duration of pregnancy? If the gestational age exceeds 22 weeks, are there any other signs of pre-eclampsia (high blood pressure, elevated protein in urine and swelling, especially in the face and torso, headache, upper abdominal pain or visual disturbance)?
- ▶ eclampsia (high blood pressure, elevated protein in urine and swelling, especially in the face and torso, headache, upper abdominal pain or visual disturbance)?

### See also

- ▶ Abdominal pain
- ▶ Abdominal pain or bleeding of a person who is pregnant
- ▶ Vomiting

### Emergency – 112

- ▶ Collapse of general condition

### Referred to treatment 24/7

- ▶ Severe morning sickness and decline in general condition
- ▶ Suspected pre-eclampsia, call the emergency clinic for pregnant women.

### Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ Good general condition

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

*No grounds*

# Additional information

## Possible ICPC 2 codes

- ▶ W05 - Raskauspahoinvointi/-oksentelu

## More information

*No content*

## Home care instructions

Adequate rest, avoiding irritating smells, tastes and situations, having suitable small snacks. Neutral flavours and cold drinks and foods are less irritating than flavoured and warm ones. Drinks consumed through a straw cause the least sensitivity of the sense of smell.

# Adult - Tooth pain, swelling

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved? How is the patient breathing?
- ▶ Location and intensity of pain?
- ▶ Breathing difficulties because of swelling?
- ▶ What other symptoms does the patient have and when did they start?
- ▶ Determine the swelling in the mouth and its surroundings: size, hardness, localisation
- ▶ Is the person able open their mouth normally?
- ▶ How long has it taken for the symptoms to develop?
- ▶ Nature of the symptoms (pain), duration (seconds, minutes, hours....) Has the symptom grown worse and in what amount of time?
- ▶ Changes in general condition?
- ▶ Has the patient previously experienced these symptoms?
- ▶ Pain medication? Has the medicine and dosage been sufficient?
- ▶ Has there been an accident? (Do they have the detached tooth?)
- ▶ Is the accident recent or old
- ▶ Primary diseases, such as diabetes, organ transplant, cortisone medication

## See also

- ▶ Cracking or breakage of teeth, prostheses or instruments
- ▶ Face injury, tooth injury
- ▶ Jaw pain, restricted movement of lower jaw
- ▶ Post-procedure or treatment complication

## Emergency - 112

- ▶ Strong swelling and intense redness combined with difficulty swallowing, mouth only opens a limited amount (less than 2 finger widths), difficulty breathing, breathing is blocked, high fever
- ▶ Difficulties swallowing and breathing

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Strong pain, does not react to pain relief
- ▶ Increased swelling, redness and pain, mouth only opens a limited amount (less than 2 finger widths between front incisors)
- ▶ Patients at high risk of infection: primary disease or medication that exposes them to infection complications
- ▶ Difficulties swallowing and breathing
- ▶ Tooth pain and fever  $>38.0^{\circ}\text{C}$

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Local swelling, mild redness
- ▶ Intense pain which medication partially helps
- ▶ Ache lasts a long time even if the tooth is not irritated, e.g. with cold or hot
- ▶ Sensitivity of tooth when biting and touching, linked with severe ache
- ▶ Mouth opens a limited amount over 2 finger widths
- ▶ No primary diseases or medications that expose patient to infection complications
- ▶ A broken attached orthodontic appliance that is poking into the skin and cannot be eased e.g. with gum padding

## Appointment within 1-3 days

- ▶ Mild pain which pain medication helps ease
- ▶ Sharp pain due to cold or hot
- ▶ Crack in tooth or filling
- ▶ Mouth opens normally, distance between incisors is more than 3 finger widths
- ▶ Breakage of or problem with dentures or removable orthodontic appliances
- ▶ No primary diseases or medications that expose patient to infection complications

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Painkiller

# Additional information

## Possible ICPC 2 codes

- ▶ D19 - Hampaiden/ikenien oire/vaiva
- ▶ D20 - Suun/kielen/huulen oire/vaiva
- ▶ D82 - Hampaiden/ikenien sairaus

## More information

- ▶ [Päivystystalo: Toothache \(self-care instructions\)](#)

## Home care instructions

*No content*

# Adult - Cracking or breakage of teeth, prostheses or instruments

Published: 12.01.2024

Revision: 3

## Grounds

### Find out

- ▶ Are there any symptoms because of the cracked tooth?
- ▶ Is the crack the tooth in a visible place?
- ▶ Has the temporary filling come detached or is the tooth in question currently undergoing a root canal?
- ▶ Is the orthodontic instrument removable or fixed? What is the problem?
- ▶ What kind of prosthesis is broken? Wounds caused by pressing and/or abrasions and clear symptoms caused by these?

### See also

- ▶ Face injury, tooth injury
- ▶ Jaw pain, restricted movement of lower jaw
- ▶ Oral wound or bleeding
- ▶ Tooth pain, swelling

### Emergency - 112

*No grounds*

## Referred to treatment 24/7

- ▶ Cracked tooth with the following symptoms: swelling, difficulty swallowing, fever
- ▶ Cracked tooth causing severe pain for which pain medication does not help

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Large crack in an anterior tooth, which is aesthetically bothersome
- ▶ Cracked tooth causing limited ability to open mouth
- ▶ The tooth in question is undergoing a root canal
- ▶ A broken attached orthodontic appliance that is poking into the skin and cannot be eased by padding the area with e.g. gum or orthodontic silicone wax.

## Appointment within 1-3 days

- ▶ Crack and break with mild pain, pain medication helps
- ▶ Sharp pain due to cold or hot
- ▶ Crack in tooth or filling
- ▶ Problems with prosthesis or orthodontic instrument e.g. fixed orthodontic instrument is partly detached

## Non-urgent appointment (4-7 days)

- ▶ Breakage of tooth or instrument that does not cause pain or hamper the person's life

## Advisory service / home care

- ▶ Pain medication

# Additional information

## Possible ICPC 2 codes

- ▶ D19 - Hampaiden/ikenien oire/vaiva
- ▶ D20 - Suun/kielen/huulen oire/vaiva
- ▶ D82 - Hampaiden/ikenien sairaus

## More information

*No content*

## Home care instructions

*No content*

# Adult - Dyspnoea

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ How quickly has the dyspnoea begun?
- ▶ Any other symptoms?
- ▶ Breathing frequency?
- ▶ Is breathing wheezing?
- ▶ Allergies? Skin changes?
- ▶ Are they speaking in sentences without problems?
- ▶ Does the person have a fever?
- ▶ Have they experienced a chest injury recently?
- ▶ Do they have primary diseases?
- ▶ Any previous venous thromboses or pulmonary embolisms? Have they been immobilised for a long period recently? If a young woman, do they use contraceptive pills?

## See also

- ▶ Allergic reaction, anaphylactic symptom
- ▶ Chest pain
- ▶ Cough
- ▶ Dizziness
- ▶ Foreign object
- ▶ High blood pressure
- ▶ Low blood pressure
- ▶ Suspected cerebrovascular disorder
- ▶ Swelling of limb

## Emergency – 112

- ▶ Respiration rate clearly elevated, unable to speak in sentences
- ▶ Dyspnoea and chest pain
- ▶ Clear decline in general condition
- ▶ Dyspnoea and related factors making the patient susceptible to venous thrombosis/pulmonary embolism (e.g. immobilisation, cancer, previous venous thrombosis, predisposition to thrombosis)
- ▶ Severe difficulty breathing associated with allergic reaction
- ▶ Suspected foreign body in the respiratory tract
- ▶ Arrhythmia and severe or worsening dyspnoea
- ▶ Person with asthma or COPD (aggravation) and increase in home medication dosage have not helped
- ▶ Dyspnoea related to a body injury

## Referred to treatment 24/7

- ▶ Exercise-induced dyspnoea that has developed in days
- ▶ Person with asthma or COPD (aggravation) and more effective home care have not helped
- ▶ Fever and dyspnoea
- ▶ Mild dyspnoea associated with an allergic reaction
- ▶ Dyspnoea when laying down and with light physical activity (walking indoors)
- ▶ Panic disorder, no previous diagnosis or treatment, severe symptoms

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Respiratory tract infection symptoms without a high fever, no primary diseases and mild dyspnoea

## Appointment within 1-3 days

- ▶ Prolonged but disturbing symptoms, general condition is good
- ▶ Prolonged symptoms, no worsening, general condition good
- ▶ Dyspnoea under moderate physical strain, condition is good when at rest
- ▶ Recurrent panic disorder/hyperventilation with diagnosis known, good general condition

## Non-urgent appointment (4-7 days)

- ▶ Mild dyspnoea at intermittent intervals
- ▶ Asthma diagnosis known, good general condition and medications available at home
- ▶ Suspected work-related rhinitis, coughing or asthma
- ▶ Prolonged symptoms and occasionally dyspnoea when under larger amounts of physical stress
- ▶ Mild respiratory tract infection symptoms and good general condition
- ▶ Symptoms of panic disorder mild and treatment exists

When people living in 24-hour care experience even sudden symptoms this does not lead to a visit to the emergency clinic if appropriate symptom medication is available and a decision has been

- ▶ made to avoid transfers to the emergency clinic. In respiratory tract infections, the need for supplemental oxygen or medicines to open airways that are only available hospitals is a justification for hospitalisation.

## Advisory service / home care

*No grounds*

## Additional information

### Possible ICPC 2 codes

- ▶ R01 - Hengityselimiin liittyvä kipu
- ▶ R02 - Hengenahdistus/dyspnea
- ▶ R03 - Hengityksen vinkuna
- ▶ R04 - Hengityksen häiriö, muu
- ▶ R05 - Yskä
- ▶ R83 - Hengitystieinfektio, muu
- ▶ R87 - Vierasesine nenässä/kurkunpäässä/keuhkoputkissa
- ▶ R96 - Astma

## More information

- ▶ [Päivystystalo: Hyperventilation \(self-care instructions\)](#)
- ▶ [Terveyskirjasto: Dyspnoea](#)

## Home care instructions

Asthma patients medication to open up their airway, in connection with respiratory tract infections the dosage may be increased according to the instructions of the treating party. COPD patients have their own their medications to open their airway when they experience difficulty breathing.

# Adult - Dizziness

Published: 12.01.2024

Revision: 5

## Grounds

### Find out

- ▶ In what situation and how quickly did the dizziness begin?
- ▶ Is dizziness momentary or continuous?
- ▶ Duration of dizziness?
- ▶ Quality of dizziness makes one fall down, vertigo, rocking, related to position change, ambiguous?
- ▶ Neurological symptoms, loss of consciousness or blackening of eyes?
- ▶ Have they experienced a similar symptom before?
- ▶ Has a head trauma preceded the dizziness?
- ▶ Accompanying symptoms?
- ▶ Nausea, vomiting, arrhythmias, hearing impairment, feeling of pressure in the ear, a rushing sound
- ▶ Primary diseases?
- ▶ Allergies?
- ▶ Patient age
- ▶ Medication?
- ▶ Do they have a blood pressure monitor, what is the person's blood pressure?

## See also

- ▶ Chest pain
- ▶ Disruptions in the level of consciousness
- ▶ Dyspnoea
- ▶ Ear and hearing symptoms
- ▶ Head pain
- ▶ Headache
- ▶ High blood pressure
- ▶ Injured patient
- ▶ Limb symptoms
- ▶ Low blood pressure
- ▶ Neck and shoulder pain
- ▶ Pain or symptom in the face without prior injury
- ▶ Problems with vision
- ▶ Sudden confusion

## Emergency – 112

- ▶ A sudden onset of dizziness preceded by a severe headache
- ▶ A sudden onset of dizziness and related neurological symptoms (one-sidedness, double vision, unclear speech, swallowing disorder) or decline in level of consciousness
- ▶ Dizziness with related chest pain, sensation of arrhythmia or dyspnoea
- ▶ Dizziness that makes them fall down and clear difficulty with balance, clumsiness in moving limbs as a new symptom
- ▶ Dizziness accompanied by a decline in general condition, legs will not carry

## Referred to treatment 24/7

- ▶ Sudden onset of dizziness with sudden hearing loss
- ▶ Dizziness with confusion
- ▶ An elderly person or a person with reduced functional capacity falls repeatedly, cannot cope at home

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ Dizziness related to position or respiratory tract infection, good general condition
- ▶ What is the dizziness like? Does it make them feel like they are swaying, vertigo with no neck trauma or severe neck pain, hearing loss, neurological symptoms or other general symptoms
- ▶ Dizziness with slow hearing loss and no other neurological symptoms. Good general condition

## Non-urgent appointment (4-7 days)

- ▶ Long-lasting dizziness (weeks) without other symptoms or worsening of the situation
- ▶ Long-lasting positional dizziness
- ▶ Long-term dizziness related to neck and shoulder tension without hearing loss, trauma to the neck or severe neck pain

## Advisory service / home care

- ▶ Dizziness related to blood pressure medication, good general condition. If necessary, consult a general practitioner on changes to medicines during office hours.

# Additional information

## Possible ICPC 2 codes

- ▶ A06 - Pyörtyminen
- ▶ H01 - Korvan kipu/särky
- ▶ N17 - Huimaus/pyörrytys

## More information

*No content*

## Home care instructions

A known benign positional vertigo, typical symptoms and good general condition -> Performing an Epley manoeuvre can speed up the elimination of symptoms.

Difficult dizziness caused by known vestibular neuritis usually passes in a couple of weeks.

Known orthostatic dizziness can be reduced by increasing physical activity.

Balance training is useful in all kinds of dizziness.

# Adult - Bite and sting by an insect or tick

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved? How is the patient breathing?
- ▶ What insect has bitten/stung them?
- ▶ Where did they get bitten/stung? Have they previously had allergic reactions?
- ▶ Primary diseases? - Allergies? Age?
- ▶ Medication?
- ▶ The patient's general condition?

### See also

- ▶ Allergic reaction, anaphylactic symptom
- ▶ Animal or human bite
- ▶ Dyspnoea
- ▶ Skin symptoms

### Emergency – 112

- ▶ Symptoms of anaphylaxis
- ▶ Sting or bite in the neck or face area and swelling and dyspnoea

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Previously severe reaction, although now asymptomatic

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ General infection symptoms and fever after a sting or bite
- ▶ Extensive rash, which self-care does not help, but good general condition
- ▶ Tick removal (if not possible at home)

## Appointment within 1-3 days

- ▶ Insect sting and strong symptomatic local swelling that self-care does not help

## Non-urgent appointment (4-7 days)

- ▶ Migrans rash or skin change that has lasted for more than a week that are suspected to have been caused by a tick

## Advisory service / home care

- ▶ Local insect sting reactions can be treated with antihistamine pills and hydrocortisone cream, treat locally with something cold
- ▶ After a tick bite, monitor for skin area at least one week, antibiotic treatment will be started if there is still a clear red rash at the bite site after a week
- ▶ Pregnant women should monitor skin changes and possible other symptoms after a tick bite
- ▶ Ask them to take a photo of the skin change

# Additional information

## Possible ICPC 2 codes

- ▶ S12 - Hyönteisen purema/pisto
- ▶ S13 - Eläimen/ihmisen purema

## More information

- ▶ [Päivystystalo: Insect bites and stings \(self-care instructions\)](#)
- ▶ [Päivystystalo: Tick \(self-care instructions\)](#)
- ▶ [Terveyskirjasto: Stings and bites by flying insects](#)

## Home care instructions

*No content*

# Adult - During an influenza epidemic

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ Symptoms (typical symptoms of influenza are fever, cough, headache and muscle aches)
- ▶ Duration of symptoms
- ▶ Difficulty breathing (out of breath when under low physical strain or already when at rest/speaking)
- ▶ General condition (can they cope with ordinary everyday chores at home)

### See also

- ▶ Cough
- ▶ Dyspnoea
- ▶ Fever
- ▶ Symptoms of nose and sinuses
- ▶ Throat symptoms and sore throat

## Emergency – 112

- ▶ Severe dyspnoea (unable to speak in sentences)
- ▶ Level of consciousness has declined

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Dyspnoea under light physical strain (walking indoors)
- ▶ Not able to cope with normal everyday chores at home

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Obviously recovering from a disease, in which the symptoms worsen again
- ▶ Stabbing feeling in the chest when breathing
- ▶ Prolonged fever ( $> 38.0\text{ C}$ )  $>7$  days, general condition has remained good and no suspicion of other infections

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

When people living in 24-hour care experience even sudden symptoms this does not lead to a visit to the emergency clinic if appropriate symptom medication is available and a decision has been

- ▶ made to avoid transfers to the emergency clinic. In respiratory tract infections, the need for supplemental oxygen or medicines to open airways that are only available hospitals is a justification for hospitalisation.

## Advisory service / home care

- ▶ Typical influenza symptoms during an epidemic, general condition has remained good.

## Additional information

### Possible ICPC 2 codes

- ▶ A03 - Kuume
- ▶ F03 - Rähmivä/vuotava silmä
- ▶ H01 - Korvan kipu/särky
- ▶ L18 - Lihaskipu
- ▶ N01 - Päänsärky
- ▶ R01 - Hengityselimiin liittyvä kipu
- ▶ R05 - Yskä
- ▶ R07 - Aivastelu / nenän tukkoisuus
- ▶ R08 - Nenän oire/vaiva, muu
- ▶ R09 - Sivuontelon oire/vaiva
- ▶ R21 - Kurkun/nielun oire/vaiva
- ▶ R23 - Äänen oire/vaiva
- ▶ R80 - Influenssa
- ▶ R83 - Hengitystieinfektio, muu

### More information

- ▶ [Terveyskirjasto: Influenssa](#)

## Home care instructions

Rest, sufficient nutrition and consumption of fluids. Pain and fever medication as needed.

# Adult - Pain or symptom in the face without prior injury

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ What is the symptom/difficulty that the patient has complained about most?
- ▶ When did the symptom start?
- ▶ Have they experienced numbness of the face or difficulty moving their face?
- ▶ What's the patient's general condition?
- ▶ Have they had the same symptom before?
- ▶ How has the patient treated their symptoms at home?
- ▶ Primary diseases and medication
- ▶ Allergies?

### See also

- ▶ Eye symptoms
- ▶ Jaw pain, restricted movement of lower jaw
- ▶ Problems with vision
- ▶ Skin symptoms
- ▶ Suspected cerebrovascular disorder
- ▶ Throat symptoms and sore throat

## Emergency - 112

- ▶ Suspected cerebrovascular issue, see: Suspected stroke

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Drooping of one side of the mouth that has developed over a few hours without other facial symptoms
- ▶ Face hurts and is hot, severe redness or blistering
- ▶ Drooping of mouth corner, problems closing eye and wrinkling forehead as the only symptoms

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Swelling and redness of the face + eye symptoms
- ▶ Preceding or simultaneous upper respiratory tract infection and severe facial pain

## Appointment within 1-3 days

- ▶ Opening or closing mouth is painful but is possible, no swallowing-related pain. No swelling.
- ▶ Face hurts and is hot, skin clear or slightly red
- ▶ Electric shock-like pain in face

## Non-urgent appointment (4-7 days)

- ▶ Facial sensation disorders

## Advisory service / home care

*No grounds*

## Additional information

### Possible ICPC 2 codes

- ▶ N03 - Kasvokipu

### More information

*No content*

### Home care instructions

*No content*

# Adult - Face injury, tooth injury

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ What happened?
- ▶ Is the situation over or is there still a threat of violence?
- ▶ Have any children been involved in the situation?
- ▶ The victim's symptoms: level of consciousness, unconsciousness, memory gap, orientation, neurological findings
- ▶ Localisation of the area injured in the accident?
- ▶ Patient age
- ▶ Lower jaw mobility restricted?
- ▶ Teeth don't come together / don't feel like their own
- ▶ Have any teeth become detached, what kinds of tooth-related injuries have they had?
- ▶ Do you still have the tooth or the large piece of tooth that has cracked off and is it in a damp place?

## See also

- ▶ Assault
- ▶ Cracking or breakage of teeth, prostheses or instruments
- ▶ Head pain
- ▶ Injured patient
- ▶ Jaw pain, restricted movement of lower jaw
- ▶ Oral wound or bleeding
- ▶ Pain or symptom in the face without prior injury
- ▶ Tooth pain, swelling

## Emergency - 112

- ▶ Extensive injury to the face, jaw and neck area
- ▶ Multiple injuries
- ▶ Severe disruption of basic vital functions or suspicion of such, disruptions in consciousness
- ▶ Accident which involved bleeding
- ▶ Strong pain, convulsive
- ▶ Threat of violence, domestic violence
- ▶ Recent assault

## Referred to treatment 24/7

- ▶ Face fracture suspected
- ▶ The tooth or the large part of the tip of a tooth has become detached is in possession of the person
- ▶ Dental injuries that are treated only the following morning will only weaken the tooth's prognosis:  
e.g. the tooth has been moved or out of its hole and/or the teeth cannot be bitten together
- ▶ Accident resulting in restricted ability to open mouth more than the width of 2 fingers between front teeth
- ▶ Bleeding tendency (anticoagulant, haemophilia patients)
- ▶ Amnesia (gap in memory)
- ▶ Intoxicated patient
- ▶ Nausea, abnormal fatigue
- ▶ No possibility for home monitoring

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Assessment of assault-related injuries
- ▶ Dental injury with extensive crack or dislocation

## Appointment within 1-3 days

- ▶ Assessment of symptoms following an assault and their treatment when there is no acute change in condition

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ First aid instructions for symptoms
- ▶ The police will investigate the case, an assessment of injuries will be carried out in health care and appropriate treatment will be provided
- ▶ Contact the emergency social services for crisis management
- ▶ Contact child welfare services if children are involved in the situation
- ▶ Notification on the protection of an elderly person to the emergency social services

## Additional information

### Possible ICPC 2 codes

- ▶ F75 - Ruhje/verenvuoto, silmän
- ▶ F76 - Vierasesine silmässä
- ▶ F79 - Silmävamma, muu
- ▶ H78 - Korvan vamma, pinnallinen
- ▶ H79 - Korvan vamma, muu
- ▶ L76 - Murtuma, muu
- ▶ N79 - Aivotärähdys
- ▶ N80 - Pään vamma, muu
- ▶ S18 - Haava/laseraatio
- ▶ S19 - Ihon vamma, muu

### More information

*No content*

## Home care instructions

Stopping any bleeding from wounds, see Cuts and wounds. Even small wounds in the face are likely to be closed with sutures or by gluing for aesthetic reasons. The tooth that has become detached is carefully cleaned of dirt and stored in milk or under the tongue until it is reattached as soon as possible, no later than three hours after it became detached.

# Adult - Yellow (jaundice) patient

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ What symptoms does the patient have? Any abdominal pain? Fever?
- ▶ When did the symptoms start?
- ▶ Possibility of sexually transmitted disease?
- ▶ Intravenous drugs, other use of dirty needles (new tattoo)?
- ▶ Alcohol use?
- ▶ A trip abroad?
- ▶ Has the situation grown worse and in what time period?
- ▶ What made you contact us now?
- ▶ Primary diseases (especially hepatitis, HIV, gallbladder/pancreas/liver diseases)
- ▶ Medication
- ▶ General condition?

### See also

- ▶ Abdominal pain
- ▶ Cancers
- ▶ Skin symptoms
- ▶ Substance abuse problems
- ▶ Vomiting

## Emergency - 112

- ▶ Decline in general condition, decline in consciousness
- ▶ Septic diagnosis (abdominal pain, fever, decline of general condition)

## Referred to treatment 24/7

- ▶ Abdominal pain
- ▶ Fever
- ▶ Acute painless jaundice and good general condition

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ Cause known, exacerbation of chronic liver disease

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

*No grounds*

# Additional information

## Possible ICPC 2 codes

- ▶ D13 - Keltaisuus
- ▶ S02 - Kutina
- ▶ S08 - Ihon värin muutos, muu

## More information

*No content*

## Home care instructions

Known hepatic encephalopathy, lactulose 15-30 ml 2-3 times/day with the aim of 2-3 loose stools; also suitable as a preventive agent. Quitting the use of alcohol

# Adult - Exposure to a chemical

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ General condition?
- ▶ Level of consciousness?
- ▶ Any difficulties with breathing?
- ▶ Who has been exposed (caller or someone else, age, etc.)?
- ▶ What substance have they been exposed to: the exact name / composition? This can often require additional questions and may be the toughest phase of a phone call concerning chemicals.
- ▶ What was the route of the exposure (mouth/inhaled/skin/eye, etc.)?
- ▶ What amount of substance have they been exposed to (e.g. a gulp vs. droplets)?
- ▶ How long did the exposure last? - How long has it been since the incident? If necessary, guide the person/people away from the exposure site.
- ▶ Any symptoms/what symptoms?
- ▶ Have first aid procedures (e.g. eye flushing) been performed?
- ▶ Direct the call to Poison Information Centre, if you feel this is necessary, tel. 0800 147 111

### See also

- ▶ Burns
- ▶ Poisoning (intoxication)

## Emergency – 112

- ▶ Extensive chemical burns
- ▶ Obstructed airway
- ▶ Convulsing
- ▶ Reduced consciousness
- ▶ Swelling of the face
- ▶ Arrhythmia
- ▶ High-risk chemical
- ▶ Contaminated patient

## Referred to treatment 24/7

- ▶ Chemical burns (Poison Information Centre +358 800 147 111)

Alkaline or acidic chemical eye injury: flush the eye with abundant water (tap water is good),

- ▶ transfer the call to the Poison Information Centre (0800 147 111) where the hazard caused by the substance that has gotten in the eye can be assessed and the appropriate referral to treatment can be given

Chemical leaks and irritating gases: instruct the person to exit the area that is exposed, transfer the

- ▶ call to the Poison Information Centre (0800 147 111), where the hazardousness of the situation can be assessed and referral to appropriate treatment can be given

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Minor pain/symptom (Poison Information Centre)

## Additional information

### Possible ICPC 2 codes

- ▶ A86 - Muiden aineiden myrkkövaikutus
- ▶ F79 - Silmävamma, muu
- ▶ H79 - Korvan vamma, muu
- ▶ N01 - Päänsärky
- ▶ N07 - Kouristelu/kouristuskohtaus
- ▶ N81 - Hermoston vamma, muu
- ▶ P71 - Orgaaninen psykoosi, muu
- ▶ R02 - Hengenahdistus/dyspnea
- ▶ S14 - Palovamma
- ▶ S17 - Hiertymä/naarmu/rakkula
- ▶ S19 - Ihon vamma, muu

### More information

*No content*

## Home care instructions

*No content*

# Adult - Ear and hearing symptoms

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ What is the symptom/difficulty that the patient has complained about most?
- ▶ When did the symptom start?
- ▶ What's the patient's general condition?
- ▶ Have they had the same symptom before?
- ▶ How has the patient treated their symptoms at home?
- ▶ Primary diseases and medication?
- ▶ Allergies?
- ▶ Patient age

### See also

- ▶ Dizziness
- ▶ Fever
- ▶ Skin symptoms

## Emergency - 112

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Pus-like discharge from the ear and confusion
- ▶ Strong ear pain and visible swelling behind the ear
- ▶ Severe ear pain and vertigo
- ▶ A wound on the ear which has broken skin or cartilage
- ▶ Blistering rash with clear outline in the area around the ear
- ▶ A button-cell battery in the ear canal. Note: A hearing aid's earpiece does not have a battery
- ▶ Sudden vertigo + confusion or one-sided symptoms

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Sudden, severe ear pain
- ▶ Sudden hearing loss
- ▶ Runny ear, bloody, clear or pus
- ▶ Pressure-induced eardrum perforation
- ▶ Sudden noise injury, acoustic trauma
- ▶ Foreign object in the ear excluding batteries
- ▶ Severe vertigo without pain or confusion
- ▶ Swelling and heatedness of the outer ear

## Appointment within 1-3 days

- ▶ Problems following ear surgery during the past month: contact the unit where the surgery took place

## Non-urgent appointment (4-7 days)

- ▶ Clogged ear
- ▶ Tinnitus or whooshing sound in ears, also if this has started suddenly
- ▶ Tinnitus or whooshing sound in ears, also if this has started suddenly
- ▶ Long-lasting ear pain
- ▶ Intermittent ear pain
- ▶ Intermittent vertigo

## Advisory service / home care

*No grounds*

## Additional information

### Possible ICPC 2 codes

- ▶ H01 - Korvan kipu/särky
- ▶ H02 - Kuulo-oire
- ▶ H04 - Erite korvasta
- ▶ H05 - Verenvuoto korvassa/korvasta
- ▶ H76 - Vierasesine korvassa
- ▶ H78 - Korvan vamma, pinnallinen
- ▶ H79 - Korvan vamma, muu

## More information

- ▶ [Päivystystalo: Ear pain \(self-care instructions\)](#)

## Home care instructions

*No content*

# Adult - Convulsions

Published: 26.01.2024

Revision: 4

## Grounds

### Find out

- ▶ When did the convulsive seizure start?
- ▶ Duration, quality (symmetrical seizure, jerking, seizure with loss of consciousness) and number of seizures?
- ▶ Did the patient have advance-symptoms or an aura (light, smell or taste-related sensory experiences) before the seizure?
- ▶ Have they had any previous convulsive seizures or other types of epileptic seizures?
- ▶ Has the patient fallen?
- ▶ What's the patient's general condition? Level of consciousness? Confusion?
- ▶ Have they had a fever or other signs of infection?
- ▶ How has the patient being medicated?
- ▶ Primary diseases? Epilepsy, diabetes?

### See also

- ▶ Arrhythmia
- ▶ Fever
- ▶ Head pain
- ▶ Low blood sugar
- ▶ Substance abuse problems

## Emergency – 112

- ▶ Convulsed for more than 5 minutes
- ▶ More than two convulsive episodes without gaining consciousness between them
- ▶ Convulsed for unknown reasons, cannot be woken after convulsions
- ▶ First convulsive seizure or suspected seizure
- ▶ Reduced level of consciousness that has continued for more than 10 minutes after visible convulsions (short-term confusion/grogginess is normal after an epileptic seizure)

## Referred to treatment 24/7

*No grounds*

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- Known epilepsy, the seizure has passed and the patient's condition is good (short-term confusion/grogginess is normal after an epileptic seizure). Contact the treating unit the following working day for reassessment of medication
- ▶

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

*No grounds*

# Additional information

## Possible ICPC 2 codes

- ▶ A07 - Tajuttomuus
- ▶ N07 - Kouristelu/kouristuskohtaus
- ▶ N88 - Epilepsia

## More information

*No content*

## Home care instructions

Stay calm. Do not attempt to prevent the convulsions, but make sure that the person does not bump their head (e.g. pillow under their head) or otherwise damage themselves.

The seizures usually only last for 1–2 minutes. Do not put anything in the patient's mouth, as it makes breathing more difficult.

Place the person in the recovery position as soon as the convulsions are reduced. This keeps the airways open and allows any secretions to flow out of the mouth.

Make sure that the person is able to breathe without obstruction and the airflow is felt.

# Adult - Dehydration

Published: 18.12.2023

Revision: 3

## Grounds

### Find out

- ▶ Main symptom/difficulty?
- ▶ When did the symptoms start?
- ▶ Has there been anything like this before?
- ▶ How has the symptom been treated at home?
- ▶ Amount of urine?

### See also

- ▶ Diarrhoea and constipation
- ▶ Heat exhaustion, sunstroke
- ▶ Vomiting

### Emergency – 112

- ▶ Severe disruption of basic vital function or change to level of consciousness
- ▶ Heatstroke

## Referred to treatment 24/7

- ▶ Dehydration and disruption of a basic vital function
- ▶ Dehydrated patient with multiple long-term conditions
- ▶ Risk of thermal illness/exhaustion
- ▶ Stomach bug with severe symptoms (continuous and long-term vomiting/diarrhoea) and subsequent dehydration

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Symptomatic, short-term abdominal illness and subsequent symptoms of dehydration

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Description of symptoms, which do not involve impairment of basic vital functions or other risk symptoms

# Additional information

## Possible ICPC 2 codes

- ▶ A04 - Heikkous/väsymys, yleinen
- ▶ D10 - Oksentelu
- ▶ D11 - Ripuli
- ▶ T03 - Ruokahaluttomuus
- ▶ T11 - Dehydraatio/kuivuminen

## More information

- ▶ [Päivystystalo: Sunstroke and hyperthermia \(self-care instructions\)](#)
- ▶ [Päivystystalo: Food poisoning \(self-care instructions\)](#)

## Home care instructions

Drinking water and taking care of regular eating. Juice/lemonade that contains sugar and crisps are a good way to correct both water and salt deficiency, if the person has a poor appetite due to heat.

# Adult - Fever

Published: 18.12.2023

Revision: 6

## Grounds

### Find out

- ▶ General condition?
- ▶ Level of consciousness? Are they awake?
- ▶ How high a fever do they have?
- ▶ When did the fever start?
- ▶ Any other symptoms? (cough, aches, neck stiffness, skin symptoms, urinary tract symptoms)
- ▶ How long has it taken for the symptoms to develop and in what order have the symptoms come?
- ▶ Have they previously experienced something similar?
- ▶ Primary diseases and recent procedures?
- ▶ Medication? E.g. immunological antirheumatic drugs, cytostatics, clozapine, metamizole (Litalgin), carbimazole (Tyrazol)
- ▶ Travel?

### See also

- ▶ Cough
- ▶ During an influenza epidemic
- ▶ Headache
- ▶ Post-procedure or treatment complication
- ▶ Symptoms of nose and sinuses
- ▶ Throat symptoms and sore throat

## Emergency - 112

- ▶ General condition has deteriorated
- ▶ Decline in level of consciousness
- ▶ Fever-related suspicion of impairment of basic vital functions (high heart rate, low blood pressure, increased respiratory rate)
- ▶ Confusion
- ▶ Neck stiffness, petechias (Haematomas)
- ▶ Unbearable abdominal pain

## Referred to treatment 24/7

- ▶ General condition has declined
- ▶ A primary disease or medication that impacts their immune system, and their general condition has declined (e.g. antirheumatic drugs, cytostatics)
- ▶ Travel in malaria areas
- ▶ Arthritis symptom with fever (joint is red and/or swollen)
- ▶ Fever and new painful or expanding skin redness/colour change

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Fever above 38°C (more than 3 days), no notable respiratory tract infection symptom
- ▶ Fever and new redness of skin, good general condition
- ▶ Fever and dyspnoea that gets worse when speaking, otherwise breathing calmly during rest (suspected pneumonia)

## Appointment within 1-3 days

- ▶ More than 38°C (for a period of less than 3 days), no obvious respiratory tract infection symptom, good general condition
- ▶ Prolonged elevated temperature , good general condition
- ▶ Disease or medication affecting the immune system and good general condition

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Medication to reduce fever (even if coming for a checkup)
- Need for a sick leave certificate: does the employer require a certificate for the first days? Is
- ▶ occupational health care available? If necessary, refer them to book an appointment with a nurse within 24 hours.

## Additional information

### Possible ICPC 2 codes

- ▶ A03 - Kuume
- ▶ A78 - Tartuntatauti, muu

### More information

[Terveyskirjasto: Fever](#)

## Home care instructions

Unless there are known contraindications for medications ibuprofen and/or paracetamol, these should be taken three times a day. Take care of fluid consumption.

# Adult - Pain in the side and chest

Published: 26.01.2024

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ What is the symptom/difficulty that the patient has complained about most?
- ▶ Does the person have trauma as an underlying factor? What kind?
- ▶ Mechanism of injury?
- ▶ Any visible injuries?
- ▶ When did the symptom start?
- ▶ What is the pain like? (e.g. sharp, stabbing, squeezing)
- ▶ Is the pain constant or does it change with changes in breathing or position?
- ▶ Any dyspnoea or difficulty breathing?
- ▶ What's the patient's general condition?
- ▶ How has the patient treated their symptoms at home?
- ▶ A high-impact accident also see Patient with injury

## See also

- ▶ Abdominal pain
- ▶ Arrhythmia
- ▶ Back pain
- ▶ Chest pain
- ▶ Dyspnoea
- ▶ Injured patient
- ▶ Problems urinating

## Emergency – 112

- ▶ Severe disruption of a basic vital function or change to level of consciousness
  - ▶ Sharp/perforating chest injury
  - ▶ Injury of chest area and high energy injury mechanism
  - ▶ Chest injury and dyspnoea
  - ▶ Unbearable pain
  - ▶ Suspected spontaneous or injury-induced pneumothorax (dyspnoea, sharp chest pain that radiates to the shoulder, nagging need to cough)
  - ▶ Suspected heart attack issue, see: Chest pain
  - ▶ Suspected oesophageal rupture (strong pain behind the sternum, preceded by vomiting)
- Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Pain in chest/flank after blunt accident
- ▶ Trauma and dyspnoea
- ▶ Severe flank pain
- ▶ Chest pain when inhaling
- ▶ Gallstone-related pain episode or suspected kidney/bladder stone episode

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Chest pain/flank pain caused by blunt, non-high impact accident
- ▶ A fall, has happened a few days ago, flank pain unchanged or growing worse
- ▶ Ambiguous flank pain/stabbing feeling as a new symptom

## Appointment within 1-3 days

- ▶ Low-energy injury mechanism and more than 3 days have passed since the injury, pain as the only symptom
- ▶ Ambiguous flank pain/stabbing feeling as a prolonged problem

## Non-urgent appointment (4-7 days)

- ▶ Prolonged or intermittent palpable pain in the chest

## Advisory service / home care

- ▶ Slight pain in the flank and chest that started as a result of a strong cough, which is felt when coughing -> pain medication

# Additional information

## Possible ICPC 2 codes

- ▶ A01 - Kipu, yleinen / monessa paikassa
- ▶ A11 - Rintakipu, määrittämätön
- ▶ A80 - Vamma, määrittämätön
- ▶ D02 - Ylävatsakipu
- ▶ K02 - Painon/puristuksen tunne sydänelässä
- ▶ L04 - Rintakehän oire/vaiva
- ▶ L05 - Kyljen/kainalon oire/vaiva
- ▶ L81 - Tuki- ja liikuntaelinten vamma, muu
- ▶ R01 - Hengityselimiin liittyvä kipu
- ▶ R05 - Yskä
- ▶ R83 - Hengitystieinfektio, muu

## More information

*No content*

## Home care instructions

Slight pain in the side and chest that started as a result of a strong cough, felt when coughing -> pain medication

# Adult - Jaw pain, restricted movement of lower jaw

Published: 18.12.2023

Revision: 3

## Grounds

### Find out

- ▶ Duration of symptom ?
- ▶ Can they open or close their mouth?
- ▶ Is the tip of the chin deviated?
- ▶ Have they been in an accident?
- ▶ Any other symptoms?
- ▶ Have they previously experienced these symptoms?
- ▶ Yawning, injury, etc. may cause dislocation of the temporomandibular joint or disc dislocation
- ▶ Pain: see. Tooth pain, swelling

### See also

- ▶ Cracking or breakage of teeth, prostheses or instruments
- ▶ Dyspnoea
- ▶ Face injury, tooth injury
- ▶ Head pain
- ▶ Tooth pain, swelling

### Emergency – 112

- ▶ Fever, swelling, difficulty swallowing and including breathing difficulties

## Referred to treatment 24/7

- ▶ Jaw dislocation, severe restriction of mouth movement (opens less than 2 finger widths)
- ▶ Mouth does not open or does not close
- ▶ Intense pain that does not react to pain medication and increased swelling or difficulty swallowing

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Severe restriction of the mouth's movement (opens less than the width of 2 fingers) but no swelling or difficulty swallowing
- ▶ Severe pain partially controlled with painkillers

## Appointment within 1-3 days

- ▶ Jaw pain and temporomandibular joint pain to which pain medication helps
- ▶ Painful clicking temporomandibular joint
- ▶ No swelling

## Non-urgent appointment (4-7 days)

- ▶ Restricted movement of the jaw that does not cause pain or functional discomfort

## Advisory service / home care

- ▶ Spontaneous repositioning of dislocated temporomandibular joint does not require emergency care
- ▶ If necessary, a painkiller and advise the patient to contact their own dentist during office hours

# Additional information

## Possible ICPC 2 codes

- ▶ L07 - Leuan oire/vaiva

## More information

*No content*

## Home care instructions

*No content*

# Adult - Low blood sugar

Published: 26.01.2024

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ Are they awake?
- ▶ Insulin-treated diabetes?
- ▶ What kind of symptoms?
- ▶ What is their blood sugar?
- ▶ Have they had gastric bypass surgery?
- ▶ A known reason, e.g. incorrect insulin dose?
- ▶ Are they intoxicated?
- ▶ Can the situation be corrected independently by ingesting sugar?

**NOTE** In severe hypoglycaemia, a vial (1 mg) of glucagon (Glucagen®) is injected under the skin

- ▶ or into the muscle according to the instructions on the package. The dose is the same for adults and children weighing more than 25 kg.

An unconscious patient may not be forced to drink or eat, but honey or concentrated sugar

- ▶ solution (10 pieces of sugar to a small amount of warm water) may be spooned in the mouth if no other treatment is available.

### See also

- ▶ High blood sugar or suspicion of recent type 1 diabetes

## Emergency - 112

- ▶ Impairment of consciousness level
- ▶ Convulsions
- ▶ After their glucose has been corrected, they are still disoriented or in poor condition

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Symptomatic hypoglycaemia, no possibility/ability to correct the sugar balance
- ▶ Insulin-treated DM and vomiting: hydration has been unsuccessful and blood glucose will not remain within normal range
- ▶ Insulin overdose, consult physician

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ A diabetic's repeated episodes of hypoglycaemia
- ▶ Corrected hypoglycaemia for which there is no known issue to correct it (e.g. incorrect insulin dose inadvertently injected)

## Non-urgent appointment (4-7 days)

- ▶ Repeated episodes of hypoglycaemia after gastric bypass surgery

## Advisory service / home care

- ▶ Treated hypoglycaemia or minor misdosing of insulin at home among patients who are able to eat and can be monitored at home
- Mild hypoglycaemia (gluc. 3.0 -3.9) treated with fast carbohydrate (e.g. 4 glucose tablets, 1dl of fruit juice, 1 tablespoon of honey, 1 fruit, 3-5 pieces of sugar, syrup to the mouth's mucous membrane) or by reducing the dose of fast insulin before meal

## Additional information

### Possible ICPC 2 codes

- ▶ T11 - Dehydraatio/kuivuminen
- ▶ T87 - Hypoglykemia / matala verensokeri
- ▶ T89 - Diabetes, tyyppi 1
- ▶ T90 - Diabetes, tyyppi 2

### More information

*No content*

### Home care instructions

In severe hypoglycaemia, a vial (1 mg) of glucagon (Glucagen®) is injected under the skin or into the muscle according to the instructions in the package. The dose is the same for adults and children weighing more than 25 kg.

An unconscious patient must not be forced to drink or eat, but honey or a concentrated sugar solution (10 pieces of sugar to a small amount of warm water) may be spooned into the mouth if no other treatment is available.

Mild hypoglycaemia (3.0–3.9 mmol/l) is treated with fast carbohydrate (e.g. 4 glucose tablets, 1dl of fruit juice, 1 tablespoon of honey, 1 fruit, 3–5 pieces of sugar, syrup on the mouth's mucous membrane) or by reducing the dose of fast insulin before a meal.

# Adult - Memory loss

Published: 18.12.2023

Revision: 3

## Grounds

### Find out

- ▶ Age?
- ▶ Do they still have symptoms? How long has it lasted?
- ▶ Are there any stroke symptoms/neurological symptoms?
- ▶ How severe is the memory loss?
- ▶ Medication, changes to medication?
- ▶ Substance use?
- ▶ Injuries?
- ▶ Is there a psychological reason or a crisis as an underlying cause?

### See also

- ▶ Behavioural symptoms related to intellectual disability, neuropsychiatric disorders and dementia
- ▶ Head pain
- ▶ Living alone (coping at home)
- ▶ Psychotic symptoms, mania
- ▶ Substance abuse problems
- ▶ Sudden confusion

## **Emergency - 112**

- ▶ Severe disruption of basic vital function or change to level of consciousness
- ▶ Stroke symptoms

## **Referred to treatment 24/7**

- ▶ Sudden memory loss
- ▶ Disruption of a basic vital function
- ▶ Changes to level of consciousness

## **Referred to treatment within 24 hours but not at night (21-08)**

*No grounds*

## **Appointment within 1-3 days**

- ▶ Memory loss due to psychological reasons

## **Non-urgent appointment (4-7 days)**

- ▶ Examination of a memory disorder for diagnosing

## **Advisory service / home care**

*No grounds*

# Additional information

## Possible ICPC 2 codes

- ▶ P05 - Vanhuuden tunne / vanhusmaisuus / seniliteetti
- ▶ P20 - Muistihäiriö
- ▶ P70 - Dementia

## More information

*No content*

## Home care instructions

*No content*

# Adult - Poisoning (intoxication)

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ Age?
- ▶ General condition?
- ▶ Cause of the poisoning, amount? When?
- ▶ First aid, position, activated charcoal?
- ▶ Why?
- ▶ Primary diseases, medication, allergies?
- ▶ Signs of violence?
- ▶ **NOTE Feel free to route the call to the Poison Information Center, tel. 0800 147 111.**

### See also

- ▶ Burns
- ▶ Diarrhoea and constipation
- ▶ Dyspnoea
- ▶ Self-harm and self-destructive thoughts

## Emergency - 112

- ▶ Severe disruption of basic vital functions or change to level of consciousness
- ▶ Deterioration of general condition
- ▶ Hypoglycaemia
- ▶ Hypothermia
- ▶ Convulsions
- ▶ Confusion, restlessness (for reasons other than intoxicants), aggression
- ▶ Psychotic behaviour
- ▶ Corrosive substances that have been swallowed
- ▶ Lethal substance and/or dose

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Strong withdrawal symptoms
- ▶ Signs of head injury in an intoxicated patient
- ▶ Exceptional confusion and restlessness of intoxicated an patient
- ▶ Pregnant patient
- ▶ Unclear situation
- ▶ Vague symptoms

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Need for access to detoxification

## Appointment within 1-3 days

- ▶ Mild withdrawal symptoms

## Non-urgent appointment (4-7 days)

- ▶ Long-term substance abuse, nothing requires acute treatment, no risk symptoms or disruption/threat to basic vital functions
- ▶ No self-harm tendencies

## Advisory service / home care

- ▶ Mild and harmless symptoms
- ▶ Instructions from the Poison Information Centre, tel. 0800 147 111

# Additional information

## Possible ICPC 2 codes

- ▶ A84 - Lääkemyrkytys
- ▶ A85 - Lääkkeen haittavaikutus
- ▶ P15 - Alkoholin väärinkäyttö, pitkäaikainen
- ▶ P16 - Alkoholin väärinkäyttö, akuutti
- ▶ P18 - Lääkkeen väärinkäyttö
- ▶ P19 - Huumeiden käyttö

## More information

*No content*

## Home care instructions

*No content*

# Adult - Symptoms of nose and sinuses

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ Anticoagulant medication?
- ▶ Do they have any double vision, blurring of vision or disruption in colour sight?
- ▶ Energy and mechanism of possible preceding injury
- ▶ Previous flu symptoms or has sinusitis already been diagnosed?
- ▶ Any pain around the cheekbones or in the teeth on the same side?
- ▶ Is there redness or swelling on the side of the face where the pain is?

### See also

- ▶ Blood thinning therapy
- ▶ Cough
- ▶ During an influenza epidemic
- ▶ Face injury, tooth injury
- ▶ Foreign object
- ▶ Pain or symptom in the face without prior injury
- ▶ Throat symptoms and sore throat

### Emergency – 112

- ▶ Severe nosebleed that does not stop when the bleeding nostril is pressed closed

## Referred to treatment 24/7

- ▶ Visible swelling and redness of the face and pain or fever
- ▶ Severe nosebleed that starts again when the bleeding nostril is not pressed closed
- ▶ Bright bleeding from nose post-injury (See: Face injury, tooth injury)
- ▶ Open fracture of nose (See: Face injury, tooth injury)
- ▶ Strong cheek or forehead pain with eye symptoms

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Foreign object in the nose
- ▶ Upper respiratory tract infection with forehead pain and fever
- ▶ Mucousy rhinitis and severe facial pain lasting more than a week
- ▶ One-sided cheek pain and pain in the upper teeth on the same side
- ▶ If there is a suspicion that the foreign object in the nose may be a battery

## Appointment within 1-3 days

- ▶ Mucousy rhinitis and a feeling of pressure in the face lasting more than a week
- ▶ Closed nose fracture

## Non-urgent appointment (4-7 days)

- ▶ Mucus, nose clogged
- ▶ Disorders of the sense of smell
- ▶ Intermittent nosebleeds that can be stopped with home care
- ▶ Upper respiratory tract infection and feeling of pressure in the cheeks

## Advisory service / home care

- ▶ Minor tendency to nosebleeds related to dry and hardened mucous membranes, treatment with self-care products from the pharmacy
- ▶ When feeling congested, the recommended treatment is short-term care with a pharmacy's over-the-counter products e.g. Otrivin

## Additional information

### Possible ICPC 2 codes

- ▶ N03 - Kasvokipu
- ▶ N16 - Hajun/maun häiriö
- ▶ R06 - Nenäverenvuoto
- ▶ R07 - Aivastelu / nenän tukkoisuus
- ▶ R08 - Nenän oire/vaiva, muu
- ▶ R09 - Sivuontelon oire/vaiva
- ▶ R21 - Kurkun/nielun oire/vaiva
- ▶ R87 - Vierasesine nenässä/kurkunpäässä/keuhkoputkissa
- ▶ R88 - Hengityselinten vamma, muu
- ▶ R97 - Allerginen nuha

### More information

- ▶ [Päivystystalo: Nosebleed \(self-care instructions\)](#)
- ▶ [Päivystystalo: Allergy symptoms \(self-care instructions\)](#)

## Home care instructions

Home care instructions for nosebleeds:

1. Stay calm.
2. Sit down and lean forward so that the blood does not drip into the pharynx.
3. Empty the nose by clots by blowing your nose and squeeze the nostrils together at the front of the nose for at least 15 minutes.
4. An ice cube in the mouth or an ice bag placed on the neck may help stop the bleeding.
5. If the bleeding does not stop after 15 minutes of compression, you should seek medical attention. Sit in a position where you are leaning forward for the duration of travel to the clinic.

# Adult - Throat symptoms and sore throat

Published: 26.01.2024

Revision: 4

## Grounds

### Find out

- ▶ General condition?
- ▶ Any difficulties with breathing?
- ▶ Previous procedure and bleeding?
- ▶ Are they having trouble swallowing?
- ▶ Is their speech clear?
- ▶ Swelling in the neck area?
- ▶ Fever?
- ▶ Can they open their mouth? (lockjaw)
- ▶ Foreign object?
- ▶ How fast have the symptoms developed?
- ▶ Is the pain one-sided?

### See also

- ▶ Cough
- ▶ During an influenza epidemic
- ▶ Fever
- ▶ Post-procedure or treatment complication
- ▶ Symptoms of nose and sinuses

## Emergency – 112

- ▶ Difficulty inhaling and severe sore throat
- ▶ Abundant bleeding after tonsil surgery
- ▶ Slurring and swelling of the lips/tongue/bottom of mouth
- ▶ Such intense throat pain that cannot swallow saliva

## Referred to treatment 24/7

- ▶ Recurrent bleeding post tonsil surgery that stops by itself
- ▶ Has vomited blood after tonsil surgery
- ▶ severe throat pain and swelling or redness of the neck area
- ▶ Strong, feverish (> 38.0 C) throat pain and decline in general condition
- ▶ Strong throat pain and difficulty turning head
- ▶ Swallowing is not possible at all, no breathing difficulties
- ▶ One-sided throat pain and difficulty opening mouth

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Difficulty swallowing (even liquid does not go down) without breathing difficulty
- ▶ Suspected foreign object in the pharynx without difficulty breathing
- ▶ Strong, unilateral throat pain
- ▶ Strong, fevered throat pain without difficulty breathing

## Appointment within 1-3 days

- ▶ Difficulty swallowing that is gradually growing worse without difficulty breathing
- ▶ Pain when swallowing and fixed lump on the neck
- ▶ Physical strain-related difficulties inhaling

## Non-urgent appointment (4-7 days)

- ▶ Hoarseness without breathing difficulty or after flu
- ▶ Bad tasting tonsil stones detaching from pharynx

## Advisory service / home care

- ▶ Swelling of uvula
- ▶ Pain medication for throat pain

## Additional information

### Possible ICPC 2 codes

- ▶ A03 - Kuume
- ▶ D20 - Suun/kielen/huulen oire/vaiva
- ▶ D21 - Nielemisongelma
- ▶ R21 - Kurkun/nielun oire/vaiva
- ▶ R23 - Äänen oire/vaiva
- ▶ R87 - Vierasesine nenässä/kurkunpäässä/keuhkoputkissa

## More information

- ▶ [Päivystystalo: Sore throat \(self-care instructions\)](#)

## Home care instructions

Pain medication for throat pain.

# Adult - Problems with vision

Published: 18.12.2023

Revision: 2

## Grounds

### Find out

- ▶ What type of problem with vision?
- ▶ Start and duration of symptoms?
- ▶ Symptom in one or both eyes?
- ▶ Did the symptom begin acutely or gradually?
- ▶ Are there any other symptoms associated with the sight issue?
- ▶ Previous eye diseases and surgeries

### See also

*No symptom cards*

### Emergency - 112

- ▶ Loss of the right or left side of the field of vision in both eyes (Homonymous hemianopsia)
- ▶ Double vision that started suddenly

## Referred to treatment 24/7

- ▶ Sudden impairment of visual acuity or missing part of field of vision in one or both eyes
- ▶ Less than 4 h of complete loss or almost complete loss in one eye
- ▶ Symptoms of retinal detachment (lightening, soot rain, dark shadow moving to the centre within hours or days)

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Less than 2 weeks after eye surgery and vision getting poorer

## Appointment within 1-3 days

- ▶ Flashes of light and dark dots/lines in the field of vision (likely vitreous detachment)
- ▶ Prolonged double vision

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

*No grounds*

# Additional information

## Possible ICPC 2 codes

- ▶ F04 - Pilkut näkökentässä
- ▶ F05 - Näkökyvyn häiriö, muu
- ▶ F79 - Silmävamma, muu

## More information

*No content*

## Home care instructions

*No content*

# Adult - Heartburn

Published: 01.02.2024

Revision: 3

## Grounds

### Find out

- ▶ Primary diseases and medication?
- ▶ What kind of symptoms and when did they begin?
- ▶ Has the situation grown worse and in what time period?
- ▶ Any fever, general condition?
- ▶ Any other symptoms? Dyspnoea? Reduced tolerance for physical strain? Weight loss?
- ▶ Skin colour (grey, pale, yellow)
- ▶ Does changing position or eating have an effect?
- ▶ Procedures to the abdominal area?
- ▶ Have they had the same symptom before?
- ▶ NOTE! Exclude cardiac causes when they have heartburn/upper abdominal pain

### See also

- ▶ Abdominal pain
- ▶ Chest pain
- ▶ Pain in the side and chest

## Emergency – 112

- ▶ Suspected heart-related pain and a situation requiring immediate treatment (severe pain, large drop in blood pressure, etc.)

## Referred to treatment 24/7

- ▶ General symptoms of chest pain related to the coronary artery (see Chest pain) or risk factors that expose the patient to a coronary event
- ▶ Exceptionally severe heartburn and/or suspicion of gallstone-related pain

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ Has used medication as prescribed (acid blocker medication, exclude cardiac symptoms), reflux symptoms persist

## Non-urgent appointment (4-7 days)

- ▶ Typical Gastroesophageal reflux disease, meaning acidic stomach content, rises in the mouth; symptoms worsen after eating or when lying down/bending forward
- ▶ Diagnosed gastroesophageal reflux disease, difficult symptoms and inadequate home medication

## Advisory service / home care

- ▶ Heartburn after heavy meal or when lying down, no other symptoms

# Additional information

## Possible ICPC 2 codes

- ▶ D02 - Ylävatskipu
- ▶ D03 - Närästys
- ▶ D07 - Happovaiva/ruoansulatushäiriö
- ▶ D08 - Ilmavaivat/röyhtäily
- ▶ D09 - Pahoinvointi
- ▶ D25 - Vatsan turvotus

## More information

- ▶ [Päivystystalo: Heartburn \(self-care instructions\)](#)

## Home care instructions

Elevation of the head of the bed (nocturnal symptoms), avoiding clothing tight on the stomach, avoiding late meals (nocturnal symptoms), small meals often (post-meal symptoms), avoiding symptomatic foods: citrus fruits, spirits, tomato, onion, strong spices, fatty or fried food, carbohydrates, caffeinated beverages, cocoa, chocolate. Stopping smoking, reducing or quitting alcohol use. Somac 20–40mg x1 half an hour before breakfast.

# Adult - Vomiting

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ Primary diseases and medication? - Allergies? Age?
- ▶ When did the symptoms start? Has the situation grown worse and in what time period? Number of times they have vomited?
- ▶ What's the vomit like? Coffee mulch? Bloody?
- ▶ If there is blood in the vomit, how much? Is it bright or dark?
- ▶ Are there other symptoms (e.g. fever, general condition, diarrhoea, abdominal pain, intestinal inactivity, suspected obstruction)?
- ▶ Can they keep fluids in? What kind of fluids have they drunk?
- ▶ Do the symptoms ease after vomiting?
- ▶ Have your family and friends had the same symptoms?
- ▶ Trips abroad?
- ▶ Need for IV fluids/request for support for emergency medical care?

### See also

- ▶ Abdominal pain
- ▶ Fever
- ▶ Headache

## Emergency – 112

- ▶ Severe basic vital function defect or level of consciousness defect
- ▶ Exceptionally painful
- ▶ Vomiting blood (including thick coffee mulch-like vomit)
- ▶ Septic/peritonite
- ▶ Bloody vomit

## Referred to treatment 24/7

- ▶ Suspicion of major dehydration/signs or severe decline in general condition
- ▶ Severe abdominal pain
- ▶ Fever >38.0 C
- ▶ Suspicion of acute ileus
- ▶ Cardiac patients, the elderly, insulin diabetics, Addisons patients
- ▶ Suspicion of new case of diabetes
- ▶ Aggravation of previously diagnosed abdominal issue (gall, liver, pancreas, yellowness)
- ▶ A pregnant person with a stomach bug, general condition has deteriorated
- ▶ Difficulty swallowing, as fluids or food come up immediately

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Frequent streaks of blood in vomit
- ▶ Suspected dehydration
- ▶ Vomiting of blood that has passed
- ▶ Severe morning sickness and vomiting
- ▶ Difficulty swallowing, food sticks to the oesophagus, symptom has developed gradually, and is now constant

## Appointment within 1-3 days

- ▶ Prolonged nausea and vomiting
- ▶ Difficulty swallowing, food occasionally sticks to the oesophagus
- ▶ Streaks of blood in vomit and good general condition
- ▶ A pregnant person with a stomach bug, general condition is good

## Non-urgent appointment (4-7 days)

- ▶ Prolonged nausea and (intermittent) vomiting, good general condition

## Advisory service / home care

- ▶ Normal gastroenteritis: rest, consumption of liquids (sugar-salt powder in drink), light foods where possible
- ▶ Minor, if vomit symptoms less than 5 times per day, getting better

# Additional information

## Possible ICPC 2 codes

- ▶ D09 - Pahoinvointi
- ▶ D10 - Oksentelu
- ▶ D70 - Ruoansulatuskanavan infektio
- ▶ D73 - Maha-suolitulehdus, tarttuvaksi oletettu
- ▶ D87 - Mahalaukun toimintahäiriö
- ▶ D94 - Krooninen suolistotulehdus / haavainen paksusuolen tulehdus

## More information

- ▶ [Päivystystalo: Food poisoning \(self-care instructions\)](#)

## Home care instructions

*No content*

# Adult - Assault

Published: 18.12.2023

Revision: 2

## Grounds

### Find out

- ▶ What happened? How? When?
- ▶ Is the situation over or is there still a threat of violence? . Mechanism of injury? - Injury energy?
- ▶ What were they hit with?
- ▶ What's their general condition?
- ▶ What kind of symptoms? When did they start? Have they changed?
- ▶ Any wounds that require stitches? Other injuries? Suspicions of a fracture?
- ▶ Any injuries in the face area? Are the facial bones symmetrical?
- ▶ Any breathing problems? Does air pass from both nostrils (if the nose has been hit)
- ▶ Is the nasal shell straight? Any swelling in the nose?
- ▶ Is there a need for psychological help?
- ▶ Does the patient have family? - Do they have underage children? Domestic violence?
- ▶ Is the patient aware of how they need to act legally?
- ▶ THL guidelines on keeping records in cases of violence

### See also

*No symptom cards*

### Emergency – 112

*No grounds*

## Referred to treatment 24/7

- ▶ Severe disruption of basic vital functions or suspicion of such
- ▶ Threat of violence
- ▶ Domestic violence (Child welfare)
- ▶ Recent assault
- ▶ Any person with symptoms/injuries requiring emergency care (e.g. high injury energy, wounds, fractures, dental injuries, significant swelling or haematomas)
- ▶ Assessment of assault-related injuries
- ▶ Social emergency services:
  - ▶ Welfare notification a child/an elderly person
  - ▶ Crisis management
  - ▶ Safety assessment

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Superficial skin scratches, abrasions and bruising
- ▶ Demand a doctor's statement for your police report and no injuries requiring night-time treatment, NOTE! Treatment of the emergency social services crisis & safety assessment if the patient stays at home overnight

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

- ▶ Assessment of symptoms following an assault and their treatment when there is no acute change in condition

## Advisory service / home care

- ▶ First aid instructions for symptoms

The police will investigate the case, an assessment of injuries will be carried out in health care and

- ▶ appropriate treatment will be provided Victim Support Finland, telephone number +358 203 16117

## Additional information

### Possible ICPC 2 codes

- ▶ A81 - Monivamma
- ▶ F79 - Silmävamma, muu
- ▶ H79 - Korvan vamma, muu
- ▶ L81 - Tuki- ja liikuntaelinten vamma, muu
- ▶ S13 - Eläimen/ihmisen purema
- ▶ S18 - Haava/laseraatio
- ▶ S19 - Ihon vamma, muu
- ▶ X82 - Sukuelinvamma, naisen
- ▶ Y80 - Sukuelinvamma, miehen
- ▶ Z12 - Parisuhdeongelma
- ▶ Z13 - Kumppanin käytökseen liittyvä ongelma
- ▶ Z25 - Väkivaltaan/vahingolliseen tapahtumaan liittyvä ongelma

### More information

*No content*

## Home care instructions

*No content*

# Adult - Abscesses and lumps

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ General condition?
- ▶ Any difficulties with breathing?
- ▶ Where is it located?
- ▶ Fever?
- ▶ Pain, redness, flushed heat?
- ▶ How fast have the symptoms developed?
- ▶ Previous injury?

### See also

- ▶ Allergic reaction, anaphylactic symptom
- ▶ Bite and sting by an insect or tick
- ▶ Fever
- ▶ Skin symptoms
- ▶ Throat symptoms and sore throat

### Emergency – 112

- ▶ Decline in general condition, decline in consciousness
- ▶ Lumps on the neck that appear quickly and difficulty breathing

## Referred to treatment 24/7

- ▶ A tender, red lymph node or abscess and a fever
- ▶ Lump/abscess and difficulty breathing or head does not turn (e.g., lump in the area of the neck, collarbone or mouth)
- ▶ Abrupt, painful, one-sided swelling of the neck (suspected neck abscess)
- ▶ One-sided throat pain and difficulty opening mouth (lockjaw)

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ A hot, red, painful lump/abscess
- ▶ Abscesses other than symptomatic/painful abscesses in the neck area

## Appointment within 1-3 days

- ▶ Enlarged and growing lymph nodes or lymph node lumps
- ▶ Lumps that appear quickly on the neck and supraclavicular fossa that keep growing, and no other symptoms

## Non-urgent appointment (4-7 days)

- ▶ Small painless, slowly growing lumps
- ▶ Lumps and abscesses with minor symptoms and painless

## Advisory service / home care

- ▶ Enlarged lymph nodes associated with infection, usually shrink by themselves, can be monitored for 2-3 weeks

# Additional information

## Possible ICPC 2 codes

- ▶ B02 - Imusolmuke, suurentunut/kivulias
- ▶ D24 - Kyhmy/patti/muhkura mahassa, määrittämätön
- ▶ F72 - Luomitulehdus/näärännäppy/luomirakkula
- ▶ N76 - Kasvain, hermoston, määrittämätön
- ▶ S04 - Kyhmy/patti, paikallinen
- ▶ S05 - Kyhmyt/patit, yleistyneet
- ▶ S10 - Paise
- ▶ S93 - Talirauhasen tukkeuma
- ▶ X19 - Rintarauhasen kyhmy, naisen

## More information

*No content*

## Home care instructions

*No content*

# Adult - Palliative/hospice patient

Published: 18.12.2023

Revision: 2

## Grounds

### Find out

- ▶ Primary diseases? - Allergies? Age?
- ▶ Are they a patient/or have a place at the palliative outpatient clinic? (in this case, the patient has a treatment plan in the PALHOI sheet)

### See also

*No symptom cards*

### Emergency – 112

- ▶ Unmanageable pain
- ▶ Rushing blood
- ▶ Unconsciousness (for palliative patients)
- ▶ Sudden confusion (underlying infection? brain event?)

## Referred to treatment 24/7

- ▶ Pain has increased suddenly -> instructions for the required pain medication, increase in basic pain medication
- ▶ Urinary retention
- ▶ Disconnected catheter/cannula/drain
- ▶ Unconsciousness (for palliative patients)
- ▶ Sudden confusion (underlying infection? Brain event?)

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ In other cases, the palliative outpatient clinic or home hospital takes care of the following working day, notification to either unit

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

*No grounds*

# Additional information

## Possible ICPC 2 codes

- ▶ A01 - Kipu, yleinen / monessa paikassa
- ▶ A25 - Kuolemanpelko
- ▶ D09 - Pahoinvointi
- ▶ D10 - Oksentelu

## More information

*No content*

## Home care instructions

*No content*

# Adult - Frostbite injury, hypothermia

Published: 01.02.2024

Revision: 4

## Grounds

### Find out

- ▶ Age
- ▶ How was the patient exposed
- ▶ Symptoms/difficulties
- ▶ Primary diseases/medication/allergies
- ▶ Which part of their is injured?
- ▶ Scope and depth of injury
- ▶ Pain intensity (VAS scale)
- ▶ First aid measures
- ▶ Time of exposure
- ▶ Patient's temperature
- ▶ Location/quality/depth of frostbite

### See also

- ▶ Limb symptoms
- ▶ Skin symptoms

## Emergency - 112

- ▶ Drowned
- ▶ Hypothermia, core temperature
- ▶ Impairment of consciousness level

## Referred to treatment 24/7

- ▶ Hypothermia, core temperature 33-35 C
- ▶ Feeling/heat/skin colour have not returned within an hour
- ▶ Blisters
- ▶ Extensive frostbite (e.g. large part of limb)

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Minor local frostbite

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Small and mild frostbite -> home care instructions: slow heating of frostbite, do not rub

# Additional information

## Possible ICPC 2 codes

- ▶ A88 - Fysikaalisen tekijän haittavaikutus

## More information

- ▶ [Päivystystalo: Frostbite \(self-care instructions\)](#)

## Home care instructions

The best treatment for frostbite is rapid rewarming in water at 40–42 °C for 15–30 minutes or until circulation appears in the injured area. Re-freezing of rewarmed tissue is highly harmful; rewarming should not be performed in the field if there is a risk of re-freezing during transport.

Pain medication: ibuprofen 800 mg 1x3 unless contraindicated.

Numbness persisting after rewarming and bloody blisters indicate severe frostbite, which requires hospitalisation.

# Adult - Burns

Published: 01.02.2024

Revision: 4

## Grounds

### Find out

- ▶ Birth mechanism and exposure time? (flame, hot water or other liquid, alkaline/acid, electrical)
- ▶ Where is the burn?
- ▶ Depth and extent of burn?
- ▶ Have they inhaled smoke/gases?
- ▶ Is it in the joint areas?
- ▶ When did the burn happen? What first aid has been administered?
- ▶ Pain assessment (VAS scale)
- ▶ Scope of injury: (hand 1%, head 9%, upper limb 9%, upper torso 36%, lower limb 18%)
- ▶ The cause of the injury?

### See also

- ▶ Dyspnoea
- ▶ Skin symptoms

## Emergency – 112

- ▶ Severe disruption of basic vital function or change to level of consciousness
- ▶ Severe, intolerable pain
- ▶ Inhalation of combustion gases
- ▶ Extensive deep burns
- ▶ Burn caused by electric shock if high voltage injury and/or arrhythmia
- ▶ Chemical burns of eyes, extensive chemical burns of other parts of the body
- ▶ Significant multiple injury
- ▶ Heatstroke

## Referred to treatment 24/7

- ▶ Suspected burns to the respiratory tract
- ▶ New burns
- ▶ Deep burn
- ▶ Electric burns
- ▶ Chemical burns
- ▶ Smoke exposure
- ▶ Burn injury to the eye
- ▶ Even superficial burns when to the face, neck, perineum or palms/soles of feet, genital areas, joint areas.
- ▶ Obviously superficial burns to 20% of body surface area
- ▶ Injuries requiring wound care of more than 1%
- ▶ 2nd degree or more with a scope greater than 5%

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Burn, which does not involve impairment of basic vital functions or other risk symptoms
- ▶ At least 2nd degree burns (less than 5%)
- ▶ Superficial 2nd degree burns that are smaller than hand size
- ▶ Superficial burns to less than 10% of body surface area
- ▶ Note: home care started/can be started
- ▶ Superficial burn and pain problem
- ▶ Infected old burn

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

- ▶ Follow-up treatment of burns
- ▶ Old burn, cosmetic or minor functional impairment
- ▶ Post-burn symptoms affecting work

## Advisory service / home care

- ▶ Minor burns
- ▶ Wound care for burns
- ▶ As a rule, first-degree burns can be treated at home (only redness/pain, no blisters). With the exception of first-degree burns to face and whole body)

# Additional information

## Possible ICPC 2 codes

- ▶ S11 - Ihotulehdus vamman jälkeen
- ▶ S14 - Palovamma

## More information

- ▶ [Päivystystalo: Burn \(self-care instructions\)](#).
- ▶ [Päivystystalo: Sunburned skin \(self-care instructions\)](#).

## Home care instructions

First aid: Remove any burnt clothes. Cool the burn area by flushing it under running water of approximately +20 °C for approximately 10–15 minutes. Do not use ice or ice water. Cooling is useful inside the first three hours from injury.

For acid and alkaline injuries, rinse for at least 30 min.

Cover with clean, dry dressings, thin plastic film or a tulle gras dressing. Prevent hypothermia. First-degree burns can be treated at home (with the exception of face and whole body burns). Painkiller.

A burn may deepen within 2–3 days of the injury. Superficial injuries will heal within 2–3 weeks. If they have not healed, the injury has been deeper than the assessments or it has deepened, for example due to an infection. In that case, it is advisable to seek a more detailed assessment.

# Adult - Head pain

Published: 08.02.2024

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ What happened?
- ▶ Time and place of the incident?
- ▶ Injury mechanism and energy?
- ▶ Any external signs of injury?
- ▶ What is the patient's general condition and level of consciousness?
- ▶ Is there violent vomiting, headache, dizziness?
- ▶ Any convulsions?
- ▶ Any confusion memory lapses?
- ▶ Any wounds or haematomas?
- ▶ Is the use of alcohol or other intoxicants/pharmaceuticals an underlying factor?
- ▶ Do they live alone?
- ▶ How has the patient treated their symptoms at home?
- ▶ Primary diseases and medication? (blood thinning medication)

## See also

- ▶ Assault
- ▶ Convulsions
- ▶ Cuts and wounds
- ▶ Ear and hearing symptoms
- ▶ Headache
- ▶ Vomiting

## Emergency – 112

- ▶ Impairment of consciousness level
- ▶ Severe pain
- ▶ Convulsing
- ▶ Loss of consciousness
- ▶ Neurological symptoms (loss of vision or hearing, does not understand speech or written text, sensory defects in the body or extremities)
- ▶ Recurrent falls
- ▶ Those who have had convulsive seizures
- ▶ Patients with multiple injuries
- ▶ Blood or fluid leaking from ear
- ▶ Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Amnesia (gap in memory)
- ▶ Intoxicated patient
- ▶ Not feeling well
- ▶ Abnormal fatigue
- ▶ No opportunity for home monitoring
- ▶ Bleeding tendency (haemophilia patients)
- ▶ Bleeding head wound
- ▶ Suspected face fracture
- ▶ Confusion
- ▶ Anticoagulant in use, consult a physician
- ▶ Has injured head a few days ago and symptoms are growing worse

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Has injured head a few days ago, still suffering headache or feeling unwell

## Appointment within 1-3 days

- ▶ Long-term (>2 weeks) headache after trauma without vomiting

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

A head injury that does not involve unconsciousness or disturbance of consciousness can be

- ▶ treated at home if another person is present who can observe any changes in the level of consciousness. See: Additional information

## Additional information

### Possible ICPC 2 codes

- ▶ N79 - Aivotärähdys
- ▶ N80 - Pään vamma, muu

### More information

*No content*

### Home care instructions

A low-energy head injury that does not involve unconsciousness or disturbance of consciousness can be treated at home if another person is present who can observe any changes in the level of consciousness. Mild symptoms may include headache, nausea, dizziness, memory problems, and fatigue. If necessary, prescription-free painkillers (e.g. paracetamol) can be used for the pain. They should also avoid straining themselves physically and using alcohol in the next few days. In the event of disturbances in level of consciousness, confusion, drowsiness or severe vomiting or headache, the injured person must be immediately referred for treatment. During the night's sleep, the injured person must be woken every few hours to check their level of consciousness. A person with a very minor head injury can usually return to work after 1–3 days of rest. Recovery from a minor head injury takes a week or longer.

# Adult - Headache

Published: 08.02.2024

Revision: 5

## Grounds

### Find out

- ▶ When and in what situation did the headache begin?
- ▶ How did it start (all of a sudden, little by little)?
- ▶ What is the nature of the headache?
- ▶ Where is the pain (back of the head, on the side, on the temple, the whole head)?
- ▶ Is there an accident as an underlying factor? See Head injury
- ▶ Does the pain involve nausea?

Are there any other neurological symptoms associated with the headache? Dizziness, visual

- ▶ defects, differences in limbs one different sides, convulsions, numbness symptoms, difficulties in producing speech
- ▶ Any signs of infection? Fever, neck stiffness, decline in general condition, skin symptoms, flu symptoms, light sensitivity in the eyes Have they had a similar headache before?
- ▶ Has pain medication been taken for the headache, what dose has been taken and has it helped? What medicine? When?
- ▶ Are the muscles in the neck and shoulder area tense?
- ▶ Is the person under stress?
- ▶ Have they been diagnosed with migraines?

## See also

- ▶ Disruptions in the level of consciousness
- ▶ Dizziness
- ▶ Head pain
- ▶ Limb symptoms
- ▶ Neck and shoulder pain
- ▶ Post-procedure or treatment complication
- ▶ Problems with vision
- ▶ Suspected cerebrovascular disorder

## Emergency - 112

- ▶ Headache is associated with a disorder of consciousness or other neurological deficiencies
- ▶ Headache is associated with a decline in general condition
- ▶ Sudden onset of a severe headache for the first-time ever or a new type of sudden severe headache

## Referred to treatment 24/7

- ▶ Headache that is growing worse in spite of medication
- ▶ Patient with shunt and headache

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ A headache after a lumbar puncture that prevents them from being upright and continues for more than 24 hours despite pain medication

## Appointment within 1-3 days

- ▶ Headache related to an upper respiratory tract infection lasting more than a week

## Non-urgent appointment (4-7 days)

- ▶ Previously similar, has lasted for weeks or months, is not growing worse
- ▶ Good general condition and headache that has continued for more than 2 weeks
- ▶ Frequent migraine attacks

## Advisory service / home care

- ▶ Pain medication instructions
- ▶ Medication instructions for previously diagnosed migraine patients
- ▶ Headache symptoms and respiratory tract infection symptoms, good general condition

# Additional information

## Possible ICPC 2 codes

- ▶ N01 - Päänsärky
- ▶ N80 - Pään vamma, muu

## More information

*No content*

## Home care instructions

Sufficient pain medication. Unless contraindicated, ibuprofen + paracetamol.

For a migraine patient, ensure whether they have taken all of the seizure medication prescribed by the physician. They are also instructed to rest in the dark.

Tension headaches are often made easier by movement.

# Adult - Limb symptoms

Published: 08.02.2024

Revision: 5

## Grounds

### Find out

- ▶ What types of symptoms do they have? Pain, sensation, heat, colour?
- ▶ When did the symptoms start, suddenly or over time?
- ▶ Have they previously experienced something similar?
- ▶ How long has it taken for the symptoms to develop?
- ▶ Does the limb move normally? Motor skills?
- ▶ Is the swelling in one lower limb or both?
- ▶ Do they feel pain while at rest?
- ▶ General condition? Primary diseases? Medication?
- ▶ Was there preceding back pain radiating to the limb?
- ▶ Has pain medication been given? What medicine? When? How much?

### See also

- ▶ Cancers
- ▶ Cuts and wounds
- ▶ Dyspnoea
- ▶ Injuries to limbs
- ▶ Skin symptoms
- ▶ Swelling of limb

## Emergency – 112

- ▶ Limb pain together with chest pain or clear dyspnoea
- ▶ Pain that began suddenly and cold limb
- ▶ Unbearable pain that does not respond to pain medication

## Referred to treatment 24/7

- ▶ Severe limb/joint inflammation symptoms (pain, redness, heat, swelling)
- ▶ Both-sided swelling of lower limbs with increased dyspnoea
- ▶ Limb pain and muscle weakness that began suddenly

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ New one-sided swelling without symptoms of infection (motion, heat, feeling intact, suspected venous occlusion)
- ▶ Severe pain at the base of the big toe

## Appointment within 1-3 days

- ▶ Swelling on both sides of the lower limbs if no dyspnoea or chest pain
- ▶ Recent, multiple joint symptoms, diagnostic investigations
- ▶ People with rheumatoid arthritis with aggravated symptoms and increased swelling in joints
- ▶ New lower leg wound (if otherwise asymptomatic)
- ▶ Mild numbness in both upper extremities without other symptoms (neck and shoulder symptom)

## Non-urgent appointment (4-7 days)

- ▶ Intermittently recurrent or chronic one-sided swelling
- ▶ Limb/joint strain-related pain or worsened arthrosis pain
- ▶ Joint symptoms, with no swelling of joints or limitations on functioning
- ▶ Prolonged or disturbing limb pain without other symptoms, pain medication helps

## Advisory service / home care

- ▶ MSD pains without trauma if the pain is not disabling or can be treated for short periods with over-the-counter products
- ▶ Arthropathy with no inflammatory arthritis and previously examined

## Additional information

### Possible ICPC 2 codes

- ▶ L08 - Olkapään oire/vaiva
- ▶ L09 - Käsivarren oire/vaiva
- ▶ L10 - Kyynärpään oire/vaiva
- ▶ L11 - Ranteen oire/vaiva
- ▶ L12 - Käden/sormen oire/vaiva
- ▶ L13 - Lonkan oire/vaiva
- ▶ L14 - Säären/reiden oire/vaiva
- ▶ L15 - Polven oire/vaiva
- ▶ L16 - Nilkan oire/vaiva
- ▶ L17 - Jalan/varpaan oire/vaiva

## More information

- ▶ [Päivystystalo: Lower limb pain \(self-care instructions\)](#)
- ▶ [Päivystystalo: Ear pain \(self-care instructions\)](#)

## Home care instructions

If there are compression socks for the swelling of the legs, ask and remind about using them.

# Adult - Swelling of limb

Published: 08.02.2024

Revision: 3

## Grounds

### Find out

- ▶ Is the swelling one-sided or on both sides
- ▶ Is there pain or a colour change in the skin in the limb at the same time?
- ▶ Are they experiencing dyspnoea while at rest or under light physical strain (e.g. when walking?)
- ▶ Does the person have a fever?
- ▶ Change in weight (in connection with two-sided lower limb swelling?)

### See also

- ▶ Dyspnoea
- ▶ Injured patient
- ▶ Injuries to limbs
- ▶ Limb symptoms

### Emergency – 112

- ▶ Lower limb swelling and dyspnoea at rest or under light physical strain

### Referred to treatment 24/7

- ▶ Swelling and severe pain or other severe general symptoms that started abruptly (e.g. fever)

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ One-sided swelling without external cause (e.g. trauma), no dyspnoea or other general symptoms
- ▶ Bilateral lower limb swelling and dyspnoea when under physical strain (no symptoms when at rest)

## Appointment within 1-3 days

- ▶ Bilateral lower limb swelling with no dyspnoea

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Treatment of heart failure, for which diuretic therapy already exists: temporary increase of diuretic dose and restriction on fluids

# Additional information

## Possible ICPC 2 codes

- ▶ A08 - Turvotus
- ▶ K07 - Nilkkaturvotus
- ▶ L14 - Säären/reiden oire/vaiva
- ▶ L16 - Nilkan oire/vaiva
- ▶ R02 - Hengenahdistus/dyspnea

## More information

*No content*

## Home care instructions

If there are compression socks for the swelling of the legs, ask and remind about using them.

# Adult - Injuries to limbs

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ What happened and when?
  - ▶ How was the injury caused (injury mechanism and energy)? See High Energy Injury
  - ▶ Which body part? Are there any malpositions? Changes to feeling or colour in the limb?
  - ▶ Can you put weight on the foot?
  - ▶ Any signs of significant bleeding?
  - ▶ Is skin pale and sweaty?
  - ▶ What is the patient doing or what can't they do? (Standing, sitting unsupported/supported, lying down)
  - ▶ Pain intensity?
  - ▶ Note reduced pain sensation in e.g. diabetics and alcoholics
- The size of the limb must be taken into account in limb injuries, injuries in the upper limb are not as significant for the patient's basic vital functions as injuries to e.g. the thigh area (risk of bleeding, etc.)
- ▶ General condition?

## See also

- ▶ Back pain
- ▶ Cuts and wounds
- ▶ Disruptions in the level of consciousness
- ▶ Injured patient
- ▶ Limb symptoms
- ▶ Skin symptoms
- ▶ Swelling of limb

## Emergency – 112

- ▶ Open fracture or significant skin damage
- ▶ Wobbly fracture
- ▶ Hip dislocation
- ▶ Malposition of long bones
- ▶ Unbearable pain
- ▶ Decline in level of consciousness
- ▶ Life-threatening bleeding

## Referred to treatment 24/7

- ▶ Limb injury with paleness and coolness of the limb, problems with sense of touch or obvious malposition

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Locked knee
- ▶ Limb injury, severe pain and difficulty in using the limb normally, but no malposition, sensory or circulatory problems
- ▶ Limb in a cast with increasing swelling and pain

## Appointment within 1-3 days

- ▶ Knee or ankle injury, but weight can be put on the leg and no malposition
- ▶ Injury of upper limb, after which the limb can be used almost normally
- ▶ Damaged cast

## Non-urgent appointment (4-7 days)

- ▶ Limb/joint overexertion-related pain or worsened arthrosis pain
- ▶ Recurrent dislocation of shoulder joint or patellar that corrects itself
- ▶ Sprained ankle

## Advisory service / home care

- ▶ In the event of strains/sprains, 4 part treatment can be advised (cold + compression + elevated position + pain medication)

# Additional information

## Possible ICPC 2 codes

- ▶ L08 - Olkapään oire/vaiva
- ▶ L09 - Käsivarren oire/vaiva
- ▶ L10 - Kyynärpään oire/vaiva
- ▶ L11 - Ranteen oire/vaiva
- ▶ L12 - Käden/sormen oire/vaiva
- ▶ L13 - Lonkan oire/vaiva
- ▶ L14 - Säären/reiden oire/vaiva
- ▶ L15 - Polven oire/vaiva
- ▶ L16 - Nilkan oire/vaiva
- ▶ L17 - Jalan/varpaan oire/vaiva
- ▶ L18 - Lihaskipu

## More information

- ▶ [Päivystystalo: Muscle strains and convulsions \(self-care instructions\)](#)

## Home care instructions

*No content*

# Adult - Rape

Published: 08.02.2024

Revision: 3

## Grounds

### Find out

- ▶ When and where did the incident happen?
- ▶ What's the patient's general condition?
- ▶ Signs of injury?
- ▶ Has a police report been filed?
- ▶ Primary diseases and medication?

### See also

- ▶ Assault
- ▶ Injured patient
- ▶ Sexually transmitted diseases

### Emergency – 112

- ▶ All rapes and suspected rapes so the police are informed of them

## Referred to treatment 24/7

If the patient does not wish to report the offence, the victim is referred to the emergency clinic for

- ▶ psychological support, a clinical examination in case of injuries, and testing of sexually transmitted diseases (STDs, hepatitis, HIV) and scheduling of controls

HUOM! If the victim is under the age of 18, a child welfare notification will always be submitted ,

- ▶ and a notification of the incident will always be submitted to the police, even if the child or family does not wish to report the offence.

- ▶ Social emergency services for arranging crisis support
- ▶ Referral of the victim to the SERI Support Centre

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ You can ask the police to provide a police officer to act as a support person for the patient when submitting a report of an offence and during further examinations
- ▶ Victim Support Finland, telephone number +358 203 16117
- ▶ Referral of the victim to the SERI Support Centre
- ▶ If it has just happened, do not shower, wash or wash your hands. Do not change clothes.

# Additional information

## Possible ICPC 2 codes

- ▶ Z25 - Väkivaltaan/vahingolliseen tapahtumaan liittyvä ongelma

## More information

*No content*

## Home care instructions

*No content*

# Adult - Abdominal pain or bleeding of a person who is pregnant

Published: 08.02.2024

Revision: 3

## Grounds

### Find out

- ▶ How many weeks pregnant are they?
- ▶ Has the pregnancy proceeded normally? (Placenta praevia, breech, multifetal pregnancy)
- ▶ Are there any previous pregnancies/births?
- ▶ Are they having contractions and how frequently?
- ▶ Do they feel a need to push?
- ▶ When did the bleeding start?
- ▶ Is the bleeding continuous?
- ▶ The quality and quantity of the bleeding? Clots?
- ▶ Has there been an injury to the abdominal area?
- ▶ Primary diseases and medication? Blood thinning medication?
- ▶ Allergies?
- ▶ Blood group!

### See also

- ▶ Abdominal pain
- ▶ Pain or symptom in genital organs
- ▶ Symptoms related to subacute postpartum period

## Emergency – 112

- ▶ Abundant bleeding and deterioration of general condition
- ▶ Strong need for push
- ▶ Water breaking when a pregnancy is at less than 36 weeks (transport lying down)
- ▶ Child or umbilical cord visible
- ▶ The child is being born/has been born
- ▶ Contractions at intervals of less than 8 minutes and a previous rapid delivery
- ▶ Vaginal bleeding and abdominal pain/fever after 20 weeks of pregnancy
- ▶ Abundant vaginal bleeding after 20 weeks of pregnancy
- ▶ Strong sudden abdominal pain and interruption in consciousness

## Referred to treatment 24/7

- ▶ Early pregnancy (< 12 weeks) - bleeding and severe pain
- ▶ Vaginal bleeding without other symptoms during pregnancy weeks 12-20
- ▶ Abundant bloody discharge after giving birth (< 6 weeks)
- ▶ Severe lower abdominal pain or fever after giving birth (< 6 weeks)

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Minor vaginal bleeding without other symptoms during pregnancy weeks 12-22
- ▶ Minor abdominal pain after pregnancy week 22 (does not require pain medication) no vaginal bleeding

## Appointment within 1-3 days

- ▶ Suspected pregnancy and pregnancy weeks < 12, mild bleeding (e.g. similar to menstruation)

## Non-urgent appointment (4-7 days)

*No grounds*

### Advisory service / home care

- ▶ The patient must do a pregnancy test after any bleeding during early pregnancy (can be purchased from a pharmacy or shop) 4 weeks after a miscarriage/bleeding. Contact primary health care if it is positive.
- ▶ Contact primary health care if the bleeding is prolonged (more than 2–3 weeks) or if there are symptoms of infection
- ▶ Pregnant women have been given contact information directly to the maternity hospital in case of problems during pregnancy and when the childbirth begins, refer the call to these services if you believe it is necessary

## Additional information

### Possible ICPC 2 codes

- ▶ D01 - Vatsakipu, yleinen
- ▶ U01 - Kipu virtsatessa
- ▶ U02 - Tihentynyt virtsaamistarve
- ▶ W03 - Raskaudenaikainen verenvuoto
- ▶ W05 - Raskauspahoinvointi/-oksentelu
- ▶ W29 - Muu raskauteen liittyvä oire/vaiva
- ▶ X13 - Verenvuoto emättimestä, yhdynnänjälkeinen
- ▶ X16 - Ulkosynnyttimien oire/vaiva

### More information

*No content*

## Home care instructions

A scarce, transient and painless bleeding is common and harmless, often disappears in 1–2 days, and monitoring at home is enough.

A heavier or prolonged bleeding during less than 8 weeks of pregnancy indicates miscarriage.

If the patient has no pain and the general condition has not deteriorated, home monitoring is sufficient, a home pregnancy test in 4 weeks is instructed. Contact primary health care if the test is positive.

If the leakage is prolonged (over 2–3 weeks), the patient should contact their health station.

# Adult - Chest pain

Published: 08.02.2024

Revision: 5

## Grounds

### Find out

- ▶ What is the pain like (squeezing, extensive, stabbing, lasso-like)?
- ▶ How did the pain start (at rest, under physical strain, when lifting something very heavy or similar effort)?
- ▶ Where is the pain?
- ▶ Does the pain radiate somewhere (neck, arms, back, stomach)?
- ▶ Difficulty breathing
- ▶ Other general symptoms (nausea, weakness, dizziness)
- ▶ Does their breathing affect pain?
- ▶ Does their position affect the pain?
- ▶ Does the pain feel when their chest is pressed?
- ▶ Does physical strain affect the pain?
- ▶ Is there anything abnormal on their skin?
- ▶ Do they have any injuries?
- ▶ Do they use nitrates and do these help?
- ▶ Primary diseases and allergies
- ▶ Mood symptoms/anxiety?

## See also

- ▶ Abdominal pain
- ▶ Arrhythmia
- ▶ Cough
- ▶ Dizziness
- ▶ Dyspnoea
- ▶ Heartburn
- ▶ High blood pressure
- ▶ Pain in the side and chest

## Emergency – 112

- ▶ New sudden severe chest pain that may be felt as squeezing, a sensation of weight, heartburn
- ▶ Radiating pain to arms, neck, back
- ▶ Ripping chest pain that also feels in the abdomen or back
- ▶ A feeling of chest pain and dyspnoea, sweating, nausea or weakness
- ▶ Unconsciousness (even momentary) in connection with pain
- ▶ Chest pain with sensations of arrhythmia
- ▶ Severe pain and dyspnoea after an injury
- ▶ Chest pain that is temporary at rest and is related to physical strain as a new symptom
- ▶ New chest pain symptom even if mild, that continues or recurs easily

## Referred to treatment 24/7

- ▶ Continuous and severe pain associated with a chest injury

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Cough/respiratory tract infection and chest pain related to breathing

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

- ▶ Temporary exertion-related chest pain under severe physical strain in patients with coronary artery disease (if recurrent or under physical strain for 1-3 days)

## Advisory service / home care

- ▶ Stabbing pain in chest that has passed and was brief, in a previously healthy person, who is now asymptomatic and in good general condition
- ▶ Palpable chest pain at a certain point in the chest otherwise in good condition
- ▶ Chest pain that has passed and has not been repeated and is related to physical strain in a coronary artery disease patient (an appointment where necessary, if pain has increased)
- ▶ Chest pain related to upper body movements, symptom interpreted as musculoskeletal, no symptoms of infection
- ▶ If chest pain and nitrate spray is available to the coronary artery disease patient, instruct them to use it.
- ▶ In case of a coronary-artery-disease patient with nitrate spray available, instruct the patient to use it.

# Additional information

## Possible ICPC 2 codes

- ▶ A11 - Rintakipu, määrittämätön
- ▶ K04 - Sydämentykytys / sydämen lyöntien tuntuminen
- ▶ K05 - Poikkeava/epäsäännöllinen pulssi, muu
- ▶ K07 - Nilkkaturvotus
- ▶ K80 - Rytmihäiriö, määrittämätön
- ▶ K85 - Kohonnut verenpaine

## More information

*No content*

## Home care instructions

*No content*

# Adult - Arrhythmia

Published: 08.02.2024

Revision: 5

## Grounds

### Find out

- ▶ Continuous or occasional, or single painful palpitations?
- ▶ When did it start?
- ▶ Was it related to physical strain?
- ▶ Is it a new symptom?
- ▶ Fainting or dizziness?
- ▶ Chest pain?
- ▶ Do they have a pacemaker?
- ▶ Do they have dyspnoea? Does the symptom feel when at rest or is it getting worse?
- ▶ General condition?

### See also

- ▶ Allergic reaction, anaphylactic symptom
- ▶ Chest pain
- ▶ Disruptions in the level of consciousness
- ▶ Dizziness
- ▶ Dyspnoea
- ▶ Electrical accident
- ▶ Low blood pressure

## Emergency - 112

- ▶ Abnormal heart rate or arrhythmia with chest pain, weakness, dizziness, fainting or other clear decline in general condition.
- ▶ Arrhythmia and severe or worsening dyspnoea
- ▶ Pacemaker for arrhythmia has given a shock and the patient has symptoms

## Referred to treatment 24/7

*No grounds*

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Abnormally uneven and rapid heart rate as a continuous symptom, no other symptoms
- ▶ Feeling of palpitations as a continuous symptom

## Appointment within 1-3 days

- ▶ If the arrhythmia pacemaker has shocked once but the patient's condition is normal, the patient may contact their own pacemaker unit on the following business day

## Non-urgent appointment (4-7 days)

- ▶ Unclear duration of uneven heart rate in asymptomatic patient
- ▶ Abnormally slow pulse of less than 40 as a side finding as continuous symptoms, no other symptoms

## Advisory service / home care

- ▶ Recurrent and occasional painful palpitations while otherwise asymptomatic, non-urgent appointment if necessary
- ▶ Own, necessary medications for palpitations, if prescribed.

## Additional information

### Possible ICPC 2 codes

- ▶ K04 - Sydämentykytys / sydämen lyöntien tuntuminen
- ▶ K05 - Poikkeava/epäsäännöllinen pulssi, muu
- ▶ K78 - Eteisvärinä/eteislepatus
- ▶ K79 - Kohtauksittainen tiheälyöntisyys
- ▶ K80 - Rytmihäiriö, määrittämätön

### More information

*No content*

### Home care instructions

*No content*

# Adult - Back pain

Published: 08.02.2024

Revision: 4

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ Location and intensity of pain?
- ▶ Stroke symptoms, problems with urinating and defecation?
- ▶ When did the symptoms start? Injury?
- ▶ What is the patient doing? (standing, sitting unsupported/supported, lying down)
- ▶ How long has it taken for the symptoms to develop?
- ▶ Has the situation grown worse and in what time period?
- ▶ Has the patient previously experienced these symptoms?
- ▶ Pain medication?
- ▶ What made you contact us now?
- ▶ General condition?

## See also

- ▶ Abdominal pain
- ▶ Chest pain
- ▶ Headache
- ▶ Injured patient
- ▶ Pain in the side and chest
- ▶ Problems urinating

## Emergency – 112

- ▶ High-energy injury, e.g. falling from a height of more than 4 m.
- ▶ Rapidly progressing neurological deficiency symptoms
- ▶ Tearing back or abdominal pain that progresses rapidly
- ▶ Unbearable sudden or worsening back pain

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Related injury
- ▶ Urinary retention and fecal incontinence
- ▶ Unbearable pain
- ▶ Fever
- ▶ Related to abdominal pain or urinary problems
- ▶ Legs are not carrying
- ▶ Severe back pain despite pain medication

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Radiating lower back pain and a new weakness in the lower limb on one side (e.g. peroneal paresis)

## Appointment within 1-3 days

- ▶ Numbness and pin pricks that radiate to the lower limb
- ▶ Painkillers are used to control permanent back pain without problems with strength deficiency, urination or defecation (mild numbness is acceptable)
- ▶ Extension of sick leave

## Non-urgent appointment (4-7 days)

- ▶ Extended back pain examinations
- ▶ Doctor's statements and work ability assessment

## Advisory service / home care

- ▶ Minor back pain without nerve root symptoms, referral to a physiotherapist if necessary

# Additional information

## Possible ICPC 2 codes

- ▶ L02 - Yläselän oire/vaiva
- ▶ L03 - Alaselän oire/vaiva
- ▶ L81 - Tuki- ja liikuntaelinten vamma, muu

## More information

*No content*

## Home care instructions

Unless it is an emergency-type condition, the treatment for back pain is movement. The patient is instructed to avoid lying, sitting or standing in place for long times if possible.

Pain medication: paracetamol + ibuprofen, if not contraindicated.

# Adult - Eye symptoms

Published: 19.12.2023

Revision: 2

## Grounds

### Find out

- ▶ Allergies? Atopic?
- ▶ Duration?
- ▶ Other injuries to the head (take into account in head injuries, that diagnosis and necessary treatment of other head injuries often takes precedence over eye injuries)

### See also

- ▶ Allergic reaction, anaphylactic symptom
- ▶ Exposure to a chemical
- ▶ Problems with vision
- ▶ Suspected cerebrovascular disorder

### Emergency - 112

- ▶ Loss of the right or left side of the field of vision in both eyes (Homonymous hemianopsia)

## Referred to treatment 24/7

- ▶ Eyelids have swollen shut and fever, decline in general condition or double vision
- ▶ Sudden impairment of visual acuity or missing part of field of vision in one or both eyes
- ▶ Less than 4 hours have passed since total loss of vision (almost) in one eye
- ▶ Double vision that has developed suddenly
- ▶ Blunt injury, large energy (ball, bat, fist, fall), symptomatic patient
- ▶ Small sharp injury (claw, branch, book edge) and symptoms
- ▶ Sharp injury and/or suspicion of eye puncture
- ▶ Firework injuries, explosives injuries
- ▶ Chemical injuries (flushing for half an hour at the scene of the incident, followed by referral to the emergency clinic)
- ▶ Unbearable pain in one eye, sensitive to light and impaired vision (acute angle closure glaucoma)

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Light-sensitive or painful red eye
- ▶ Eye that is excreting large amounts of discharge or for a long period with light sensitivity or ache, impaired visual acuity, or patient wearing contact lenses
- ▶ Small foreign object in eye which they can't get out at home
- ▶ Redness and swelling of eyelids if symptoms are difficult or blisters on eyelids/or face
- ▶ Eyelids are swollen shut

## Appointment within 1-3 days

- ▶ An itching eye, which OTC medicines do not help
- ▶ Eyes have felt like they have sand in them and have been running for a prolonged period
- ▶ Double vision that developed gradually
- ▶ Flashes of light and dark dots/wires appear in the field of view
- ▶ Discharge from eye , no other symptoms
- ▶ Pupils of different sizes

## Non-urgent appointment (4-7 days)

- ▶ Eyelid has had lump for prolonged period of time
- ▶ Gradual decline in visual acuity

## Advisory service / home care

- ▶ Spontaneous haemorrhage in the eye without external cause/injury
- ▶ Eye excreting small amount of discharge, e.g. related to flu: clean the eye and monitor it at home
- ▶ Self-care of itching eyes, red and swollen eyelids associated with allergy symptoms with OTC medicines (antihistamine, eye drops)
- ▶ Eyes feel like they have sand in them and are running: Self-care with moisturising eye drops
- ▶ Blunt injury, low energy, asymptomatic patient: Monitoring at home

# Additional information

## Possible ICPC 2 codes

- ▶ F01 - Kipu silmässä
- ▶ F02 - Punainen silmä
- ▶ F03 - Rähmivä/vuotava silmä
- ▶ F05 - Näkökyvyn häiriö, muu
- ▶ F16 - Luomien oireet/vaivat
- ▶ F18 - Piilolaseihin liittyvät oireet/vaivat
- ▶ F71 - Sidekalvotulehdus, allerginen
- ▶ F75 - Ruhje/verenvuoto, silmän
- ▶ F76 - Vierasesine silmässä

## More information

- ▶ [Päivystystalo: Redness of the eye \(self-care instruction\)](#).
- ▶ [Päivystystalo: Eye infection \(self-care instructions\)](#).

## Home care instructions

*No content*

# Adult - Sexually transmitted diseases

Published: 08.02.2024

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ What is the symptom/difficulty that the patient has complained about most?
- ▶ When did the symptom start?
- ▶ What's the patient's general condition?
- ▶ Have they had the same symptom before?
- ▶ How has the patient treated their symptoms at home?
- ▶ Primary diseases and medication?

### See also

- ▶ Abdominal pain
- ▶ Fever
- ▶ Pain or symptom in genital organs
- ▶ Problems urinating
- ▶ Symptom in the anal area

## Emergency - 112

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Lower abdominal pain if severe or associated with fever or urination difficulties or excessive abnormal discharge from vagina
- ▶ Unprotected sex with HIV positive person (medication assessment is urgent)

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Wounds in the genital area (men and women) AND fever or headache or severe pain in the wound area or urination difficulties (primary genital herpes)

## Appointment within 1-3 days

- ▶ Suspicion of chlamydia or gonorrhoea either on the basis of a partner's disease or mild symptoms
- ▶ Suspected syphilis (skin symptoms, examination done because of partner, abnormal laboratory finding)
- ▶ Burning, abundant and bad smelling discharge
- ▶ Yeast infection if OTCs medicines do not help
- ▶ Genital area wounds
- ▶ Strong itching in the pubic hair area
- ▶ Pus discharge from male urethra
- ▶ Exclusion of sexually transmitted disease by testing, asymptomatic

## Non-urgent appointment (4-7 days)

- ▶ Exclusion of sexually transmitted disease by testing, asymptomatic
- ▶ Suspected genital area skin disease
- ▶ Treatment of previously diagnosed condyloma
- ▶ Pustules in the genital area

## Advisory service / home care

- ▶ Eliminating chlamydia and gonorrhoea as options from urine and vagina with home test
- ▶ Guidance to the right place of treatment in a timely manner
- ▶ Renewal of herpes prescription, prescription request to physician
- ▶ Add reminder of condom use until possible control sample is also negative.

# Additional information

## Possible ICPC 2 codes

- ▶ B90 - HIV/AIDS
- ▶ X23 - Huoli/pelko sukupuolitaudista, naisen
- ▶ X70 - Kuppa, naisen
- ▶ X71 - Tippuri, naisen
- ▶ X90 - Sukuelinherpes, naisen
- ▶ X91 - Visvasyyli, naisen
- ▶ X92 - Sukuelinklamydia, naisen
- ▶ Y03 - Vuoto virtsaputkesta
- ▶ Y25 - Huoli/pelko sukupuolitaudista, miehen
- ▶ Y70 - Kuppa, miehen
- ▶ Y71 - Tippuri, miehen
- ▶ Y72 - Sukuelinherpes, miehen
- ▶ Y76 - Visvasyyli, miehen

## More information

*No content*

## Home care instructions

*No content*

# Adult - Oral wound or bleeding

Published: 08.02.2024

Revision: 3

## Grounds

### Find out

- ▶ Amount of bleeding?
- ▶ Did the bleeding begin abruptly without a specific reason?
- ▶ Has the patient previously experienced these symptoms?
- ▶ A procedure in the mouth? When was it done?
- ▶ Primary diseases and medication, e.g. anticoagulants?
- ▶ Has there been an accident?
- ▶ Does the prosthesis or orthodontic appliance cause discomfort?
- ▶ Unexplained wound, no procedure or accident, is it spontaneous bleeding?
- ▶ Is there a bleeding lump in the mouth (suspected of cancer) for how long?
- ▶ Can the patient eat?

### See also

- ▶ Cracking or breakage of teeth, prostheses or instruments
- ▶ Cuts and wounds
- ▶ Face injury, tooth injury
- ▶ Tooth pain, swelling

## Emergency – 112

- ▶ Abundant continuous bleeding
- ▶ As a result of an accident or procedure, or spontaneous, does not stop when the area that is bleeding is pressed

## Referred to treatment 24/7

- ▶ Bleeding in connection with a face injury
- ▶ Tooth injury, bleeding does not stop
- ▶ A broken fixed orthodontic appliance that sticks into the skin, and the bleeding does not stop with compression
- ▶ Bleeding and primary disease or medication affecting clotting
- ▶ Bleeding after tooth removal that does not stop in 2 hours with the provided home care instructions

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Postoperative bleeding, stops by pressing but continues after compress is removed

## Appointment within 1-3 days

- ▶ Minor bleeding caused by prostheses or removable orthodontic appliances, the bleeding stops by applying pressure to the wound

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

*No grounds*

## Additional information

### Possible ICPC 2 codes

- ▶ D19 - Hampaiden/ikenien oire/vaiva
- ▶ D20 - Suun/kielen/huulen oire/vaiva
- ▶ D79 - Vierasesine ruoansulatuskanavassa
- ▶ D80 - Ruoansulatuselinten vamma, muu
- ▶ D82 - Hampaiden/ikenien sairaus
- ▶ D83 - Suun/kielen/huulen sairaus
- ▶ S18 - Haava/laseraatio
- ▶ S19 - Ihon vamma, muu

### More information

*No content*

### Home care instructions

Small ulcers and nicks in the mouth and tongue usually heal well in a few days without special treatment.

Stomatitis/gingivitis caused by dentures can be treated by cleaning the dentures and soaking them in a Corsodyl solution for 15 minutes twice a day.

# Adult - Cancers

Published: 19.12.2023

Revision: 2

## Grounds

### Find out

- ▶ Treatment plan?
- ▶ A living will?

### See also

*No symptom cards*

### Emergency - 112

- ▶ Fever, decline in general condition, ongoing active treatments

### Referred to treatment 24/7

- ▶ Fever, decline in general condition, ongoing active treatments, are able to seek treatment themselves
- ▶ Insufficient pain medication

### Referred to treatment within 24 hours but not at night (21-08)

- ▶ Side effects from cancer treatments that began at home, good or moderate general condition (primarily contact with the treating unit)

## Appointment within 1-3 days

- ▶ Insufficient pain management (not acutely changed pain)

## Non-urgent appointment (4-7 days)

- ▶ Work ability assessments for cancer patients

## Advisory service / home care

- ▶ Need for inpatient care for palliative patient (call home care ward)
- ▶ Insufficient pain medication

# Additional information

## Possible ICPC 2 codes

- ▶ A04 - Heikkous/väsymys, yleinen
- ▶ A79 - Syöpä, määrittämätön

## More information

*No content*

## Home care instructions

*No content*

# Adult - Disruptions in the level of consciousness

Published: 08.02.2024

Revision: 3

## Grounds

### Find out

- ▶ What symptoms does the patient have?
- ▶ When did the symptoms start? Exact time
- ▶ Differences in limbs, drooping of mouth, difficulty in producing speech production or understanding speech, visual disturbance, balance or walking difficulties?
- ▶ Sudden visual disturbances?
- ▶ Do they have difficulty producing speech?
- ▶ Is there a sudden or increased confusion?
- ▶ Did they have chest pain or feeling of arrhythmia before unconsciousness?
- ▶ Has the patient previously experienced these symptoms?
- ▶ Primary diseases?
- ▶ Medication? Blood thinning medication?
- ▶ General condition?
- ▶ Was there a reason related to fainting (seeing blood, standing in a hot place, fasting, while going to the toilet, while shaving, etc.)
- ▶ Did the fainting involve chest pain, dyspnoea or arrhythmia

## See also

- ▶ Dizziness
- ▶ Head pain
- ▶ High blood sugar or suspicion of recent type 1 diabetes
- ▶ Low blood sugar
- ▶ Memory loss
- ▶ Sudden confusion
- ▶ Suspected cerebrovascular disorder

## Emergency – 112

- ▶ New neurological deficiency symptom (change in limb sensory motor skills, difficulty in speech production, visual disturbance)
- ▶ Disorder of consciousness causing a decline in general condition
- ▶ Any disturbance of consciousness that has not passed
- ▶ Difficulty in speaking or understanding speech

## Referred to treatment 24/7

- ▶ Passed disturbance of consciousness
- ▶ Passed memory disorder without other symptoms
- ▶ Acute confusion (decreased level of understanding, attention and concentration, fear, agitation, activation of the autonomous nervous system)
- ▶ Facial nerve paralysis without other neurological symptoms (one side of the face is paralysed, the eye does not close, the forehead does not contract. If only the lower part of the face has paralysis symptoms, suspect cerebrovascular disorder and call 112)
- ▶ Fainting without clear cause or known tendency to faint

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

- ▶ Mild hypoglycaemia of a patient with diabetes. Medication and treatment evaluation by their own doctor

## Advisory service / home care

- ▶ A collapse tendency that was previously examined and found to not be a problem. If necessary, additional clarifications at a booked appointment
- ▶ Mild hypoglycaemia of a patient with diabetes. Medication and treatment evaluation by their own doctor

# Additional information

## Possible ICPC 2 codes

- ▶ A04 - Heikkous/väsymys, yleinen
- ▶ K89 - TIA / ohimenevä aivoverenkiertohäiriö
- ▶ N06 - Tuntohäiriö, muu
- ▶ N07 - Kouristelu/kouristuskohtaus
- ▶ N18 - Halvaus/heikkous
- ▶ N19 - Puhehäiriö
- ▶ N28 - Toiminnanvajaous, hermoston
- ▶ N80 - Pään vamma, muu

## More information

*No content*

## Home care instructions

An unconscious patient breathing normally is placed in the recovery position on their left side and an open airway is maintained.

# Adult - Post-procedure or treatment complication

Published: 01.02.2024

Revision: 3

## Grounds

### Find out

- ▶ Main symptom/injury?
- ▶ When did the symptoms start?
- ▶ What procedure is the symptom/complication linked to?
- ▶ When did the procedure take place?
- ▶ Have they contacted the unit that performed the surgery/procedure?
- ▶ A similar symptom before?
- ▶ Has the symptom been treated at home?
- ▶ What's their general condition?
- ▶ Primary diseases and medication?
- ▶ Allergies?
- ▶ Age?

### See also

- ▶ Cuts and wounds
- ▶ Symptoms related to subacute postpartum period

## Emergency – 112

- ▶ Need for immediate life-saving measures
- ▶ Severe disruption of basic vital function or change to level of consciousness
- ▶ Rise in temperature and dyspnoea after heart surgery (e.g. suspected PPS)
- ▶ General condition has deteriorated
- ▶ Difficulty breathing
- ▶ Chest pain
- ▶ Bleeding, especially after throat procedures
- ▶ Severe postoperative complications
- ▶ Intolerable pain, which is not under control

## Referred to treatment 24/7

- ▶ Bleeding after tonsillectomy
- ▶ Nosebleeds after nose surgery
- ▶ Bleeding problems after a coronary angiogram
- ▶ Problems after a pacemaker has been placed
- ▶ Post-procedure symptom that began abruptly
- ▶ Eye pain and vision has deteriorated (
- ▶ Problems after arthritis medication injections

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Description of symptoms, which do not involve impairment of basic vital functions or other risk symptoms
- ▶ Post-ENT infections (rise of fever/pus discharge 2 weeks after surgery)
- ▶ Complications of plastic surgery wound
- ▶ Artificial joint infections
- ▶ Complications of vascular surgical wound
- ▶ Postoperative problems with operated injury
- ▶ Post-paracentesis headache >3 days
- ▶ Superficially opened bleeding/infected surgical wound (
- ▶ Seroma punctures, patient in good condition
- ▶ Problems after medicine was injected (pain medication is not helpful)

## Appointment within 1-3 days

- ▶ No symptom requiring immediate treatment, good general condition
- ▶ Mild complications after surgery
- ▶ Superficial opened surgical wound, no bleeding or inflammation

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Problems after drug injections (pain medication)

# Additional information

## Possible ICPC 2 codes

- ▶ A87 - Kirurgisen tai muun hoidon komplikaatio

## More information

*No content*

## Home care instructions

Home care instructions received from the treating unit.

# Adult - Injured patient

Published: 01.02.2024

Revision: 3

## Grounds

### Find out

- ▶ What happened? (e.g. injury mechanism, speed, height from which they fell, type of vehicle, safety equipment used, broken helmet, etc.)
- ▶ What kind of symptoms/injuries?
- ▶ Time and location of the event
- ▶ Age and primary diseases, allergies
- ▶ Are they still in danger?
- ▶ Possible suicide attempt?
- ▶ Situation of possible other people involved
- ▶ General condition before and after the accident? Can they move independently? Is there a need for aids?
- ▶ Impact of intoxicants
- ▶ Have first responders assessed them at the scene of the incident?
- ▶ What is their general condition?

## See also

- ▶ Burns
- ▶ Cuts and wounds
- ▶ Face injury, tooth injury
- ▶ Head pain
- ▶ Injuries to limbs
- ▶ Self-harm and self-destructive thoughts

## Emergency – 112

- ▶ High energy/multiple injury
- ▶ Immediate need for assistance
- ▶ Disruption of a basic vital function or change to level of consciousness
- ▶ Deterioration of general condition
- ▶ Neurological symptom
- ▶ Fracture with malposition or open fracture
- ▶ Chemical accident
- ▶ new symptomatic head injury (consciousness level, memory gap or neurological symptom)
- ▶ Has fallen from a height of at least 3 metres
- ▶ The vehicle's speed has been at least 60 km/h, even if they are asymptomatic
- ▶ Suspicion that the accident was caused by a bout of illness
- ▶ Inhalation of combustion gases

## Referred to treatment 24/7

- ▶ Injuries to the head
- ▶ Suspected fracture
- ▶ Increasing headache
- ▶ Injuries involving swelling
- ▶ Unclear information on what has happened
- ▶ Passed unconsciousness
- ▶ Post-accident abdominal or chest pain and stable haemodynamics
- ▶ Superficial sharp injury requiring stiches
- ▶ Blood in urine after a trauma
- ▶ Low injury energy and stable haemodynamics
- ▶ Patient who has been in collision and is in good condition and walking (check up in case of injuries)
- ▶ Assault
- ▶ Commotio cordis patient
- ▶ Tooth detached (and stored)
- ▶ Face injury and impaired vision
- ▶ Pain in the breast/side/abdomen after a blunt accident, good general condition

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ A previous (< 1 week) collision followed by a mild unexamined and undiagnosed neck/shoulder ache
- ▶ Small bruises and minor injuries
- ▶ injuries that happen over 24 hours ago
- ▶ Low injury energy, associated symptoms and stable haemodynamics
- ▶ Recurrent falls of an elderly patient

## Appointment within 1-3 days

- ▶ Examined patient who has been in a collision, minor injury (no signs of threatening situation, does not require treatment), the problem has continued
- ▶ Long-term (>2 weeks) headache after trauma without vomiting
- ▶ Strain, no suspected fracture (for those who need sick leave)
- ▶ School and occupational accident, for those who need sick leave
- ▶ Low-energy injury and more than 3 days have passed since the injury, pain as the only symptom
- ▶ Need for check-up due to insurance if patient is asymptomatic
- ▶ Change in functional capacity after a fall

## Non-urgent appointment (4-7 days)

- ▶ Post-injury symptoms affecting work or coping in everyday life

## Advisory service / home care

- ▶ Find out what insurance company they use and how to submit the accident report
- ▶ Strain, no suspected fracture (for those who need sick leave)

## Additional information

### Possible ICPC 2 codes

- ▶ A80 - Vamma, määrittämätön
- ▶ A81 - Monivamma

## More information

*No content*

## Home care instructions

See specific symptom card, e.g. WOUNDS, HEAD INJURY..

# Adult - Abdominal pain

Published: 01.02.2024

Revision: 4

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ Are there signs of a serious illness, such as a drop in the general condition or a cold sweat?
- ▶ When and how did it start? Suddenly? Gradually?
- ▶ Intensity of pain? Unbearable? Severe? Moderate? Mild?
- ▶ Nature and location of the pain? Intensifying? Decreasing?
- ▶ Have they had similar pain before? When? Were any examinations performed at the time?
- ▶ Any other symptoms? Vomiting? Diarrhoea? Fever? When was the last time they defecated? Have they urinated normally?
- ▶ Surgeries in the abdominal area A known abdominal disease, a familiar issue?
- ▶ Has pain medication been given? Please specify How much? When?
- ▶ Find out from women of reproductive age: A known pregnancy?
- ▶ **NOTE Remember possible cardiac causes for upper abdominal pain.**

## See also

- ▶ Diarrhoea and constipation
- ▶ Fever
- ▶ Heartburn
- ▶ Pain in the side and chest
- ▶ Vomiting

## Emergency – 112

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement
- ▶ Poor general condition
- ▶ Abdominal pain and passed interruption in consciousness
- ▶ Unbearable pain
- ▶ Strong tearing pain or pain that changes place
- ▶ Strong and increasing pain after surgery for which pain medication does not help
- ▶ Severe pain after an accident
- ▶ A new kind of intense pain that prevents movement

## Referred to treatment 24/7

- ▶ Severe pain for over 4h, pain medication does not help
- ▶ Severe pain and fever
- ▶ Abdominal pain and clearly reduced urination (urinary symptom has lasted at least 12 hours)
- ▶ No stool for more than 3 days and vomiting
- ▶ Postoperative fever

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Moderate pain and fever
- ▶ Yellowness as a new symptom

## Appointment within 1-3 days

- ▶ Moderate new pain
- ▶ Increase of temperature (approx. 37-38°C)

## Non-urgent appointment (4-7 days)

- ▶ Prolonged moderate or mild pain

## Advisory service / home care

*No grounds*

# Additional information

## Possible ICPC 2 codes

- ▶ D01 - Vatsakipu, yleinen
- ▶ D02 - Ylävatsakipu
- ▶ D06 - Vatsan alueen kipu, paikallinen, muu

## More information

- ▶ [Päivystystalo: Constipation \(self-care instructions\)](#).

## Home care instructions

If necessary, see DIARRHOEA AND CONSTIPATION.

# Adult - Blood thinning therapy

Published: 19.12.2023

Revision: 2

## Grounds

### Find out

- ▶ Age
- ▶ Primary diseases
- ▶ What medicine is it?
- ▶ When was medication started
- ▶ What is the purpose of the medicine?
- ▶ What kind of problems does the medicine cause?

### See also

- ▶ Head pain
- ▶ Symptom in the anal area
- ▶ Symptoms of nose and sinuses

### Emergency – 112

- ▶ Severe abdominal pain
- ▶ Sudden deterioration of general condition
- ▶ Bleeding will not stop
- ▶ Decrease in consciousness or neurological symptom after head injury

## Referred to treatment 24/7

- ▶ Black stools
- ▶ Seeping bleeding that does not stop

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Extensive bruises that showed up without apparent cause (palm size)

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

- ▶ Recurring minor nosebleeds, constantly small bruises

## Advisory service / home care

- ▶ The medicine has not been taken (usually single doses aren't taken later. The next dose is taken normally. See the drug-specific instructions in the medicine database)
  - ▶ INR is not in the treatment area and the patient does not have bleeding (area-specific, doctor's consultation?)
- The patient is coming in for a procedure and ambiguity with the blood thinning treatment. Will
- ▶ proceed according to procedure unit's instructions. Have instructions been recorded in the patient information system? General instructions Terveysportti, physician's database "Warfarin therapy".

# Additional information

## Possible ICPC 2 codes

- ▶ A10 - Verenvuoto, määrittämätön
- ▶ D14 - Verioksennus/hematemeesi
- ▶ D16 - Verenvuoto peräsuolesta
- ▶ R06 - Nenäverenvuoto
- ▶ S16 - Mustelma/ruhje

## More information

*No content*

## Home care instructions

*No content*

# Adult - High blood pressure

Published: 18.12.2023

Revision: 3

## Grounds

### Find out

- ▶ What's the blood pressure level?
- ▶ What made you call now?
- ▶ What's their heart rate?
- ▶ Why has there been a change in blood pressure now?
- ▶ Other symptoms (headache, chest pain, drop in general condition, fever, dyspnoea, dizziness)
- ▶ Physical capacity (can you walk normally)?
- ▶ Primary diseases, medications?

### See also

- ▶ Dizziness
- ▶ Headache
- ▶ Low blood pressure

### Emergency – 112

- High fever and heart rate with increased blood pressure: suspicion of a hypertensive crisis
- ▶ (symptoms: blood pressure is usually over 180-200 mmHg and diastolic over 120-130 mmHg; headaches, visual defects, nausea, severe dyspnoea, or chest pain dizziness)

## Referred to treatment 24/7

- ▶ Deteriorated general condition
- ▶ Strong dizziness
- ▶ Pregnant and high blood pressure (note: upper abdominal pain, visual disturbances, swelling)

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

Blood pressure is over 180-200/110, no indication of a hypertensive crisis, no general symptoms.

- ▶ Contact healthcare by telephone, medication check and dose increases, if necessary. Treatment within 1-3 days.

## Non-urgent appointment (4-7 days)

- ▶ Continuously elevated blood pressure (over 135/85) when measured at home without other symptoms

## Advisory service / home care

- ▶ Blood pressure and heart rate measurement. Recording. If your condition is good and your blood pressure is below severe readings for 4 days, monitoring in the mornings and evenings.
- ▶ A change in medication with the support of a physician if no other symptoms.
- ▶ If they have medication, do they use it regularly?
- ▶ Avoiding liquorice and salmiakki products and alcohol
- ▶ Avoiding salt

# Additional information

## Possible ICPC 2 codes

- ▶ K85 - Kohonnut verenpaine
- ▶ N01 - Päänsärky
- ▶ N17 - Huimaus/pyöritys

## More information

*No content*

## Home care instructions

*No content*

# Adult - Low blood pressure

Published: 18.12.2023

Revision: 3

## Grounds

### Find out

- ▶ Any other symptoms?
- ▶ What has their blood pressure been?
- ▶ Medication, especially blood pressure medication
- ▶ Have changes been made to treatment or medication in the last 2 months?

### See also

- ▶ Dizziness
- ▶ Dyspnoea
- ▶ Fever
- ▶ High blood pressure

### Emergency – 112

- ▶ Rapid deterioration of general condition
- ▶ Fever with low blood pressure (less than 100/70) combined with high heart rate (more than 90) indicates blood poisoning
- ▶ Dyspnoea and low blood pressure

## Referred to treatment 24/7

- ▶ Deteriorated general condition, cannot stay upright
- ▶ Strong dizziness

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ Low blood pressure and dizziness when they get up, as well as fall anamnesis or feeling of arrhythmia
- ▶ A physician will be consulted over the telephone and changes will be made to medications

## Non-urgent appointment (4-7 days)

- ▶ Low blood pressure and dizziness when rising, no other symptoms

## Advisory service / home care

- ▶ A change to medications based on consultation with a physician if antihypertensive medication is used
- ▶ More abundant fluid consumption and salt use increase blood pressure
- ▶ Low blood pressure in a healthy and asymptomatic individual occasionally causes dizziness, but it is otherwise useful to reduce the risk of cardiovascular diseases

# Additional information

## Possible ICPC 2 codes

- ▶ A06 - Pyörtyminen
- ▶ K87 - Verenpainetauti, komplisoitunut
- ▶ K88 - Asentoon liittyvä matala verenpaine
- ▶ N17 - Huimaus/pyöritys

## More information

*No content*

## Home care instructions

Intake of salt, fluids, liquorice and salmiakki also increases blood pressure. Avoiding getting up too fast. If antihypertensive medication is used, blood pressure must be monitored and any changes to medications should be based on a consultation with a physician.

# Adult - Foreign object

Published: 19.12.2023

Revision: 3

## Grounds

### Find out

- ▶ What kind of foreign object?
- ▶ Where?
- ▶ When did this happen?
- ▶ What kind of symptoms do they have?
- ▶ How/why did the foreign object end up in the body (self-harm, psychosis?)
- ▶ General condition
- ▶ Suspected to have swallowed toxic foreign body (Poison Information Centre)
- ▶ Primary diseases
- ▶ Anticoagulant medication
- ▶ Vaccination cover? If necessary, Tetanus shot (can be administered within 1-3 days)

### See also

- ▶ Cough
- ▶ Dyspnoea
- ▶ Ear and hearing symptoms
- ▶ Skin symptoms
- ▶ Vomiting

## Emergency - 112

- ▶ Airway, difficulty breathing
- ▶ In the oesophagus, difficult to swallow
- ▶ Disruption of a basic vital function
- ▶ Life-threatening bleeding
- ▶ Shock
- ▶ Penetrating eye injury
- ▶ Swallowed battery causing an airway obstruction
- ▶ Sharp, corrosive or obstructive foreign object in the lungs or oesophagus a

## Referred to treatment 24/7

- ▶ Airway
- ▶ Oesophagus
- ▶ Unbearable pain
- ▶ has swallowed multiple magnets
- ▶ Significant injury mechanism
- ▶ Superficial foreign objects (glass chips, hooks, etc.)
- ▶ Battery stuck in nose/oesophagus
- ▶ Pain at neck height, difficulty swallowing, or drooling and suspicion of foreign object)

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Rectum
- ▶ Vagina
- ▶ Bladder
- ▶ Ear
- ▶ Nose
- ▶ Redness of an eye's conjunctiva
- ▶ Unclear information on what has happened: (to be considered, e.g. fish bone, no difficulty breathing, good general condition, etc.)
- ▶ Local inflammatory reaction

## Appointment within 1-3 days

- ▶ The symptom has lasted more than 24 hours
- ▶ Possible tetanus vaccine or antibiotic due to foreign object stuck in the skin (e.g. stick, hook removed at home)

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ Small, non-hazardous foreign object that has been swallowed into stomach ( will pass through normally without problems)
- ▶ Local inflammatory reaction

# Additional information

## Possible ICPC 2 codes

- ▶ D79 - Vierasesine ruuansulatuskanavassa
- ▶ F76 - Vierasesine silmässä
- ▶ R87 - Vierasesine nenässä/kurkunpäässä/keuhkoputkissa
- ▶ S15 - Vierasesine ihossa

## More information

*No content*

## Home care instructions

*No content*

# Adult - Problems urinating

Published: 19.12.2023

Revision: 4

# Grounds

## Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ When did the symptom start?
- ▶ What's the patient's general condition?
- ▶ Is urine coming out? Does it feel like the bladder is emptying?
- ▶ Procedures that have affected the urinary tract?
- ▶ Increased need to urinate
- ▶ Burning sensation when urinating
- ▶ Any pain? Where?
- ▶ Blood in urine?
- ▶ Does the person have a fever?
- ▶ Do they have a catheter?
- ▶ Other symptoms (e.g. an elderly person's legs will not carry them)?
- ▶ Have they had the same symptom before?
- ▶ How has the patient treated their symptoms at home?
- ▶ How much have they drunk (normally, more, less)?
- ▶ Have they taken any medication (for pain and fever)?
- ▶ Primary diseases and medication?
- ▶ Do they have medication that prevents infection in use?
- ▶ Any chance of a sexually transmitted disease?

## See also

- ▶ Abdominal pain
- ▶ Fever

## Emergency – 112

- Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or
- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Urinary retention, catheterisation, urine is not moving/cannot be catheterised
- ▶ Abundant amount of bright blood or clots in the urine
- ▶ Feverish and urinary tract infection symptoms
- ▶ Problems urinating and severe pain

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ increased frequency in need to urinate and/or burning sensation when the patient is pregnant, a diabetic, has a kidney disease and is a man
- ▶ Catheter and cystofix problems

## Appointment within 1-3 days

- ▶ Visible blood in urine
- ▶ Increased need to urinate that developed rapidly, no pain
- ▶ Wetting bed or clothing as a new symptom, no pain

## Non-urgent appointment (4-7 days)

- ▶ Difficulty urinating

## Advisory service / home care

A typical bladder infection in women is treated on the basis of an interview, age 18–65 years.  
Current care recommendation: an interview form for a urinary tract infection. Prescription request.

- ▶ Remind the patient that it may take more than 3 days from the start of the medication for the symptoms to disappear. Instruct the patient to contact you if the symptoms do not ease or they get worse in 4 days or the symptoms recur

## Additional information

### Possible ICPC 2 codes

- ▶ X01 - Kipu sukuelimissä, naisen
- ▶ X12 - Verenvuoto emättimestä, vaihdevuosien jälkeinen
- ▶ X14 - Vuoto emättimestä
- ▶ X16 - Ulkosynnyttimien oire/vaiva
- ▶ X29 - Muu naisen sukuelinoire
- ▶ Y01 - Siittimen kipu
- ▶ Y02 - Kiveksen/kivespussin kipu

### More information

[Käypä hoito: Äkillisen kystiitin toteaminen \(puhelin\)haastattelun perusteella 18–65-vuotiaalla naisella](#)

### Home care instructions

*No content*

# Adult - Living alone (coping at home)

Published: 19.12.2023

Revision: 3

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ Why does the client/their family member feel that the client cannot cope at home?
- ▶ How quickly and how much has their functional capacity changed?
- ▶ Are there new symptoms? Any falls?
- ▶ Form of housing the client resides in, apartment block, single-family house? Heating, water?
- ▶ Mobility?
- ▶ Meals?
- ▶ Services provided at home?
- ▶ Factors that threaten their safety?
- ▶ Social contacts?
- ▶ Does the client have a mental health disorder, for example, is their fear related to psychosis, in which case they need psychiatric emergency care?

## See also

- ▶ Anxiety
- ▶ Behavioural symptoms related to intellectual disability, neuropsychiatric disorders and dementia
- ▶ Depression
- ▶ Psychotic symptoms, mania
- ▶ Substance abuse problems
- ▶ Sudden confusion

## Emergency – 112

- ▶ Disruptions in basic vital functions  
Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or  
▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement
- ▶ Confusion as a new symptom, see: Sudden confusion
- ▶ The client is a danger to themselves, e.g. acute confusion, getting lost, being locked outside

## Referred to treatment 24/7

- ▶ The client's coping at home (basic needs) cannot be secured until the next weekday

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

- ▶ The client's fear regarding how they will cope at home, which causes the abundant and repeated use of other services
- ▶ Contact social services during office hours

## Advisory service / home care

*No grounds*

## Additional information

### Possible ICPC 2 codes

- ▶ A28 - Toiminnanvajaus, määrittämätön
- ▶ P05 - Vanhuuden tunne / vanhusmaisuus / seniliteetti
- ▶ P20 - Muistihäiriö
- ▶ Z03 - Asumiseen/naapurustoon liittyvä ongelma
- ▶ Z28 - Toiminnanvajaus, sosiaalinen
- ▶ Z29 - Muu sosiaalinen ongelma, määrittämätön

### More information

- ▶ [Terveyskylä, Ikävalo: Home and housing](#)

### Home care instructions

*No content*

# Adult - Cough

Published: 19.12.2023

Revision: 4

## Grounds

### Find out

- ▶ General mode
- ▶ Speed at which the symptoms developed
- ▶ Do they have pain in the chest area?
- ▶ Simultaneous upper respiratory tract infection symptoms, oesophageal infection symptoms or symptoms consistent with asthma?
- ▶ Medication
- ▶ Smoking
- ▶ Speed at which the symptoms developed?
- ▶ Recent trips abroad?

### See also

- ▶ Dyspnoea
- ▶ Fever
- ▶ Foreign object

## Emergency – 112

- ▶ Respiration rate clearly elevated, unable to speak in sentences
- ▶ Dyspnoea and chest pain
- ▶ Clear decline in general condition
- ▶ Severe difficulty breathing associated with allergic reaction
- ▶ Extensive coughing up of blood (>200 ml)

## Referred to treatment 24/7

- ▶ Severe sudden cough and suspected foreign object
- ▶ Cough and clear decline in general condition
- ▶ Coughing up blood and decline in general condition
- ▶ COPD patients experiencing dyspnoea, a cough, fever and coughing up mucus

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ COPD patients experiencing a cough, fever and coughing up mucus
- ▶ Cough and fever (> 38.0 C) for more than 3 days

## Appointment within 1-3 days

- ▶ Coughing up mucus, good general condition

## Non-urgent appointment (4-7 days)

- ▶ Prolonged cough symptoms (weeks)
- ▶ Suspected work-related rhinitis, coughing or asthma

## Advisory service / home care

- ▶ After a respiratory tract infection, the dry cough may last 1-3 weeks
- ▶ A cough combined with typical flu symptoms is harmless. Treatment according to the symptom as needed.
- ▶ Typical bronchitis is treated symptom-specifically (dry cough, no fever, duration 1-4 weeks), antibiotic treatment has been found ineffective and harmful
- ▶ Cough associated with antihypertensive medication (only developed by ACE inhibitors)
- ▶ Doubling of medication for asthmatic and use of asthmatic medication, PEF measurement
- ▶ Asthmatics and COPD patients may have a cortisone prescription on standby, which they can start according to the instructions given
- ▶ Consultation with a physician if necessary
- ▶ A cough is said to be prolonged if it has lasted more than 3 weeks and long-term if it has lasted more than 8 weeks

## Additional information

### Possible ICPC 2 codes

- ▶ R04 - Hengityksen häiriö, muu
- ▶ R05 - Yskä
- ▶ R24 - Veriyskä
- ▶ R83 - Hengitystieinfektio, muu
- ▶ R96 - Astma

### More information

- ▶ [Päivystystalo: Cough \(self-care instructions\)](#)

## Home care instructions

*No content*

# Adult - Sudden confusion

Published: 18.12.2023

Revision: 2

## Grounds

### Find out

- ▶ Main symptom/difficulty?
- ▶ What other symptoms: dyspnoea, pain, recent fall as an underlying factor?
- ▶ How fast has it evolved?
- ▶ Have they had the same symptom before?
- ▶ Age, primary diseases and medication?
- ▶ New medication? Multiple medications?
- ▶ Can they cope with normal daily activities?
- ▶ Do you live alone or in a service unit?
- ▶ Signs of infection?
- ▶ Changes in level of consciousness
- ▶ Mood problems or anxiety?
- ▶ Predisposing factors, intoxicants or disability?
- ▶ Physical, psychological, lack of sleep?

### See also

*No symptom cards*

## Emergency – 112

- ▶ Acute confusion with a related failure of basic vital functions or some neurological symptom
- ▶ Drowsiness or confusion in a person with lung disease
- ▶ Low blood sugar
- ▶ Loss of consciousness that has passed
- ▶ Suspected infection in the central nervous system (e.g. neck stiffness, skin symptoms, headache)
- ▶ Trauma (head injury, confusion that develops even with a delay)
- ▶ Poisoning/suspected overdose
- ▶ Patient refuses treatment (need for assistance from the authorities)
- ▶ Threat of violence
- ▶ Self-harm and self-destructive thoughts
- ▶ Suspected delirium tremens

## Referred to treatment 24/7

- ▶ A memory disorder that began suddenly without neurological or circulatory symptoms
- ▶ Immunosuppression (risk of infection)
- ▶ Haematological disease
- ▶ Psychiatric disease that has become acute/Psychosis
- ▶ Confusion linked to an infection

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Confusion without neurological symptoms and haemodynamic is normal
- ▶ Has recently travelled abroad
- ▶ Confusion due to changes in medicines

## Appointment within 1-3 days

- ▶ Increase of chronic pain
- ▶ Confusion has eased, need for further examinations

## Non-urgent appointment (4-7 days)

- ▶ Long-term confusion
- ▶ Long-lasting symptoms

## Advisory service / home care

Consultation with a physician on the mental confusion of a person living in a nursing home (if there

- ▶ are no symptoms of infection or disruptions to basic vital functions, which will help in avoiding unnecessary transfers to the emergency clinic)

## Additional information

### Possible ICPC 2 codes

- ▶ A84 - Lääkemyrkytys
- ▶ A85 - Lääkkeen haittavaikutus
- ▶ P01 - Ahdistuneisuuden/hermostuneisuuden/jännittyneisyyden tunne
- ▶ P16 - Alkoholien väärinkäyttö, akuutti
- ▶ P18 - Lääkkeen väärinkäyttö
- ▶ P19 - Huumeiden käyttö
- ▶ P20 - Muistihäiriö

## More information

*No content*

## Home care instructions

*No content*

# Adult - Pain or symptom in genital organs

Published: 19.12.2023

Revision: 4

## Grounds

### Find out

- ▶ What is the symptom/difficulty that the patient has complained about most?
- ▶ When did the symptom start?
- ▶ What's the patient's general condition?
- ▶ Have they had the same symptom before?
- ▶ How has the patient treated their symptoms at home?
- ▶ Primary diseases and medication?

### See also

- ▶ Cuts and wounds
- ▶ Fever
- ▶ Problems urinating
- ▶ Skin symptoms

### Emergency - 112

*No grounds*

## Referred to treatment 24/7

- ▶ Urogenital traumas
- ▶ Priapism (continuous erection)
- ▶ Parafimosis (foreskin trapped behind the corona of the glans penis.)
- ▶ Sudden testicular pain
- ▶ Swollen/sore scrotum
- ▶ Suspicion of ectopic pregnancy (severe abdominal pain +/- shoulder pain) less than 12 weeks into the pregnancy
- ▶ Suspicion of ectopic pregnancy (severe abdominal pain +/- shoulder pain) less than 12 weeks into the pregnancy
- ▶ Inguinal hernia, see Abdominal pain

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

- ▶ Minor local symptoms, no general symptoms (fever, etc.)
- ▶ Foreskin infection

## Non-urgent appointment (4-7 days)

- ▶ Repeated yeast-induced itching vaginitis
- ▶ Brittleness and itching of mucous membranes, burning feeling
- ▶ Contraception issues
- ▶ Abortion
- ▶ Suspicion of a sexually transmitted disease
- ▶ Suspected prostate infection
- ▶ Pain in testicle that has started gradually and is intermittent (within 7 days)
- ▶ Painless lump on the testicle (within 7 days)

## Advisory service / home care

*No grounds*

## Additional information

### Possible ICPC 2 codes

- ▶ X01 - Kipu sukuelimissä, naisen
- ▶ X12 - Verenvuoto emättimestä, vaihdevuosien jälkeinen
- ▶ X14 - Vuoto emättimestä
- ▶ X16 - Ulkosynnyttimien oire/vaiva
- ▶ X21 - Rintarauhasen muu oire/vaiva, naisen
- ▶ X29 - Muu naisen sukuelinoire
- ▶ Y01 - Siittimen kipu
- ▶ Y02 - Kiveksen/kivespussin kipu

## More information

- ▶ [Päivystystalo: Vaginal yeast infection \(self-care instructions\)](#)

## Home care instructions

Symptoms of yeast infection (intense itching and burning of external genitalia, thick and lumpy white discharge) can be treated with over-the-counter medicines from the pharmacy (e.g. Canesten kombi). The amount of white discharge varies depending on the point in your cycle. The most common cause of increased white discharge as a symptom is cytolysis (cell breakdown), which is a normal condition and does not require treatment. Symptomatic white discharge (itching, burning, altered odour or colour) can indicate an infection.

When experiencing skin symptoms on the glans penis, regardless of the cause, appropriate hygiene: pull the foreskin back and wash with water once a day, keep the area dry, use talcum powder if necessary. Genitals should not be washed with soap, wash with water or a wash liquid available from a pharmacy.

# Adult - Self-harm and self-destructive thoughts

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ Any suicidal thoughts? What kind? Have they planned the manner in which to do it? Have they hurt themselves now or in the past, or have they attempted suicide?
- ▶ Do they have access to any means (medicines, weapons, rope), for committing suicide? Where is the person (railway, roof, bridge)?  
  
Have they had fluctuations in emotional states, abnormal communication, crying, tiredness,
- ▶ hyperactivity, low mood, experiences of hopelessness, substance abuse, an acute crisis situation in their life?
- ▶ Is the patient alone? Are there any delusions or other symptoms of psychosis?
- ▶ NOTE! Anguished anxiety is a significant risk factor for self-destructiveness
- ▶ Anything like this before? Does the patient have regular medication and do they use it according to instructions?
- ▶ Are they intoxicated? Do you need detox therapy before a reliable psychiatric assessment?
- ▶ Are they pregnant or have they recently given birth? See Symptoms related to subacute postpartum period
- ▶ Are there children present? If necessary, contact the emergency social services.
- ▶ How can they get to treatment? Ambulance, taxi, can someone else give them a lift (can the person come to the phone)?

## See also

- ▶ Anxiety
- ▶ Behavioural symptoms related to intellectual disability, neuropsychiatric disorders and dementia
- ▶ Depression
- ▶ Poisoning (intoxication)
- ▶ Symptoms related to subacute postpartum period

## Emergency – 112

- ▶ Suicide attempt
- ▶ The desire to kill oneself seems immediate, showing strong signs of wishing to die, ensuring the safety of a person requires immediate action from the authorities

## Referred to treatment 24/7

- ▶ Strong thoughts of suicide, the risk of killing themselves in the near future seems high, balancing between wishing to die and wishing to live
- ▶ Cannot cope until the next morning with the support of their network
- ▶ With the support of their network of friends and family, they can seek treatment. If this is not possible > 112

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ A concrete suicide plan and committing suicide are almost constantly in mind, but they want help in the situation and highlight their wish to live.
- ▶ Can cope with the help of their support network until following morning and they understand the instructions given for seeking treatment

## Appointment within 1-3 days

- ▶ Daily disruptive self-destructive thoughts, but no active intention for self-harm
- ▶ Cooperative and understands the instructions given for seeking treatment. They have a sufficient support network and the person feels that they can wait a few days
- ▶ Feeling of being sick and compliance with treatment seem strong

## Non-urgent appointment (4-7 days)

- ▶ Long-term or recurring, but mild and manageable self-destructive thoughts related to a person's other mental disorder to which they are receiving treatment
- ▶ Thoughts related to death or desire to die occur intermittently, for example, in difficult life situations, but there is no actual plan to kill oneself

## Advisory service / home care

*No grounds*

## Additional information

### Possible ICPC 2 codes

- ▶ P01 - Ahdistuneisuuden/hermostuneisuuden/jännittyneisyyden tunne
- ▶ P03 - Masennuksen tunne
- ▶ P29 - Muu psyykkinen oire/vaiva
- ▶ P74 - Ahdistushäiriö/-tila
- ▶ P77 - Itsemurha/itsemurhayritys
- ▶ P99 - Muu mielenterveyden häiriö

## More information

*No content*

## Home care instructions

Mielenterveystalo: Itsetuhoiset ajatukset tai käyttäytyminen

# Adult - Psychotic symptoms, mania

Published: 18.12.2023

Revision: 2

## Grounds

### Find out

- ▶ Are they experiencing confusion or delusions (sensory hallucinations, thought that they are being followed, paranoia), fear, hyperactivity, stagnation?
- ▶ Are they having delusional thoughts and have they acted out as a result?
- ▶ Are they time/place oriented?
- ▶ Have they had the same symptoms before? Does the patient have regular medication and do they use it according to instructions? Are they aggressive or a danger to others?
- ▶ Is there any suspicion of alcohol delirium tremens? - See Sudden confusion
- ▶ Note: a person who is in a manic state typically downplays problems and overestimates their ability to cope. Are they cooperative?
- ▶ Can you reach a family member by telephone, what is their understanding of the situation?
- ▶ Are they pregnant or have they recently given birth? See Symptoms related to subacute postpartum period
- ▶ Are there children present? If necessary, contact the emergency social services.
- ▶ How can they get to treatment? Ambulance, taxi, can someone else give them a lift (can the person come to the phone)?

### See also

*No symptom cards*

## Emergency - 112

- ▶ Confusion - See Sudden confusion
- ▶ Psychotic or manic symptoms occur repeatedly or continuously and the person is unable to assess or control their behaviour
- ▶ Serious self-destructive or aggressive behaviour (a danger to themselves or others) - See Self-destructiveness
- ▶ Other destructive or extreme restless behaviour
- ▶ Total stagnation
- ▶ Note! Delirium tremens is a somatic emergency - See Sudden confusion

## Referred to treatment 24/7

- ▶ Acute psychosis, but the patient is cooperative and able to control their behaviour, voluntarily agrees to an emergency assessment
- ▶ Symptoms include hyperactivity, stagnation, stiffness, restlessness, fear
- ▶ Can't cope with the help of their support network until the next morning
- ▶ With the support of their network of friends and family, they can seek treatment. If this is not possible > 112

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ As instructed in the Refer to treatment 24/7 section, but they can cope with the help of their support network until following morning and they understand the instructions given for seeking treatment

## Appointment within 1-3 days

- ▶ Increased anxiety or advance symptoms in a psychosis patient, who in treatment and has an up-to-date crisis plan, how to act
- ▶ Intermittent sensory hallucinations, the patient is able to control their behaviour
- ▶ Their ability to cope with work/study is at risk
- ▶ Cooperative and understands the instructions given for seeking treatment

## Non-urgent appointment (4-7 days)

- ▶ Random sensory hallucinations or delusions that the patient understands to be delusions
- ▶ No impact on behaviour or functional capacity
- ▶ Long-term symptoms with no changes > advise them to contact their own care provider

## Advisory service / home care

*No grounds*

# Additional information

## Possible ICPC 2 codes

- ▶ P01 - Ahdistuneisuuden/hermostuneisuuden/jännittyneisyyden tunne
- ▶ P06 - Unihäiriö
- ▶ P16 - Alkoholin väärinkäyttö, akuutti
- ▶ P18 - Lääkkeen väärinkäyttö
- ▶ P19 - Huumeiden käyttö
- ▶ P29 - Muu psyykkinen oire/vaiva
- ▶ P77 - Itsemurha/itsemurhayritys
- ▶ Z25 - Väkivaltaan/vahingolliseen tapahtumaan liittyvä ongelma

## More information

*No content*

## Home care instructions

*No content*

# Adult - Anxiety

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ Is there anxiety, restlessness, nervousness, fear, unpleasant tension? Ask the patient to describe their anxiety and life situation.
- ▶ Has their functional capacity deteriorated? Can they cope at home? Can they wait for access to treatment? Do they have a support network?
- ▶ Have somatic reasons been ruled out? (cardiac diseases, pulmonary embolism, hyper- or hypothyroidism, malignant tumours or other diseases)
- ▶ Anything like that before? Does the patient have regular medication and do they use it according to instructions?
- ▶ Are they intoxicated? Do you need detox therapy before a reliable psychiatric assessment?
- ▶ Are they pregnant or have they recently given birth? See Symptoms related to subacute postpartum period
- ▶ Are there children present? If necessary, contact the emergency social services.
- ▶ How can they get to treatment? Ambulance, taxi, can someone else give them a lift (can the person come to the phone)?

### See also

- ▶ Behavioural symptoms related to intellectual disability, neuropsychiatric disorders and dementia
- ▶ Depression
- ▶ Self-harm and self-destructive thoughts
- ▶ Symptoms related to subacute postpartum period

## Emergency – 112

- ▶ Suspicion of serious somatic cause for anxiety
- ▶ Anxiety involves new or severe psychotic symptoms - See Psychotic symptoms, mania
- ▶ Anxiety involves self-destructiveness or aggression towards others - See Self-destructiveness
- ▶ This creates the impression of confusion - See sudden confusion

## Referred to treatment 24/7

- ▶ The experience of anxiety is intolerable and painful, unable to cope until morning with support from their network
- ▶ Psychotic symptoms that can be managed for a short period of time with the support of their network when entering treatment
- ▶ State of anxiety is related to a serious sudden trauma event
- ▶ With the support of their network of friends and family, they can seek treatment. If this is not possible > 112

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Anxiety is severe, but they can cope with the help of their support network until following morning and they understand the instructions given for seeking treatment
- ▶ Continuous anxiety, unable to cope with everyday chores
- ▶ Anxiety as a new symptom in a person with previously diagnosed psychotic illness

## Appointment within 1-3 days

- ▶ Acute symptoms have been controlled, but everyday functional capacity has continued to deteriorate due to anxiety
- ▶ No active intent to self-harm
- ▶ Can cope with the help of their support network until following weekday and they understand the instructions given for seeking treatment

## Non-urgent appointment (4-7 days)

- ▶ The functional capacity related to everyday life is threatened (includes work and study ability), can still cope with the requirements of normal everyday life with great effort
- ▶ Cooperative and understands the instructions given for seeking treatment

## Advisory service / home care

- ▶ Intermittent symptoms that impair quality of life and/or interfere with activity momentarily, functional capacity has remained intact
- ▶ Symptoms are related to an anxiety-inducing life situation but do not cause difficulties in everyday life
- ▶ Can cope with the help of their support network and understands the instructions given for seeking treatment at their own health station

# Additional information

## Possible ICPC 2 codes

- ▶ P01 - Ahdistuneisuuden/hermostuneisuuden/jännittyneisyyden tunne
- ▶ P27 - Huoli/pelko mielenterveyden häiriöstä
- ▶ P29 - Muu psyykkinen oire/vaiva
- ▶ P77 - Itsemurha/itsemurhayritys

## More information

- ▶ [Mielenterveystalo: Ahdistuksen omahoito](#)
- ▶ [Mielenterveystalo: Self-care for panic](#)

## Home care instructions

[Mielenterveystalo.fi: Ahdistuksen omahoito-ohjelma](#)

# Adult - Depression

Published: 18.12.2023

Revision: 3

## Grounds

### Find out

- ▶ How strong do they feel their mood symptoms are? Do they have the ability to be happy?
- ▶ Any suicidal thoughts? What kind? Have they planned the manner in which to do it? Has they harmed themselves or have they attempted suicide?  
  
Are there fluctuations in emotional states, abnormal communication, crying, tiredness,
- ▶ powerlessness, hyperactivity, low mood, experiences of hopelessness, substance abuse, an acute crisis situation in their life?
- ▶ Is there psychotic behaviour, stagnation, deceleration, long delay in answers?
- ▶ Have they had the same symptoms before? Does the patient have regular medication and do they use it according to instructions?
- ▶ Can they cope at home? Can they wait for access to treatment? Do they have a support network?
- ▶ Are they intoxicated? Do you need detox therapy before a reliable psychiatric assessment?
- ▶ Are they pregnant or have they recently given birth? See Symptoms related to subacute postpartum period
- ▶ Are there children present? If necessary, contact the emergency social services.
- ▶ How can they get to treatment? Ambulance, taxi, can someone else give them a lift (can the person come to the phone)?

## See also

- ▶ Anxiety
- ▶ Behavioural symptoms related to intellectual disability, neuropsychiatric disorders and dementia
- ▶ Psychotic symptoms, mania
- ▶ Self-harm and self-destructive thoughts
- ▶ Substance abuse problems
- ▶ Sudden confusion
- ▶ Symptoms related to subacute postpartum period

## Emergency – 112

- ▶ Severe state of depression in which a person is a danger to themselves or others - See Self-Destructiveness
- ▶ Depression is associated with psychosis- See Psychotic symptoms, mania
- ▶ Depression involves serious endangerment of somatic health

## Referred to treatment 24/7

- ▶ Inability to cope in the home environment, functional capacity has deteriorated
- ▶ Depression involves stagnation and deceleration
- ▶ Strong suicidal thoughts, high risk
- ▶ The person's sense of reality may be weakened
- ▶ A person is unable to assess the consequences of their actions and may make decisions that seriously harm their future
- ▶ With the support of their network of friends and family, they can seek treatment. If this is not possible > 112

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Decline of functional capacity in essential everyday activities, but the patient and their family member feel that they can cope until the next morning
- ▶ Severe depression, severe anxiety, sleep disorder, sobbing, self-destructive thoughts, manageable mild psychotic symptoms

## Appointment within 1-3 days

- ▶ Work/study/coping with everyday life threatened by symptoms of depression
- ▶ Underlying acute psychosocial crisis

## Non-urgent appointment (4-7 days)

- ▶ A recent change in mood and decline in functional capacity, which will not immediately threaten their ability to perform daily activities, even so, coping requires a great deal of effort
- ▶ Sudden life crisis that has a temporary impact on quality of life, functional capacity has remained intact
- ▶ A person who is able to cooperate and understands the instructions given for seeking treatment, has an adequate support network (care relationship, family and friends) and the patient feels they can wait

## Advisory service / home care

- ▶ Intermittent symptoms that impair quality of life and/or interfere with activity momentarily, functional capacity has remained intact
- ▶ Symptoms are related to an anxiety-inducing life situation but do not cause difficulties in everyday life
- ▶ Can cope with the help of their support network and understands the instructions given for seeking treatment at their own health station

# Additional information

## Possible ICPC 2 codes

- ▶ A04 - Heikkous/väsymys, yleinen
- ▶ A25 - Kuolemanpelko
- ▶ A28 - Toiminnanvajaus, määrittämätön
- ▶ P01 - Ahdistuneisuuden/hermostuneisuuden/jännittyneisyyden tunne
- ▶ P03 - Masennuksen tunne
- ▶ P29 - Muu psyykkinen oire/vaiva
- ▶ P76 - Masennustila
- ▶ P77 - Itsemurha/itsemurhayritys
- ▶ P99 - Muu mielenterveyden häiriö

## More information

- ▶ [Mielenterveystalo: Unettomuuden omahoito](#)
- ▶ [Mielenterveystalo: Työkaluja mielen hyvinvointiin](#)

## Home care instructions

[Mielenterveystalo: Masennuksen omahoito-ohjelma](#)

# Adult - Behavioural symptoms related to intellectual disability, neuropsychiatric disorders and dementia

Published: 18.12.2023

Revision: 3

## Grounds

### Find out

- ▶ Any there signs of sudden confusion?
- ▶ Has their condition declined, even collapsed, in what time? Key changes in condition? Signs of psychosis, self-destructiveness?
- ▶ Somatic symptoms: chest pain, sensations of arrhythmia, other heart symptoms, dyspnoea, stroke symptoms, disorders of consciousness, speech difficulties, infections, pain?
- ▶ Possible recent changes in treatment, or care abuse or mistreatment?
- ▶ Have they had the same symptoms before? Does the patient have regular medication and do they use it according to instructions?
- ▶ Are they pregnant or have they recently given birth? See Symptoms related to subacute postpartum period
- ▶ Are there children present? If necessary, contact the emergency social services.
- ▶ How can they get to treatment? Ambulance, taxi, can someone else give them a lift (can the person come to the phone)?
- ▶ NOTE! A weakened central nervous system may lead to confusion in connection with other diseases, and a careful somatic assessment is a priority.

## See also

- ▶ Anxiety
- ▶ Living alone (coping at home)
- ▶ Self-harm and self-destructive thoughts
- ▶ Sudden confusion

## Emergency – 112

- ▶ Serious self-destructive or aggressive behaviour (danger to themselves or others)
- ▶ Other destructive behaviour
- ▶ Sudden confusion
- ▶ In these states, anguished and severe depression or anxiety symptoms or psychosis may appear as serious self-destructiveness or dangerous aggression.

## Referred to treatment 24/7

- ▶ Due to difficult symptoms, it is not possible to monitor them safely at home (family members cannot cope with the patient) or in sheltered housing (staff members cannot cope with the patient)
- ▶ Unpredictable behaviour, anguished anxiety or a serious situation in which the worst phase appears to be easing.
- ▶ With the support of their network of friends and family, they can seek treatment. If this is not possible > 112

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Anxiety, depression or psychosis related to continuous behavioural symptoms in which there is no immediate risk of suicide or other risk of violent behaviour
- ▶ Tendency/danger of escaping which cannot be controlled

## Appointment within 1-3 days

- ▶ Continuous, moderate behavioural symptoms (no immediate danger), night-time restlessness, the situation is deteriorating

## Non-urgent appointment (4-7 days)

- ▶ A wide range of behavioural symptoms that cause issues for other people (family, residents, staff)
  - ▶ When a new adverse behavioural symptom arises, its cause and treatment must be assessed
- The person responsible for care (e.g. informal carer) is on the verge of exhaustion even if there has
- ▶ been no significant change in the symptoms (continuous demand for being vigilant and responsible threatens the person's functional capacity and health)

## Advisory service / home care

*No grounds*

# Additional information

## Possible ICPC 2 codes

- ▶ P01 - Ahdistuneisuuden/hermostuneisuuden/jännittyneisyyden tunne
- ▶ P05 - Vanhuuden tunne / vanhusmaisuus / seniliteetti
- ▶ P10 - Änkytys / tic-oireyhtymä
- ▶ P20 - Muistihäiriö
- ▶ P28 - Toiminnanvajaus/vamma, psyykkinen
- ▶ P70 - Dementia
- ▶ P82 - Vamman/trauman jälkeinen rasitusoireyhtymä
- ▶ P85 - Kehitysvammaisuus
- ▶ Z10 - Terveystieteiden järjestelmään liittyvä ongelma
- ▶ Z25 - Väkivaltaan/vahingolliseen tapahtumaan liittyvä ongelma

## More information

*No content*

## Home care instructions

*No content*

# Adult - Substance abuse problems

Published: 01.02.2024

Revision: 3

# Grounds

## Find out

- ▶ What substances have they used, how much, use method, how long and when last?
- ▶ Do they have withdrawal symptoms, what kind, degree of difficulty?
- ▶ Are they self-destructive or psychotic? Has there been a similar situation in the past?

Is there a suspicion of an overdose, somatic complications, external signs of injury or accidents?

- ▶ Symptoms of overdose: unconsciousness, no reaction to pain, erratic breathing, heart rate very slow (under 40) or very fast (over 140), severe hypothermia.
- ▶ Any external signs of injury, accidents?
- ▶ Has there been deterioration in life management and functional capacity?
- ▶ Are they alone, can a family member or friend help them?

NOTE! Delirium tremens is a somatic emergency that usually begins 1–3 days after a long period of

- ▶ intensive use of alcohol comes to an end. If a person has already previously had Delirium tremens, the risk of experiencing it again is very high if they continue to drink excessively.

Typical symptoms of Delirium tremens: confusion, poor orientation of time and place, restlessness,

- ▶ hallucinations, insomnia, delusion, heart palpitations, fever, increased blood pressure, tremors, sweating, nausea and vomiting.

- ▶ Are they pregnant or have they recently given birth? See Symptoms related to subacute postpartum period

Need for child welfare services must always be assessed, if the person is a minor or if they have

- ▶ minors as dependants. Are there any children present? If necessary, contact the emergency social services.

- ▶ How can they get to treatment? Ambulance, taxi, can someone else give them a lift (can the person come to the phone)?

The emergency service decree also obligates the party providing acute care to carry out an

- ▶ assessment on the patient's need for substance abuse treatment, a plan for follow-up care, to provide information on services and ensure treatment > referral to substance abuse treatment also in non-urgent situations

NOTE! Fluctuation in a person's motivation to change is typical of substance abusers and should not prevent access to treatment, the organisation of treatment or the continuation of treatment.

- ▶ Understanding the characteristics of substance abuse problems, open-mindedness, practices that build trust and respect the patient lay the foundation for successful treatment.

## See also

- ▶ Anxiety
- ▶ Depression
- ▶ Disruptions in the level of consciousness
- ▶ Memory loss
- ▶ Poisoning (intoxication)
- ▶ Psychotic symptoms, mania
- ▶ Self-harm and self-destructive thoughts
- ▶ Sudden confusion

## Emergency - 112

- ▶ Unconscious, not responding to pain
- ▶ Breathing staggered, heart rate very slow (
- ▶ Injuries to the head
- ▶ Serious self-destructive or aggressive behaviour (danger to themselves or others) - See Self-destructiveness
- ▶ Other destructive behaviour
- ▶ Delirium tremens - See Sudden confusion
- ▶ Convulsions - See Convulsions
- ▶ Psychotic symptoms - See Psychotic Symptoms, Mania

## Referred to treatment 24/7

- ▶ Serious infections
- ▶ Confusion - See Sudden confusion
- ▶ Poisoning - See Poisoning (intoxication)
- ▶ With the support of their network of friends and family, they can seek treatment. If this is not possible > 112

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Severe withdrawal symptoms (e.g. trembling, anxiety, insomnia, headache, feeling cold, aches, sweating, nausea, tachycardia, gastrointestinal symptoms)
- ▶ Loss of awareness (time and place orientated) that can be explained by substance abuse
- ▶ Injury >= 24-72h (excluding head injuries)
- ▶ Start of withdrawal therapy

## Appointment within 1-3 days

- ▶ Symptoms consistent with acute liver-based symptoms due to substance abuse (e.g. yellowness, fever, severe swelling, gastrointestinal bleeding, abdominal pain, itching) - See Yellow (jaundice) patient
- ▶ No acute need for withdrawal treatment, but a wish for withdrawal
- ▶ Use of substance and acquisition of substance continuously on their mind
- ▶ Need for help with a long-term substance abuse problem
- ▶ Is causing difficulties in working life, everyday functional capacity or interpersonal relationships

## Non-urgent appointment (4-7 days)

- ▶ Substance abuse has caused problems (e.g. in relationships) or symptoms (e.g. anxiety), functional capacity at home and at the workplace has remained
- ▶ Daily/almost daily use of opioids – possible opioid addiction, which must always lead to the assessment of the need for substitution treatment

## Advisory service / home care

- ▶ Substance use has not caused any visible problems, the person would like to reduce/stop substance use
- ▶ Advise them to seek substance abuse treatment in their municipality to arrange treatment

# Additional information

## Possible ICPC 2 codes

- ▶ A07 - Tajuttomuus
- ▶ A13 - Huoli lääkkeen/hoidon sivuvaikutuksesta
- ▶ A84 - Lääkemyrkytys
- ▶ A85 - Lääkkeen haittavaikutus
- ▶ A86 - Muiden aineiden myrkkyyvaikutus
- ▶ A96 - Kuolema
- ▶ P01 - Ahdistuneisuuden/hermostuneisuuden/jännittyneisyyden tunne
- ▶ P06 - Unihäiriö
- ▶ P15 - Alkoholin väärinkäyttö, pitkäaikainen
- ▶ P16 - Alkoholin väärinkäyttö, akuutti
- ▶ P18 - Lääkkeen väärinkäyttö
- ▶ P19 - Huumeiden käyttö
- ▶ P77 - Itsemurha/itsemurhayritys

## More information

- ▶ [Mielenterveystalo: Juomisen hallinnan opas](#)

## Home care instructions

[Alcohol use self-help program \(in Finnish\)](#)

The self-care program is suitable for people who do not experience severe withdrawal symptoms due to a sudden cessation of alcohol consumption, when the use has not yet caused severe problems. The person can also be referred to contact A-Clinic.

# Adult - Symptoms related to subacute postpartum period

Published: 18.12.2023

Revision: 3

## Grounds

### Find out

- ▶ When did they give birth?
- ▶ Was there anything abnormal about the birth? C-section or vaginal birth?
- ▶ Problems during pregnancy: increase in blood pressure, pre-eclampsia?
- ▶ Does the person have a fever?
- ▶ Do they have pus or, bad-smelling discharge from the vagina or their surgical wound?
- ▶ General condition? Confusion?
- ▶ Swelling of feet? One or both sided?
- ▶ Out of breath or dyspnoea?
- ▶ Chest pain?
- ▶ Psychological symptoms? A mother's psychosis always places their baby in danger!  
  
Have they had the same symptoms before? Does the patient have regular medication and do they use it according to instructions? Are they alone with the child/children? If necessary, contact the emergency social services.
- ▶ How can they get to treatment? Ambulance, taxi, can someone else give them a lift (can the person come to the phone)?

### See also

*No symptom cards*

## Emergency - 112

- ▶ General condition has deteriorated
- ▶ Decline in level of consciousness
- ▶ Fever-related suspicion of impairment of basic vital functions (high heart rate, low blood pressure, increased respiratory rate)
- ▶ Confusion, acute psychosis and mania, self-destructive tendency, violence, total disinterest in the baby
- ▶ Extremely heavy bloody discharge

## Referred to treatment 24/7

- ▶ Psychotic symptoms, mania, severe depression, depression associated with violent provocations
- ▶ Pre-eclampsia and headaches that grow worse after giving birth and increased blood pressure (instruct them to measure their pressure)
- ▶ New dyspnoea
- ▶ Abundant bloody discharge after giving birth (
- ▶ Severe lower abdominal pain or fever after giving birth (
- ▶ With the support of their network of friends and family, they can seek treatment. If this is not possible > 112

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Suspected venous thrombosis
- ▶ Mastitis can be treated with an over-the-phone prescription. If necessary, tell them to visit their health station or joint emergency department.
- ▶ Surgical wound or episiotomy problem and fever
- ▶ Suspected psychosis symptoms or aggravation of psychosis disease, hypomania, severe anxiety, severe insomnia
- ▶ Can cope with the help of their support network until following morning and they understand the instructions given for seeking treatment

## Appointment within 1-3 days

- ▶ Prolonged postpartum bleeding
- ▶ Surgical wound or episiotomy problem (no fever)
- ▶ Anxiety, depression, over-alertness, insomnia, exhaustion, long-term anxiety symptoms

## Non-urgent appointment (4-7 days)

- ▶ Normal follow-up at the maternity clinic and follow-up examination after giving birth
- ▶ Minor sleep problems, mild symptoms of depression, treatment of a psychiatric primary disease when there is no exacerbation

## Advisory service / home care

- ▶ Suspected mastitis, good general condition

# Additional information

## Possible ICPC 2 codes

- ▶ A87 - Kirurgisen tai muun hoidon komplikaatio
- ▶ K94 - Laskimotulehdus/laskimontukkotulehdus
- ▶ P01 - Ahdistuneisuuden/hermostuneisuuden/jännittyneisyyden tunne
- ▶ P03 - Masennuksen tunne
- ▶ P06 - Unihäiriö
- ▶ P29 - Muu psyykkinen oire/vaiva
- ▶ W17 - Synnytyksen jälkeinen verenvuoto
- ▶ W18 - Synnytyksen jälkeinen oire/vaiva, muu
- ▶ W19 - Imetykseen liittyvä oire/vaiva
- ▶ W70 - Lapsivuodetulehdus/verenmyrkytys
- ▶ W81 - Raskausmyrkytys
- ▶ W94 - Rintatulehdus, imettämiseen liittyvä
- ▶ W95 - Rintarauhasen muu häiriö, raskauteen/imettämiseen liittyvä
- ▶ W96 - Imettämiseen liittyvä komplikaatio, muu

## More information

- ▶ [Naistalo: Tiehyttukoksen itsehoito](#)

## Home care instructions

Symptoms of mastitis when the mother has no fever: Monitoring and effective emptying of the breast are sufficient if the patient is fever-free and there is no apparent abscess in the breast. Warming the breast (e.g. with a hair dryer, hot water bottle in towel, warm shower) before breastfeeding facilitates emptying. Always breastfeed first from the sore breast. You can also first empty the breast with a pump and allow the child to suck out the rest. Where possible, breastfeed with the sore part of the breast positioned upward (to allow the discharge to drain out). The mother is asked to be in contact immediately if she gets a fever. Ibuprofen or paracetamol for pain if necessary.

A mother's psychological symptoms: not left alone with the baby, securing the mother's sleep at night if possible, feed the baby a formula if necessary.

# Adult - Suspected cerebrovascular disorder

Published: 18.12.2023

Revision: 4

## Grounds

### Find out

- ▶ Description of symptom?
  - ▶ Are there any typical stroke symptoms?
  - ▶ When did the symptoms start? When was the patient last seen in normal condition?
  - ▶ Have they had the same symptoms before?
  - ▶ Medications and anticoagulant medication?
  - ▶ Patient's previous functional capacity/ independence/institutional care?
  - ▶ This is not a stroke symptom if BOTH the eye does not open properly and the mouth corner is hanging.
- TIA is possible** if the person has had a paralysis symptom lasting at least minutes, disturbance in producing speech, double vision, extensive numbness symptom, visual field deficiency (request to have this tested) OR transient loss of vision in one eye, i.e. Amaurosis fugax.
- It is not TIA** if the person has had short-term dizziness or dizziness as a single symptom (see Dizziness), short-term or either both-sided numbness of extremities (e.g. fingers) or short-term blurring of vision or unclear short-term visual disturbance (e.g., cannot see in a certain direction momentarily).

## See also

- ▶ Convulsions
- ▶ Disruptions in the level of consciousness
- ▶ Dizziness
- ▶ Eye symptoms
- ▶ Limb symptoms
- ▶ Pain or symptom in the face without prior injury

## Emergency – 112

- ▶ Symptom of stroke, i.e.:
- ▶ Fast-developed hanging of the mouth
- ▶ One-sided weakness in limb
- ▶ Rapidly developed speech disorder
- ▶ Can't find words
- ▶ Loss of vision (not typical migraine aura)
- ▶ Transient cerebrovascular disorder (suspected TIA) if less than 9 hours have elapsed since the episode

## Referred to treatment 24/7

- ▶ 9-4 hours from the start of stroke symptoms
- ▶ Transient cerebrovascular disorder (suspected TIA) if 9-24 hours have elapsed since the episode

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ 1-4 days from the start of stroke symptoms
- ▶ Transient cerebrovascular disorder (suspected TIA) if 1-3 days have elapsed since the episode

## Appointment within 1-3 days

- ▶ Transient cerebrovascular disorder (suspected TIA) if 3-14 days have elapsed since the episode

## Non-urgent appointment (4-7 days)

- ▶ More than 14 days from the start of stroke symptoms
- ▶ Transient cerebrovascular disorder (suspected TIA seizure) if more than 14 days have elapsed since the seizure

## Advisory service / home care

*No grounds*

## Additional information

### Possible ICPC 2 codes

- ▶ F05 - Näkökyvyn häiriö, muu
- ▶ N06 - Tuntohäiriö, muu
- ▶ N17 - Huimaus/pyörrytys
- ▶ N18 - Halvaus/heikkous

## More information

*No content*

## Home care instructions

*No content*

# Adult - Electrical accident

Published: 08.02.2024

Revision: 3

## Grounds

### Find out

- ▶ Age
- ▶ How were they exposed
- ▶ Symptoms/issue
- ▶ Which part is injured?
- ▶ Scope and depth of injury
- ▶ When happened (symptoms may also occur after several days)

### See also

*No symptom cards*

### Emergency – 112

- ▶ High voltage
- ▶ Arrhythmia
- ▶ Changes in the level of consciousness
- ▶ Struck by lightning
- ▶ Burn
- ▶ Symptom after an electric shock

## Referred to treatment 24/7

*No grounds*

## Referred to treatment within 24 hours but not at night (21-08)

*No grounds*

## Appointment within 1-3 days

*No grounds*

## Non-urgent appointment (4-7 days)

*No grounds*

## Advisory service / home care

- ▶ There is no need for an emergency assessment in case of a normal low-voltage or household electric shock from a normal mains current and the patient does not have a risk factor or finding in accordance with the Emergency 112 column, and the patient has not been stuck to the electrical current for more than a moment.
- ▶ The patient is disconnected from the electric current, preferably by disconnecting the power supply, e.g. using the power switch or by disconnecting the cables (use gloves or insulating clothing!). High voltage power is cut off by the electricity company.
- ▶ If there are burns on the skin, see BURN card.

# Additional information

## Possible ICPC 2 codes

- ▶ A88 - Fysikaalisen tekijän haittavaikutus
- ▶ K80 - Rytmihäiriö, määrittämätön
- ▶ S14 - Palovamma

## More information

*No content*

## Home care instructions

*No content*

# Adult - Symptom in the anal area

Published: 01.02.2024

Revision: 4

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ What are the symptoms? Pain, continuous or during defecation? Ulcers? Rash? Lumps? Fever? Have they previously been diagnosed with haemorrhoids?
- ▶ Duration of symptoms?
- ▶ Composition of stool? Constipation? Diarrhoea?
- ▶ Blood in the stool? Is blood dark or bright?
- ▶ Is the bleeding continuous? How much are they bleeding? - When did the bleeding start?
- ▶ Do they use a blood thinner?
- ▶ Primary diseases? Skin diseases?

### See also

- ▶ Abdominal pain
- ▶ Diarrhoea and constipation

## Emergency - 112

Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or

- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement
- ▶ Poor general condition
- ▶ Decline in level of consciousness
- ▶ Abundant bleeding and severe pain after an accident

## Referred to treatment 24/7

- ▶ Abundant and continuous bleeding from the rectum (e.g. clots), but good general condition
- ▶ Severe pain
- ▶ Pain in the anal area and a fever

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Excessive bleeding from haemorrhoids
- ▶ Severe pain associated with bleeding haemorrhoids
- ▶ Continuous bleeding and blood thinning medication

## Appointment within 1-3 days

- ▶ Dark or bloody stool, good general condition
- ▶ Strong diarrhoea

## Non-urgent appointment (4-7 days)

- ▶ Streaks of blood in stool or when wiping
- ▶ Prolonged or milder symptoms reserve a doctor's appointment

## Advisory service / home care

- ▶ Self-care for haemorrhoids (Terveyskirjasto)

## Additional information

### Possible ICPC 2 codes

- ▶ D04 - Peräsuolen/peräaukon kipu
- ▶ D05 - Peräaukon kutina
- ▶ D06 - Vatsan alueen kipu, paikallinen, muu

### More information

[Terveyskirjasto: Peräpukamat](#)

### Home care instructions

Pinworms cause itching in the evening and at night, and they can be treated with over-the-counter medicines available at pharmacies. The pinworms can be detected at the mouth of the anal area. Behind other itching of the anus, a treatable reason can often be found, and the patient is included in the assessment by a health care professional. As self-care, soap cleaning and mechanical abrasion with paper are avoided. Wash the region with water and use moisturizer regularly after defecation. Local treatments: zinc cream or powder.

# Adult - A Covid-19 infection

Published: 18.12.2023

Revision: 5

## Grounds

### Find out

- ▶ Changes in functional capacity? How fast has it evolved?
- ▶ How is the patient breathing?
- ▶ Symptoms? High fever? Dyspnoea? Chest pain? Abnormal fatigue? Age?
- ▶ Have they done a Covid-19 test? If necessary, refer them to get tested according to regional guidelines.
- ▶ Severe and prolonged symptoms?
- ▶ Note the possibility of other diseases, despite symptoms indicating Covid-19
- ▶ Genetic or acquired thrombosis tendency, previous venous thrombosis, pulmonary embolism? Are they undergoing anticoagulant treatment?
- ▶ Primary diseases, risk factors for a serious disease?

### See also

- ▶ Chest pain
- ▶ Disruptions in the level of consciousness
- ▶ Dyspnoea
- ▶ Fever

## Emergency – 112

- ▶ Respiration rate clearly elevated, unable to speak in sentences
  - ▶ Dyspnoea and chest pain or feeling of weight on chest
  - ▶ Clear decline in general condition
  - ▶ High fever and difficulty breathing
  - ▶ Abnormal heart rate or arrhythmia with chest pain, dyspnoea, weakness, dizziness, fainting or other clear decline in general condition.
  - ▶ New sudden severe chest pain
  - ▶ Impairment of consciousness level
- Rapid deterioration of functional capacity (minutes - tens of minutes): cannot sit unsupported or
- ▶ rise without fainting, cold sweat, paleness, laboured breathing, exceptionally cool limbs or pain/painfulness that prevents movement

## Referred to treatment 24/7

- ▶ Decline in general condition of a patient in a risk group
- ▶ Fever and dyspnoea
- ▶ Dyspnoea when laying down and with light physical activity (walking indoors)
- ▶ New chest pain symptom even if mild, that continues or recurs easily
- ▶ Feeling of weight on chest combined with other symptoms consistent with Covid-19

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Mild dyspnoea without high fever in a non-risk group

## Appointment within 1-3 days

- ▶ Dyspnoea under moderate physical strain, condition is good when at rest

## Non-urgent appointment (4-7 days)

- ▶ Prolonged but disturbing symptoms, general condition is good
- ▶ Prolonged symptoms and occasionally dyspnoea when under larger amounts of physical stress
- ▶ Mild dyspnoea at intermittent intervals
- ▶ Aggravation of existing primary diseases, general condition is good
- ▶ Long-lasting secondary symptoms such as fatigue, respiratory symptoms, headache, heart symptoms and joint pain (not a new symptom)

## Advisory service / home care

- ▶ Treatment of a patient with symptoms that are quite mild and who is in home care does not differ from the treatment principles of a normal respiratory tract infection
  - ▶ Rest, sufficient nutrition and consumption of fluids
  - ▶ Pain and fever medication as needed
  - ▶ Start of possible antithrombotic medication according to regional instructions
- During a Covid-19 infection, the risk of thrombosis can be reduced by ensuring sufficient consumption of fluids, changing position regularly and moving lower limbs as well as standing and moving indoors according to your condition. The use of support socks during bed rest is also beneficial.

## Additional information

### Possible ICPC 2 codes

- ▶ R83 - Hengitystieinfektio, muu

### More information

*No content*

## Home care instructions

*No content*

# Adult - Vaccination reaction

Published: 18.12.2023

Revision: 3

## Grounds

### Find out

- ▶ General condition?
- ▶ Is this a sudden reaction or a long-term symptom?
- ▶ Duration and progression of symptoms?
- ▶ Is the person breathing normally?
- ▶ How is the patient speaking?
- ▶ Do you hear extra sounds when they breathe?
- ▶ Is there swelling of the pharynx or numbness in the oral area?
- ▶ Other symptoms (rash, itching, pain, headache, fatigue, local swelling)?
- ▶ Note the possibility of other diseases despite vaccination

### See also

- ▶ Allergic reaction, anaphylactic symptom
- ▶ Arrhythmia
- ▶ Dyspnoea

## Emergency – 112

- ▶ Anaphylactic reaction, not awake, general condition has collapsed
- ▶ Severe dyspnoea, unable to speak in sentences
- ▶ Difficulty in forming sound
- ▶ Swelling of the larynx, raspy, wheezing breathing, coughing fits
- ▶ Swelling around the neck or mouth area
- ▶ Has used adrenaline
- ▶ Chest pain and difficulty breathing
- ▶ Arrhythmia

## Referred to treatment 24/7

- ▶ Swelling of the face
- ▶ Feeling of palpitations/arrhythmia
- ▶ Nausea/vomiting/diarrhoea in addition to other symptoms (suspected anaphylaxis)
- ▶ Sudden skin reaction, severe itching, extensive blistering
- ▶ Extensive skin reaction, has tried allergy medication, no help
- ▶ Dyspnoea
- ▶ Recurrent chest pain/stabbing feeling in the chest, general condition good
- ▶ Symptoms and known severe allergy or previous anaphylactic reaction

## Referred to treatment within 24 hours but not at night (21-08)

- ▶ Extensive skin symptoms/rash
- ▶ Flushing hot, redness, pins and needles
- ▶ Severe swelling of eyelids
- ▶ Severe infection symptoms
- ▶ A fever of more than 39°C
- ▶ Prolonged general symptoms for more than 3 days

## Appointment within 1-3 days

- ▶ Mild itching, blistering, local skin reaction/swelling
- ▶ Skin reaction, has tried allergy medication, no help
- ▶ Watering of eyes/discharge from eyes
- ▶ Transient and recurring symptoms (general condition good)
- ▶ Mild swelling of eyelids

## Non-urgent appointment (4-7 days)

- ▶ Locally enlarged lymph node for more than four weeks

## Advisory service / home care

- ▶ Injection site pain, swelling, redness, heat and fatigue, headache, muscle ache, fever reaction, nausea, chills and irritation are mild, conventional and transient adverse effects
- ▶ Local and general symptoms usually start within a couple of days of a vaccination
- ▶ A mild reaction can be treated with antihistamine, pain and fever medication
- ▶ Generally not necessary to examine mild reactions and these are not an obstacle for getting vaccinated again
- ▶ Locally enlarged lymph node without other symptoms can be monitored for one month
- ▶ The patient can be instructed to submit an adverse reaction report

## Additional information

### Possible ICPC 2 codes

- ▶ A92 - Allergia / allerginen reaktio, määrittämätön
- ▶ R02 - Hengenahdistus/dyspnea
- ▶ S88 - Allerginen ihottuma / kosketusihottuma

### More information

[Adverse reaction to vaccination \(THL\)](#), [Reporting adverse reaction to vaccination \(THL\)](#)

### Home care instructions

*No content*