

ABSTRACT

Introduction: Dengue is growing public health problem in Nepal. Despite frequent outbreaks, knowledge on whether current clinical practice meets the standard and clinicians exhibit adequate knowledge is limited. This study fulfills this gap and finds barriers and facilitators for implementation of national dengue guideline.

Method: The study used mixed method design consisting dengue caseload survey, clinician's survey, clinical audit and in-depth interviews. High case reporting four hospitals identified from caseload survey were selected for audit, survey, and interview. Dengue case files were reviewed using a checklist from a month with highest cases. The survey questionnaire was distributed and collected from clinicians of medicine, emergency, and pediatrics, a cohort of which were purposively selected for in-depth interviews.

Result: Dengue cases were distributed equally between public and private hospitals. Clinicians (32.6%) demonstrated lack of knowledge on key management issues and warning signs. Compliance was high for symptomatic treatment (99.4%) review of patients (99.4%), avoid steroids (100%) and NSAIDs (89.4%) and low for clinical diagnosis (35.8%), establishing baseline platelet count (44.8%), advising oral fluid (15.8%), reviewing input/output (50.0%), and avoiding antibiotics (10.4%). Viable implementation strategies, availability of resources, competency of health workers, user-friendly guideline, and aware patients were perceived facilitators and their absence with inadequate information dissemination and disease condition were perceived barriers for implementation of the guideline.

Conclusion: Overall adherence to diagnosis and management criteria was low varying by indicators, and by hospitals. Various factors could affect successful implementation of the guideline. National dengue guideline should be endorsed with training to health workers and monitoring and evaluation mechanism in place.

Keywords: Dengue, Guideline, Adherence, Barriers, Facilitators