

eBook

Locum Starter Pack



SetelDoc

FBC, CKD Stages, Respiratory, Heart Rate

| Blood Parameter | Hb | HCT | TWC | Plt |
|-----------------|-------------|---------|------------|----------------------------------|
| <3 months | 13.0 - 20.0 | 42 - 66 | 5 - 21 | 150 - 450 (Lower in children) |
| <6 months | 9.5 - 14.5 | 31 - 41 | 6 - 18 | |
| <6 years | 10.5 - 14.0 | 33 - 42 | 6 - 15 | |
| <12 years | 11.0 - 16.0 | 34 - 40 | 4.5 - 13.5 | |
| Male Adult | 14.0 - 18.0 | 42 - 52 | 5 - 10 | |
| Female Adult | 12.0 - 16.0 | 37 - 47 | 5 - 10 | |

| CKD Stages | eGFR |
|------------|------|
| I | > 90 |
| II | < 90 |
| III A | < 60 |
| III B | < 45 |
| IV | < 30 |
| V | < 15 |

| Age | Respiratory |
|-----------|-------------|
| <2 months | <60 |
| <1 year | <50 |
| <5 years | <40 |
| <8 years | <30 |
| Adult | <20 |

| Age | Heart Rate |
|----------|------------|
| <1 year | <160 |
| <2 years | <120 |
| <8 years | <110 |
| Adult | <100 |

Syrup Medications Fast Dose Calculation

| Syrup Medications | Fast Dose Calculation (mL) |
|-------------------------------------|----------------------------|
| Paracetamol (15mg/kg) (250mg/5ml) | weight (kg) x 0.3 (QID) |
| Cetirizine (0.25mg/kg) (5mg/5ml) | 0.25 OD |
| Bromhexine (0.3mg/kg) (4mg/5ml) | 0.375 TDS |
| Carbocisteine (10mg/kg) (100mg/5ml) | 0.5 TDS |
| Augmentin (15mg/kg) (228mg/5ml) | 0.328 BD |
| Augmentin (15mg/kg) (312.5mg/5ml) | 0.24 BD |
| Augmentin (15mg/kg) (457mg/5ml) | 0.164 BD |
| Azithromycin (10mg/kg) (200mg/5ml) | 0.25 OD |
| Azithromycin (15mg/kg) (200mg/5ml) | 0.375 OD |
| Amoxicillin (15mg/kg) (250mg/5ml) | 0.3 TDS |
| Amoxicillin (25mg/kg) (250mg/5ml) | 0.5 BD |
| Domperidone (0.25mg/kg) (5mg/5ml) | 0.25 TDS |
| Gravol (1mg/kg) (15mg/5ml) | 0.33 TDS |
| Promethazine (0.2mg/kg) (5mg/5ml) | 0.2 TDS |
| Colimix (0.5mg/kg) (5mg/5ml) | 0.5 TDS |
| Benadryl (1mg/kg) (14mg/5ml) | 0.35 TDS |
| Piriton (0.1mg/kg) (4mg/5ml) | 0.125 TDS |

Syrup Medications Fast Dose Calculation

| Syrup Medications | Fast Dose Calculation (mL) |
|--|----------------------------|
| Prednisolone (0.16mg/kg) (2.5mg/5ml) | 0.33 TDS |
| Prednisolone (0.16mg/kg) (3mg/5ml) | 0.27 TDS |
| Dexamethasone (0.03mg/kg) (0.5mg/5ml) | 0.33 TDS |
| Salbutamol (0.1mg/kg) (2mg/5ml) | 0.25 TDS |
| Metronidazole (7.5mg/kg) (200mg/5ml) | 0.1875 TDS |
| Erythromycin (20mg/kg) (200mg/5ml) | 0.5 BD |
| Cefaclor (15mg/kg) (250mg/5ml) | 0.3 TDS |
| Cloxacillin (15mg/kg) (250mg/5ml) | 0.3 QID |
| Acyclovir (20mg/kg) (200mg/5ml) | 0.5 QID |
| Cephalexin (25mg/kg) (250mg/5ml) | 0.5 BD |
| Lactulose (0.5mL/kg) | 0.5 BD |
| Buscopan/Hyoscine (0.5mg/kg) (5mg/5ml) | 0.5 TDS |
| Ibuprofen (5mg/kg) (100mg/5ml) | 0.25 TDS |
| MMT (40mg/kg) (500mg/5ml) | 0.4 TDS |
| Maxolon (0.1mg/kg) (5mg/5ml) | 0.1 TDS |
| Desloratadine (0.1mg/kg) (2.5mg/5ml) | 0.2 OD |

 Get All The Doses in 1 Second with SetelDoc Dose Calculator

Nebulization

| Age | Salbutamol | Saline |
|----------|------------|--------|
| <2 years | 0.5ml | 3.5ml |
| >2 years | 1ml | 3ml |

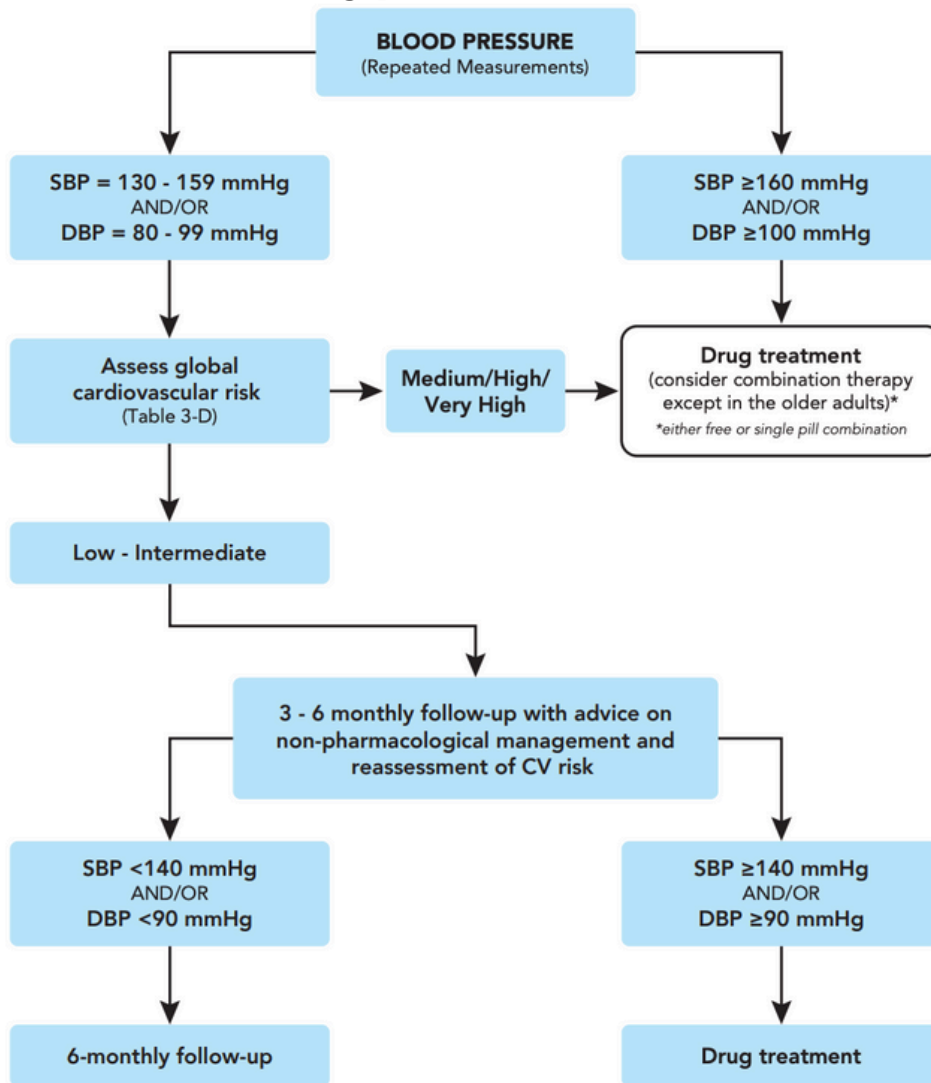
| Age | Combivent | Saline |
|-----------|-----------|--------|
| <5 years | 1ml | 3ml |
| >5 years | 2ml | 2ml |
| >12 years | 1 vial | - |

| Age | Pulmicort | Saline |
|----------|-----------|--------|
| <2 years | 1 vial | - |
| >2 years | 2 vial | - |

Suture To Open (STO) & Size

| Location | Suture Size | Removal |
|-----------------|-------------|------------|
| Face | 6-0 | 3-5 days |
| Scalp | 4-0 | 7-10 days |
| Upper Extremity | 4-0 | 7-10 days |
| Trunk | 4-0 | 10-14 days |
| Lower Extremity | 4-0 | 10-14 days |
| Hand or Feet | 4-0 | 10-14 days |
| Palms or Soles | 4-0 | 10-14 days |

Hypertension



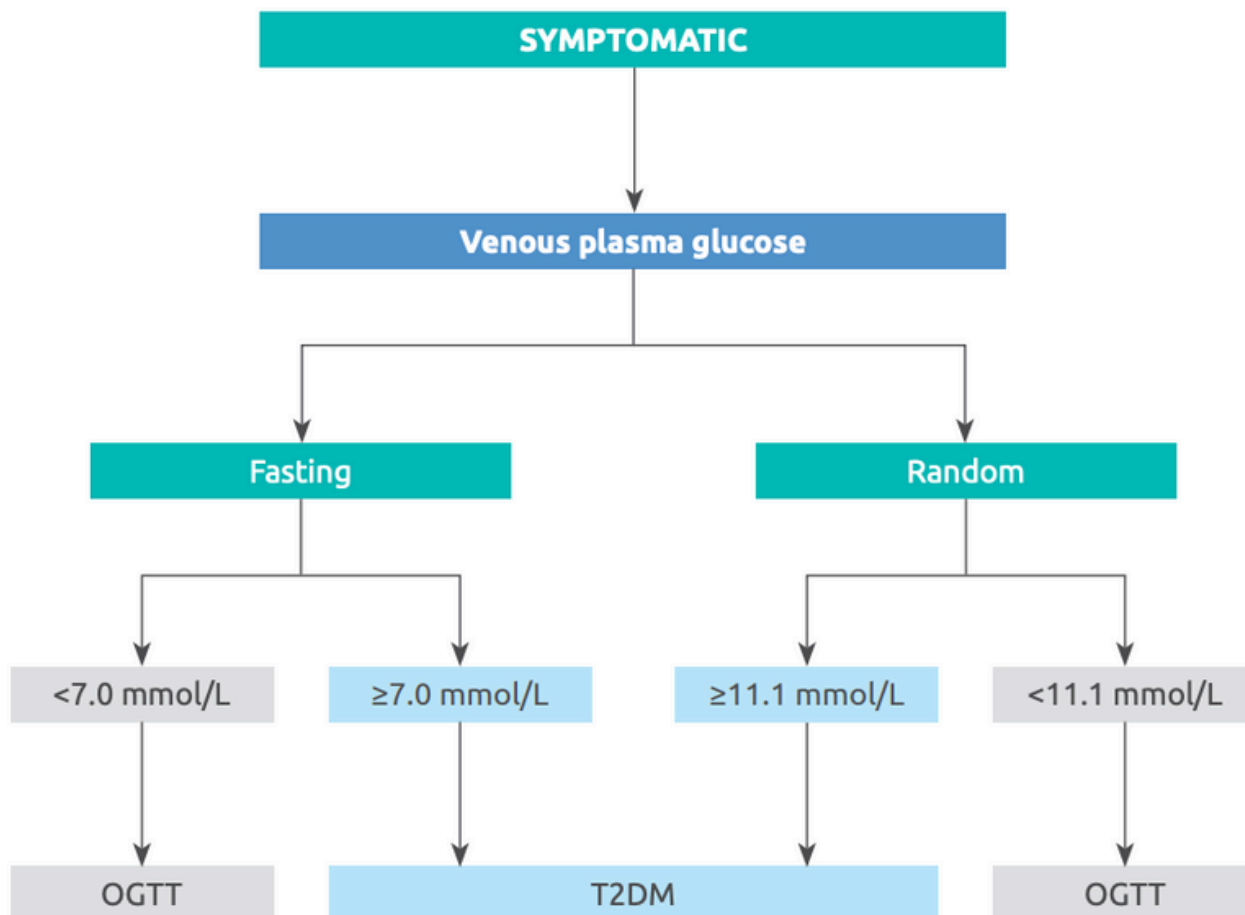
RISK STRATIFICATION

| Co-Existing Condition \ BP Levels (mmHg) | No RF No TOD No TOC | TOD or RF (1-2) No TOC | TOC or RF(≥3) or Clinical atherosclerosis or CKD | Previous MI / IHD, Previous stroke or Diabetes or CKD |
|--|---------------------------|---------------------------|--|---|
| SBP 130 - 139 and/or DBP 80 - 89 | Low | Intermediate | High | Very High |
| SBP 140 - 159 and/or DBP 90 - 99 | Low | Medium | High | Very High |
| SBP 160 - 179 and/or DBP 100 - 109 | Medium | High | Very High | Very High |
| SBP >180 and/or DBP >110 | High | Very High | Very High | Very High |

| Risk Level | Risk of Major CV Event in 10 years | Management |
|------------------|------------------------------------|-----------------------------------|
| Low-Intermediate | <10% | Healthy living |
| Medium | 10 - 20% | Drug treatment and healthy living |
| High | 20 - 30% | Drug treatment and healthy living |
| Very high | >30% | Drug treatment and healthy living |

TOD = Target organ damage (LVH, retinopathy, proteinuria).
 TOC = Target organ complication (heart failure, renal failure).
 RF = Additional risk factors (smoking, TC >6.5mmol/L, family history of premature vascular disease).
 Clinical atherosclerosis = CHD, carotid stenosis, peripheral vascular disease, transient ischaemic attack, stroke.

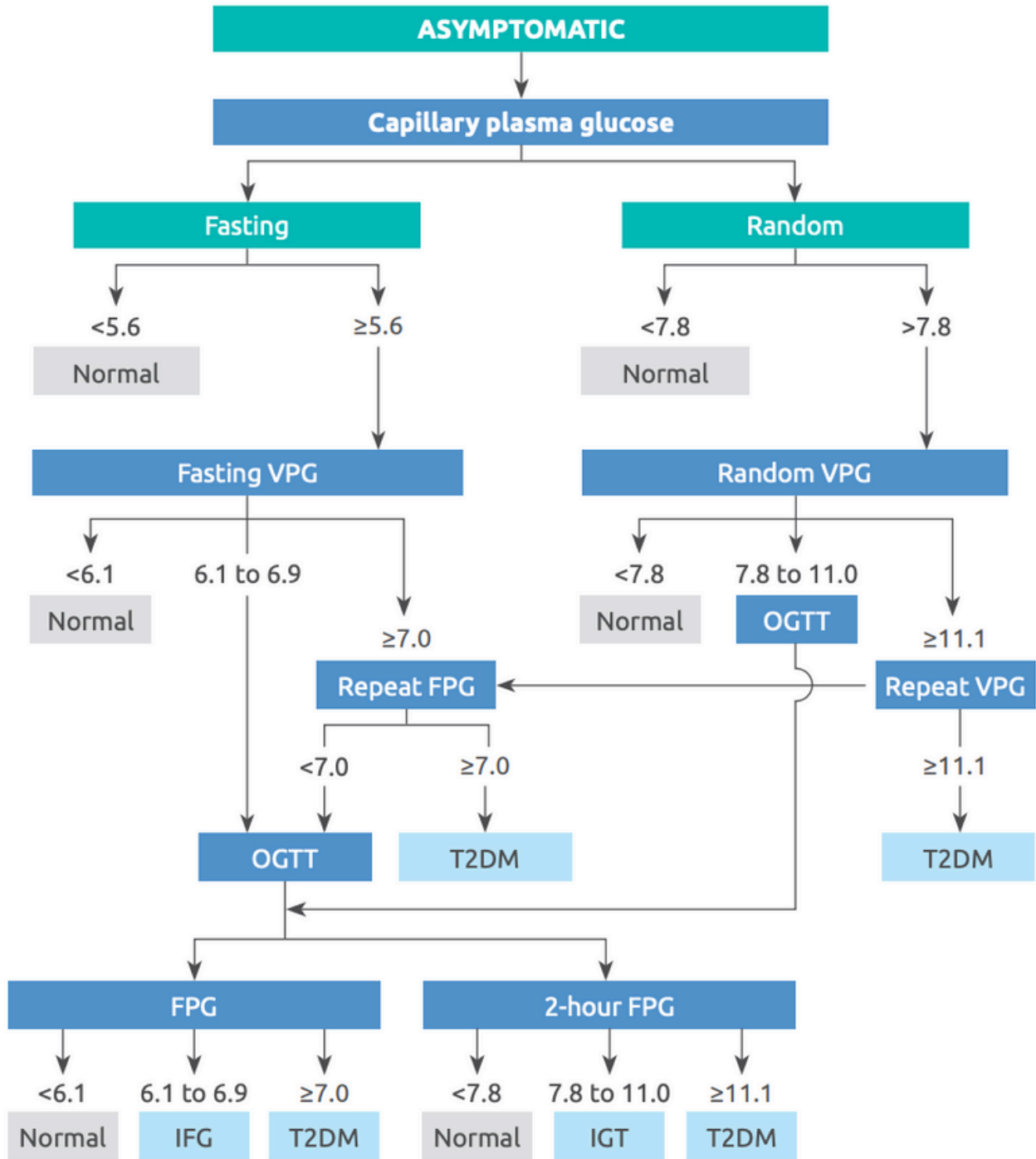
Diabetes Mellitus



Screening of symptomatic individuals – A single abnormal VPG value or 1 abnormal HbA_{1c} is sufficient to make the diagnosis of T2DM.

T2DM: Type 2 diabetes mellitus; OGTT: oral glucose tolerance test. For diagnostic values based on OGTT, refer to Table 2-4.

Diabetes Mellitus



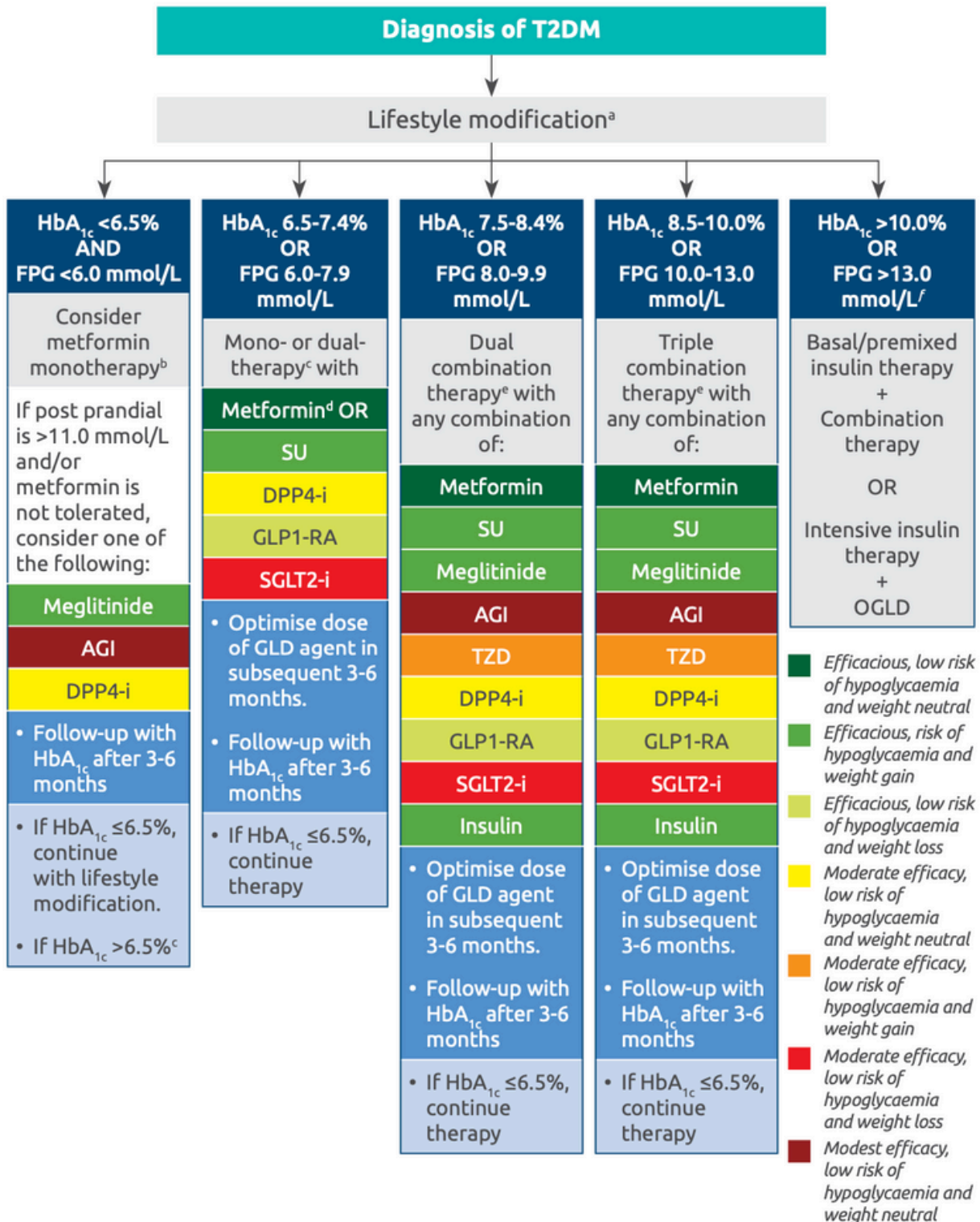
All glucose levels are in mmol/L.

Screening of asymptomatic individuals – Diagnosis of T2DM is made when there are 2 abnormal VPG on separate occasions or 1 abnormal VPG + 1 abnormal HbA_{1c} (from the same sample) values.

VPG: venous plasma glucose; FPG: fasting plasma glucose; OGTT: oral glucose tolerance test; T2DM: type 2 diabetes mellitus; PPG: post-prandial glucose; IGT: impaired glucose tolerance; IFG: impaired fasting glucose.

Diabetes Mellitus

Figure 3-3: Treatment algorithm for newly diagnosed T2DM



a. Lifestyle modification: refer to Sections 3.5.1 and 3.5.3. b. If patients are able to normalise plasma glucose (glucose profile/HbA_{1c}) and/or lose weight, may continue metformin. c. Consider addition of DPP4-i (vildagliptin) – In the VERIFY trial metformin + vildagliptin delays loss of glycaemic control when initiated within 24 months of diagnosis.^{194 (Level I)} d. Meglitinide/AGI/TZD may not be appropriate for monotherapy. e. Combination therapy includes both oral and injectable (GLP1-RA) GLD. f. For patients who are symptomatic refer to Section 3.6.5.

FPG: fasting plasma glucose; AGI: alpha-glucosidase inhibitors; DPP4-i: dipeptidyl peptidase-4 inhibitors; SGLT2-i: sodium-glucose cotransporter 2-inhibitors; SU: sulphonylurea; GLP1-RA: glucagon-like peptide-1 receptor agonist; TZD: thiazolidinediones; GLD: glucose lowering drugs; OGLD: oral glucose lowering drugs.

DM, Hypertension, Dyslipidemia Target Control

| Parameter | Diabetes | Dyslipidemia |
|--|--|---|
| Finger prick (Screening) | <ul style="list-style-type: none"> Fasting ≥ 5.6 Random ≥ 7.8 | <ul style="list-style-type: none"> ≥ 5.2 |
| Lab Diagnosis IFG: Impaired Fasting Glucose IGT: Impaired Glucose Tolerance | Venous blood <ul style="list-style-type: none"> FBS: ≥ 7.0 RBS: ≥ 11.1 IFG: 6.1-6.9 IGT: 7.8-11.0 HbA1c <ul style="list-style-type: none"> Normal: $< 5.6\%$ Pre-DM: 5.6-6.2% DM: $\geq 6.3\%$ | Venous blood <ul style="list-style-type: none"> TC > 5.2 Low HDL TG > 1.7 |

| Target Control | Diabetes | Hypertension |
|--|--|---------------------------------------|
| BP | $< 130/80$ (if high risk) | $< 140/90$ |
| LDL ($\geq 50\%$ reduction from baseline) | <ul style="list-style-type: none"> < 2.6 High risk (IHD/CKD): < 1.8 Very high risk: < 1.4 | < 3.0 (without other comorbidities) |
| TG | < 1.7 | |
| HDL | Males: > 1.0 Females: > 1.3 | |
| HbA1c | $\leq 6.5\%$ | |
| Glucose level | <ul style="list-style-type: none"> Fasting: 4.0 - 7.0 Random: 4.0 - 8.5 | |
| BMI | <ul style="list-style-type: none"> 18.5-22.9 kg/m² (Overweight: BMI> 23; Obese: BMI> 25) 10% weight loss in 6 months if overweight/obese | |
| Exercise | 150 minutes/week <u>or</u> 30 minutes/day | |

Antenatal Commons

| Weeks | Purpose of Scan |
|-------|---|
| <14 | Dating. Repeat in 2 weeks for USOD. |
| 20 | Fetal growth and abnormality. |
| 28 | Placenta localization and AFI. |
| 32 | Growth, AFI, EFW (for complicated patient or history of LBW). |
| 36 | Head presentation, EFW, AFI. |

| Weeks | Parameters | Acceptable Discrepancy to Use LMP |
|-------|-----------------|-----------------------------------|
| <9 | CRL | < 5 days |
| <14 | CRL | < 7 days |
| <16 | BPD, HC, AC, FL | < 7 days |
| <22 | BPD, HC, AC, FL | < 10 days |
| <28 | BPD, HC, AC, FL | < 14 days |
| ≥28 | BPD, HC, AC, FL | < 21 days |

| Diagnosis | Notes | Management |
|---------------|--|---|
| GDM | MGTT <ul style="list-style-type: none"> FBS: ≥5.1 2H post prandial: ≥7.8 | <ul style="list-style-type: none"> For HbA1c Refer dietician BSP target: 5.3/6.7/6.7/6.7 |
| UTI | <ul style="list-style-type: none"> If abnormal UFEME, treat even if asymptomatic | <ul style="list-style-type: none"> Cephalexin 500mg QID 5 days Repeat UFEME post antibiotic Urine C&S |
| Anemia | <ul style="list-style-type: none"> Hb <11.0 Repeat FBC 2 weeks Iron study, FBP, ferritin. Hb analysis if suspected Thalassemia | <ul style="list-style-type: none"> Ferrous fumarate 200/400mg Zincofer 1/1 OD Iberet 1/1 OD Maltofer 1/1 OD |

Malaysian Neonatal Jaundice Chart 2025

Phototherapy (PT) & Exchange Transfusion (ET) Thresholds (NO NEUROTOXICITY)

| Hours of life | ≥38 Weeks | | 37 Weeks | | 36 Weeks | | 35 Weeks | |
|---------------|-----------|-----|----------|-----|----------|-----|----------|-----|
| | PT | ET | PT | ET | PT | ET | PT | ET |
| 6 | 101 | 321 | 94 | 304 | 84 | 285 | 58 | 266 |
| 12 | 121 | 337 | 113 | 320 | 103 | 299 | 94 | 280 |
| 24 | 159 | 366 | 149 | 347 | 140 | 327 | 130 | 306 |
| 48 | 222 | 410 | 212 | 395 | 202 | 374 | 191 | 354 |
| 72 | 270 | 443 | 258 | 431 | 248 | 412 | 236 | 391 |
| 96 | 303 | 462 | 291 | 455 | 279 | 436 | 267 | 419 |
| >120 | 306 | 462 | 294 | 456 | 280 | 439 | 268 | 422 |

Phototherapy (PT) & Exchange Transfusion (ET) Thresholds (ANY NEUROTOXICITY)

| Hours of life | ≥38 Weeks | | 37 Weeks | | 36 Weeks | | 35 Weeks | |
|---------------|-----------|-----|----------|-----|----------|-----|----------|-----|
| | PT | ET | PT | ET | PT | ET | PT | ET |
| 6 | 74 | 265 | 67 | 256 | 56 | 246 | 48 | 236 |
| 12 | 94 | 279 | 85 | 268 | 75 | 260 | 67 | 250 |
| 24 | 128 | 303 | 120 | 294 | 109 | 284 | 101 | 275 |
| 48 | 188 | 344 | 180 | 337 | 167 | 327 | 157 | 316 |
| 72 | 232 | 378 | 224 | 371 | 212 | 357 | 198 | 344 |
| 96 | 260 | 402 | 255 | 395 | 239 | 378 | 224 | 361 |
| >120 | 260 | 402 | 256 | 397 | 241 | 381 | 227 | 364 |

Neurotoxicity Risk Factors

- Isoimmune haemolytic disease, G6PD deficiency, other haemolytic conditions
- Sepsis
- Any significant clinical instability in previous 24 hours
- Albumin < 30g/L (if measured)

Hours of Life
Calculator
@SetelDoc
Website

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Primary Care. Simplified

Malaysian Neonatal Jaundice Chart 2025

Phototherapy (PT) & Exchange Transfusion (ET) Thresholds ≤34 WEEKS GESTATION

| Hours of life | 23 Weeks | | 24 Weeks | | 25 Weeks | |
|---------------|----------|-----|----------|-----|----------|-----|
| | PT | ET | PT | ET | PT | ET |
| 6 | 45 | 90 | 45 | 90 | 50 | 100 |
| 12 | 55 | 105 | 60 | 110 | 60 | 110 |
| 24 | 70 | 130 | 70 | 135 | 80 | 140 |
| 48 | 100 | 180 | 110 | 185 | 110 | 190 |
| 72 | 130 | 230 | 140 | 240 | 150 | 250 |
| 96 | 130 | 230 | 140 | 240 | 150 | 250 |

| Hours of life | 26 Weeks | | 27 Weeks | | 28 Weeks | |
|---------------|----------|-----|----------|-----|----------|-----|
| | PT | ET | PT | ET | PT | ET |
| 6 | 50 | 100 | 50 | 100 | 50 | 100 |
| 12 | 60 | 110 | 60 | 110 | 60 | 110 |
| 24 | 80 | 140 | 80 | 140 | 90 | 150 |
| 48 | 120 | 200 | 130 | 205 | 130 | 210 |
| 72 | 160 | 260 | 170 | 270 | 180 | 280 |
| 96 | 160 | 260 | 170 | 270 | 180 | 280 |

Hours of Life
Calculator
@SetelDoc
Website

Malaysian Neonatal Jaundice Chart 2025

Phototherapy (PT) & Exchange Transfusion (ET) Thresholds ≤34 WEEKS GESTATION

| Hours of life | 29 Weeks | | 30 Weeks | | 31 Weeks | |
|---------------|----------|-----|----------|-----|----------|-----|
| | PT | ET | PT | ET | PT | ET |
| 6 | 50 | 100 | 50 | 100 | 50 | 100 |
| 12 | 65 | 115 | 65 | 115 | 70 | 120 |
| 24 | 90 | 150 | 95 | 150 | 100 | 155 |
| 48 | 140 | 220 | 145 | 220 | 155 | 230 |
| 72 | 190 | 290 | 200 | 300 | 210 | 310 |
| 96 | 190 | 290 | 200 | 300 | 210 | 310 |

| Hours of life | 32 Weeks | | 33 Weeks | | 34 Weeks | |
|---------------|----------|-----|----------|-----|----------|-----|
| | PT | ET | PT | ET | PT | ET |
| 6 | 50 | 100 | 50 | 100 | 50 | 100 |
| 12 | 70 | 120 | 70 | 120 | 70 | 120 |
| 24 | 100 | 160 | 100 | 160 | 110 | 170 |
| 48 | 160 | 240 | 170 | 245 | 170 | 250 |
| 72 | 220 | 320 | 230 | 330 | 240 | 340 |
| 96 | 220 | 320 | 230 | 330 | 240 | 340 |

Hours of Life
 Calculator
 @SetelDoc
 Website

Neonatal Jaundice

1. Infants with **weight loss > 7%** should be referred
2. Transcutaneous Bilirubinometer (TcB) –
 - a. TSB should be measured if TcB exceeds or is within 50µmol/l (3mg/dL) of the phototherapy threshold or if the TcB is ≥ 256µmol/l (15mg/dL).
 - b. TcB is not to be used for infants on phototherapy and not recommended for infants less than 24hours of life.
 - c. TcB can be used for monitoring if it has been 24 hours since cessation of phototherapy.

Prolonged Jaundice

1. Prolonged jaundice is defined as visible jaundice that persists beyond **14 days** in a term baby and **21 days** in a preterm baby.
2. **Examination (red flags):**
 - a. Growth failure
 - b. Jaundice, Pallor
 - c. High-pitched cry, temperature instability, lethargy, dehydration,
 - d. Neurological: muscle tone abnormalities, hyperexcitable neonatal reflexes (bilirubin-induced neurologic dysfunction, BIND)
 - e. Hepatosplenomegaly
3. **Investigations**
 - a. Serum bilirubin (total, direct, and indirect)
 - i. REFER if serum **direct** (conjugated) bilirubin concentration > 25 micromol/l or greater than **20 percent** of total bilirubin
 - b. Full blood count (FBC) with retic count / full blood picture (FBP), blood group , Coomb's test Liver function test (Total protein, serum albumin, ALT, AST, ALP)
 - c. Thyroid function test
 - d. Urine FEME, Urine C&S
 - e. G6PD screen (if cord G6PD screen not available)

How to Handle Difficult Patient?

| Situation | How to Handle |
|------------------------------|---|
| Demanding | <ul style="list-style-type: none"> • Acknowledge their request but explain medical reasoning ("<i>I understand why you want this, but based on guidelines, it's not necessary.</i>") • Offer alternative options that align with best practices |
| Non-Compliant | <ul style="list-style-type: none"> • Ask open-ended questions ("<i>What's stopping you from taking the medication?</i>") • Address fears or misconceptions • Use motivational interviewing ("<i>What are your health goals? Let's find a way to get there together.</i>") |
| Anxious | <ul style="list-style-type: none"> • Reassure them with clear, simple explanations • Use a calm and reassuring tone • Offer relaxation techniques or refer to counseling |
| Aggressive | <ul style="list-style-type: none"> • Stay calm and do not argue • Set firm boundaries ("<i>I want to help you, but we need to communicate respectfully.</i>") • If threatening, involve security or a supervisor |
| Talkative | <ul style="list-style-type: none"> • Politely redirect: "<i>I want to make sure we address your main concern today. What's the most important issue for you?</i>" • Summarize their points quickly and guide them back to the medical issue |
| Rare Medical Question | <ul style="list-style-type: none"> • Acknowledge and offer to check reliable sources • "That's a great question. Let me double-check the latest guidelines for you." |
| Unfamiliar medication | <ul style="list-style-type: none"> • Confirm and cross-check references • "I'm not familiar with that specific medication, but let me review the latest data before I advise you." |

Ramadan Fasting Dose Adjustment

| Medicine | Dose Adjustment |
|---|---|
| Metformin | <ul style="list-style-type: none"> No adjustment |
| Gliclazide | <ul style="list-style-type: none"> Suhoor: ½ morning dose Iftar: Evening dose |
| Gliclazide MR | <ul style="list-style-type: none"> Take the same dose during iftar |
| Vildagliptin | <ul style="list-style-type: none"> OD: Take the same dose during iftar BD: No adjustment |
| Saxagliptin | <ul style="list-style-type: none"> Take the same dose during iftar |
| Empagliflozin | <ul style="list-style-type: none"> Take the same dose during iftar |
| Basal Insulin (Insulatard / Glargine / Levemir) | <ul style="list-style-type: none"> Before bed: Same dose ↓ 20% dose if hypoglycemia |
| Pre-mixed Insulin (Mixtard / Novomix) | <ul style="list-style-type: none"> Suhoor: ↓ 50% evening dose Iftar: Morning dose |
| Actrapid | <ul style="list-style-type: none"> Suhoor: ↓ 50% evening dose Afternoon: Omit Iftar: Morning dose |
| Antihypertensive | <p>General Rules</p> <ul style="list-style-type: none"> Continue usual medications Shift to once daily at iftar if possible For BD regimens, split between Iftar & Suhoor Encourage hydration during non-fasting hours Monitor BP regularly (especially elderly, CKD, diuretic users) |

Immunization Schedule



KEMENTERIAN KESIHATAN MALAYSIA

JADUAL IMUNISASI KEBANGSAAN

| IMUNISASI | UMUR (BULAN) | | | | | | | | | | | | UMUR (TAHUN) | | | | |
|---------------------|---------------|---|-------|-------|-------|-------|--------------|---|-------|-------|----|---------------|---------------|---------------|----|-------|---------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 8 | 9 | 12 | 15 | 18 | 21 | 7 | 13 | 15 | |
| BCG | DOS TUNGGAL | | | | | | | | | | | | | | | | |
| Hepatitis B | DOS KELAHIRAN | | | | | | | | | | | | | | | | |
| DTaP-IPV-Hep B-Hib | | | DOS 1 | DOS 2 | | DOS 3 | | | | | | | DOS PENGGALAK | | | | |
| Measles | | | | | | | SABAH SAHAJA | | | | | | | | | | |
| MMR | | | | | | | | | DOS 1 | DOS 2 | | | | | | | |
| Pneumokokal (PCV) | | | | | DOS 1 | | DOS 2 | | | | | DOS PENGGALAK | | | | | |
| JE (Sarawak Sahaja) | | | | | | | | | DOS 1 | | | | DOS PENGGALAK | | | | |
| DT | | | | | | | | | | | | | | DOS PENGGALAK | | | |
| HPV | | | | | | | | | | | | | | | | 1 DOS | |
| TT | | | | | | | | | | | | | | | | | DOS PENGGALAK |

BCG

Adalah Bacille Calmette-Guerin, vaksin yang memberi perlindungan terhadap tuberkulosis.

DT

Dos penggalak yang memberi perlindungan terhadap difteria dan tetanus.

Pneumokokal (PCV)

Diberi untuk mencegah penyakit Pneumokokal serius yang disebabkan oleh serotype bakteria Streptococcus Pneumoniae tertentu.

Hepatitis B

Vaksin hepatitis B untuk mencegah penyakit hepatitis B.

TT

Adalah Tetanus Toxoid yang diberi untuk mencegah penyakit tetanus (kancing gigi). Diberi sebagai dos penggalak untuk meningkatkan paras antibodi.

HPV

Adalah vaksin Human Papillomavirus yang disediakan untuk murid sekolah perempuan tingkatan 1 atau remaja perempuan berumur 13 tahun yang tidak bersekolah. Hanya diberi untuk mencegah jangkitan HPV yang boleh menyebabkan kanser serviks/ pangkal rahim.

MMR

Adalah vaksin kombinasi measles (campak), mumps (beguk) dan rubella.

DTaP-IPV-Hep B-Hib

Adalah vaksin kombinasi 6 serangkai yang memberi perlindungan terhadap difteria, tetanus (kancing gigi), pertussis (batuk kokol), poliomyelitis, Hepatitis B dan Haemophilus Influenzae type B.

JE

Vaksin ini diberikan di Sarawak untuk mencegah penyakit Japanese Encephalitis.

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