

Updated 8/2023



Pharmacy Training Guide

Learn How to Pack and Dispense Medicine

Use with our Pharmacy Training Video - <https://www.youtube.com/watch?v=C7mEmiPzpnE>

A few notes to begin...



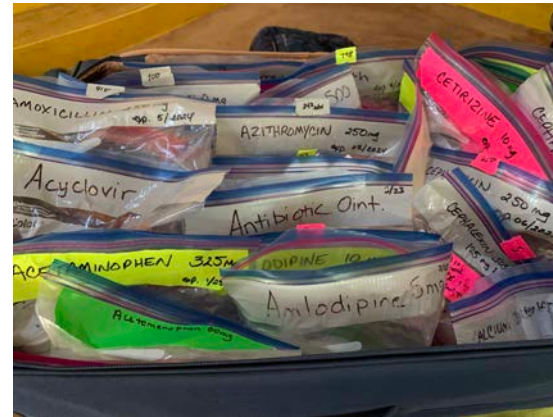
Patients

Before coming to Pharmacy, patients will have 3 things:

- a wrist band,
- a paper bag and
- an exam form

They will get those 3 things at registration (the first station they go to when they come to clinic.)

The same Patient Identification Number will be on all 3 things.



Pharmacy Suitcases

Meds are organized in suitcases in alphabetical order.

The primary meds are in suitcases marked M1, M2, M3.

When you are on the field, open the primary medicine suitcases and make sure they are in alpha order.

There are also “overflow med” suitcases. If you run out of a certain medicine, look in one of the overflow suitcases.

A few notes to begin...

Our Exam Form

Every patient will have an exam form (see Appendix for 2 examples of an Exam Form). Every station that the patient goes to in clinic will use the exam form.

Page 1:

- Registration fills in Name, Age, Birth date
- Nutrition fills in Height, Weight, etc. for children
- Examiners fill in the rest of page 1 - Medical History, Chief Complaint, Findings, Notes and the correct Worm treatment/ Vitamins

Page 2:

Filled in by CSI - evaluates the patient's emotional health and fills in notes

Page 3 & 4:

- Examiners mark diagnosis and prescribed medicine
- Pharmacy fills prescriptions marked on these pages and dispenses to the patient
- *Note: Pages 3&4 of the exam form are always changing based on the medicine we can get. So the one you use on your trip may be slightly different.*

NAME _____ #SCRIPTS _____

ALLERGIES _____ **HYPERTENSION (> 150/90 Follow up 1 month)**

SAMPLE 1 # 991 Male OR Female
 Name: Emmy
 Birth date: 2-27-2020
 Age: 3 YEARS OLD

VITALS AND LABS

Length/Height <u>64cm</u>	MUAC <u>18cm</u>	Pulse <u>110</u>	BP	TEMP <u>101.0</u>
Weight (kgs) <u>10 kg</u>	zScore <u>-3.31</u>	Malnutrition: <u>Mld (-1) X Mod (-2) Sevr (-3+)</u>	RESP <u>34</u>	O2 SATS <u>89%</u>
Blood Sugar:	Urinalysis:	Covid-19:	Pregnant:	

MEDICAL HISTORY

	Yes	No	Describe
Allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amoxicillin</u>
Presently taking medications:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any ongoing medical problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Immunizations up to date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Last Deworming Date:

CHIEF COMPLAINT:
cough
Fever
watery eyes / Runny nose

FINDINGS

Gen. Condition	Cardiovascular	Referrals (1=asap, 2=w/in 30 days, 3=when possible)
Ears	Gastrointestinal	Dental 1 2 3
Eyes	Genito-urinary	Nutrition 1 2 3
Mouth/Dental	Musculoskeletal	STI 1 2 3
Nose	Neurological	TB 1 2 3
Throat	Skin	Vision 1 2 3
Lungs	Behavioral Health	Other 1 2 3

NOTES: Red, raised rash @ arm

Check one option in each of the 3 sections below:

1) DE-WORM: TREATMENT OR PROPHYLAXIS

Prophylaxis (> 2yo):
Mebendazole chew 1 tab now

Treatment (> 2yo): Mebendazole
chew 1 tab BID x 3d (5)

No Worm Med - Recently treated or pregnant
(1st trimester) or < 2yo

2) VITAMINS

	Normal Exam	Severe Malnutrition
Infant	Infant Multivitamin, As Directed	
Children 2-10	30 d Children's Vitamins	<input checked="" type="checkbox"/> 90 d Children's Vitamins
Adult 11+	30 d Adult Vitamins	<input type="checkbox"/> 90 d Adult Vitamins
Pregnant	90 d Adult Vitamins + Folic Acid or Prenatal Vitamins (90)	

3) EXAM RESULTS

Normal Exam No other diagnosis/meds Pharmacy Needed

Examiner Signature KREN

01 Packing Meds - Step 1 - Review the Form

Step 1 for Packing Meds - Get the form from the patient and Review the Form

1. Collect forms from the patients as they come to pharmacy and then have them wait while we get their meds ready
2. Take a minute BEFORE filling the meds and look over the exam form. Things to check:
 - Check the age/weight of the patient and make sure the meds ordered look correct for the age of the patient
 - Are any meds missing? If yes, go ask the examiner if that is correct. For example:
 - Chronic diarrhea - 2 meds should be prescribed
 - Cellulitis with abscess - 2 meds should be prescribed
 - Periodontitis with abscess - 2 meds should be prescribed
 - Are any “directions” missing? Ask examiner if you can’t find specifics in notes on the 1st page. For example:
 - Eye/ear drops - apply to Right? Left? Both?
 - Creams - apply to what area?

If you asked an examiner for more clarification, make additional notes on the patient exam form so the person dispensing the meds also sees the correct information.

Check the age and weight

Some diagnosis require 2 meds

DIARRHEA- CHRONIC (duration > 14d) Select 2 meds		
< 2yo	Zinc 25 mg: 1/2 tab QD x 14 d (14 halves)	Z1
3+ yo	Zinc 25 mg: 1 tab QD x 14 d (14)	Z2
AND		
3-4yo	Tinidazole 500mg: 1 tab QD x 3d (3)	T1
5-13yo	Tinidazole 500mg: 2 tabs QD x 3d (6)	T2
14+ yo	Tinidazole 500mg: 4 tabs QD x 3d (12)	T3

Some meds need more info on how to use

CONJUNCTIVITIS (all ages) Specify which eye			
Apply to:	Left Eye	Right	Both Eyes
infectious	Gentamicin/Cipro: 1 drop QIDx5d		G1
dry eyes	Eyedrops: 1-2 drops Q4h PRN		E3

CONSTIPATION



Stop the Training Video
Look at the 2 sample Exam Forms
(See Appendix)

Do you have any questions for the examiner?

Does everything look correct?

(See next page for answers)

01 Sample 1 Exam Form - page 1

SAMPLE 1
DEVELOPING WORKERS

991 Male OR Female
Name: Emmy
Birth date: 2-27-2020
Age: 3 YEARS OLD

<input type="checkbox"/> Saved	CSI (age)	
<input type="checkbox"/> Referral	< 5	5-7
<input checked="" type="checkbox"/> Malnutrition	8-11	12-14
<input type="checkbox"/> Pneumonia	15-20	21-50
<input type="checkbox"/> STI	51-80	> 80

VITALS AND LABS

Length/Height <u>64cm</u>	MUAC <u>18cm</u>	Pulse <u>110</u>	BP	TEMP <u>101.0</u>
Weight (kgs) <u>10 kg</u>	zScore <u>-3.31</u>	Malnutrition: <u>Mld (-1) X Mod (-2) Sevr (-3+)</u>	RESP <u>34</u>	O2 SATS <u>89%</u>
Blood Sugar:	Urinalysis:	Covid-19:	Pregnant:	

MEDICAL HISTORY

	Yes	No	Describe
Allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amoxicillin</u>
Presently taking medications:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any ongoing medical problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Immunizations up to date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Last Deworming Date:

CHIEF COMPLAINT:
cough
FEVER
watery eyes / Runny nose

FINDINGS

Gen. Condition	Cardiovascular	REFERRALS (1=asap, 2=w/in 30 days, 3=when possible)
Ears	Gastrointestinal	Dental 1 2 3
Eyes	Genito-urinary	Nutrition 1 2 3
Mouth/Dental	Musculoskeletal	STI 1 2 3
Nose	Neurological	TB 1 2 3
Throat	Skin	Vision 1 2 3
Lungs	Behavioral Health	Other 1 2 3

NOTES:
Red, raised rash @ arm

Check one option in each of the 3 sections below:

1) DE-WORM: TREATMENT OR PROPHYLAXIS

<input checked="" type="checkbox"/> Prophylaxis (> 2yo): Mebendazole chew 1 tab now	<input type="checkbox"/> Treatment (> 2yo): Mebendazole chew 1 tab BID x 3d (5)	<input type="checkbox"/> No Worm Med - Recently treated or pregnant (1st trimester) or < 2yo
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2) VITAMINS

	Normal Exam	Severe Malnutrition
Infant	Infant Multivitamin, As Directed	
Children 2-10	30 d Children's Vitamins	<input checked="" type="checkbox"/> 90 d Children's Vitamins
Adult 11+	30 d Adult Vitamins	<input type="checkbox"/> 90 d Adult Vitamins
Pregnant	90 d Adult Vitamins + Folic Acid or Prenatal Vitamins (90)	

3) EXAM RESULTS

<input type="checkbox"/> Normal Exam	<input type="checkbox"/> No other diagnosis/meds	<input checked="" type="checkbox"/> Pharmacy Needed
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Examiner Signature KREN

How old is Emmy?

How much does Emmy weigh?

What is her chief complaint?

ANSWER:

From this front page, we know this patient is 3 years old, weighs 10kg and has a cough, fever and a runny nose with watery eyes. She also has a rash on her right arm.

01 Sample 1 Exam Form - page 3

NAME _____ #SCRIPTS _____

ALLERGIES			
<input type="checkbox"/>	3-4yo	Cetirizine 10mg: 1/2 tab QDx3od (30 halves)	C7
<input checked="" type="checkbox"/>	5+ yo	Cetirizine 10mg: 1 tab QD x 3od (30)	C8
<input type="checkbox"/>	any age	Ocean Nasal Spray (Saline) (PRN)	O1

ANEMIA			
<input type="checkbox"/>	2-4 yo	Ferrous Sulfate 1 tsp QD until gone (1)	F1
<input type="checkbox"/>	5+ yo	FerrousSulfate(65mg)1 tab QD x 6od (60)	F2

ASTHMA (Give spacer to new users)			
<input type="checkbox"/>	Mild/ Intermittent	Salbutamol (rescue) inhaler: 1-2 puffs Q6 hrs PRN	S1
<input type="checkbox"/>	Persistent or Exacerbation	Consult Physician/SVN	

CONJUNCTIVITIS (all ages) Specify which eye			
Apply to: <input type="checkbox"/> Left Eye <input type="checkbox"/> Right <input type="checkbox"/> Both Eyes			
<input type="checkbox"/>	infectious	Gentamicin/Cipro: 1 drop QIDx5d	G1
<input type="checkbox"/>	dry eyes	Eyedrops: 1-2 drops Q4h PRN	E3

CONSTIPATION			
<input type="checkbox"/>	5+ yo	Docusate 100mg: 1-2 cap QD PRN(40)	D2

DEHYDRATION (< 6mo may add infant formula)			
<input type="checkbox"/>	all ages	Oral Rehydration: 1/2 packet Q 6hr (2)	O5

DIARRHEA (ORS for all diarrhea. See other meds for Acute or Chronic)			
<input type="checkbox"/>	all ages	Oral Rehydration: 1/2 packet Q6hr (2)	O5

DIARRHEA- ACUTE (bloody w/fever & duration < 14d)			
<input type="checkbox"/>	1-17 yo & <25kg	Azithromycin 250mg: 1 tab QDx3d (3)	A23
<input type="checkbox"/>	1-17 yo & > 25kg	Azithromycin 500mg: 1 tab QDx3d (3)	A25
<input type="checkbox"/>	18+ yo	Levofloxacin 500mg: 1 tab QDx3d (3)	L2

DIARRHEA- CHRONIC (duration > 14d) Select 2 meds			
<input type="checkbox"/>	< 2yo	Zinc 25 mg: 1/2 tab QD x 14 d (14 halves)	Z1
<input type="checkbox"/>	3+ yo	Zinc 25 mg: 1 tab QD x 14 d (14)	Z2
AND			
<input type="checkbox"/>	3-4yo	Tinidazole 500mg: 1 tab QD x 3d (3)	T1
<input type="checkbox"/>	5-13yo	Tinidazole 500mg: 2 tabs QD x 3d (6)	T2
<input type="checkbox"/>	14+ yo	Tinidazole 500mg: 4 tabs QD x 3d (12)	T3

GI UPSET			
<input type="checkbox"/>	12+ yo	Bismuth 262mg: 2 tabs QID PRN (18)	B3

HEARTBURN - Intermittent			
<input type="checkbox"/>	3-12yo	Calcium Carbonate: 1 tab TID PRN (20)	C1
<input type="checkbox"/>	13+ yo	Calcium Carbonate: 2 tabs TID PRN (40)	C2

HEARTBURN - Persistent			
<input type="checkbox"/>	17+ yo	Omeprazole 20mg 1 tab QD x 6od (60)	O4

HYPERTENSION (> 150/90 Follow up 1 month)			
<input type="checkbox"/>	adult	Amlodipine 5mg: 1 tab QD x 9od (90)	A11
<input type="checkbox"/>	adult	Amlodipine 10mg: 1 tab QD x 9od (90)	A12

INSOMNIA			
<input type="checkbox"/>	11+ yo	Melatonin 5mg: 1 at bedtime PRN (30)	M3

LICE (dosage done in Pharmacy)			
<input type="checkbox"/>	7+ yo	Lice Treatment	

MALARIA			
<input type="checkbox"/>	All	Test if possible and Refer, Treat fevers	

OTITIS EXTERNA			
Apply to: <input type="checkbox"/> Left Ear <input type="checkbox"/> Right <input type="checkbox"/> Both Ears			
<input type="checkbox"/>	all ages	Gentamicin/Cipro: 1 drop in infected ear(s) BID x 10 days	G2

OTITIS MEDIA			
<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp BID x 5d (1)	A13
<input checked="" type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs BID x 5d (20)	A15
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 5d (15)	A18

PAIN/FEVER (Specify reason)			
<input type="checkbox"/> Arthritis <input type="checkbox"/> HA <input type="checkbox"/> Fever <input checked="" type="checkbox"/> Body <input type="checkbox"/> Cramps Other			
<input type="checkbox"/>	7-12yo	Ibuprofen 200mg:1 tab Q8h PRN (20)	I1
<input type="checkbox"/>	13+ yo	Ibuprofen 200mg:1 tab Q8h PRN (60)	I2
<input type="checkbox"/>	13+ yo	Ibuprofen 200mg:2 tabs Q8h PRN (60)	I3
<input type="checkbox"/>	3-11m	Acetaminophen 160mg/5cc elxr:2.5cc Q6h(1)	A2
<input checked="" type="checkbox"/>	1-3yo	Acetaminophn80mg:chew 2tabQ6h PRN(60)	A3
<input type="checkbox"/>	3-5yo	Acetaminophn80mg:chew 3tabQ6h PRN(60)	A4
<input type="checkbox"/>	6-11yo	Acetaminophen 325mg:1 tab Q6h PRN (20)	A5
<input type="checkbox"/>	12+ yo	Acetaminophen 500mg:1 tab Q6h PRN (60)	A6
<input type="checkbox"/>	12+ yo	Acetaminophen 500mg:2 tabs Q6h PRN (60)	A7

PERIODONTITIS W/ABSCESS - See MD (Select 2 Meds)			
<input type="checkbox"/>	2-4yo	Amoxicillin 250mg/5ml: 1 tsp/5ml BIDx1od (1)	A14
<input type="checkbox"/>	5-8yo	Amoxicillin 250mg: 2 chew tabs BIDx1od (40)	A17
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 1od (30)	A19
AND			
<input type="checkbox"/>	5-8yo	Metronidazole 250mg 1/2 tab TID x1od (30h)	M8
<input type="checkbox"/>	9-12yo	Metronidazole 250mg 1 tab TID x 1od (30)	M9
<input type="checkbox"/>	13+ yo	Metronidazole 250mg 2 tabs TID x 1od (60)	M10

What diagnosis did the examiner make?

Do you have any questions about the diagnosis that was made?

ANSWER:

Emmy has allergies, otitis media (ear infection) and body pain.

For allergies - Emmy is 3 yrs old. Why did the examiner prescribe meds for a 5+ year old?

For Otitis Media - On the front page, it says that Emmy is allergic to amoxicillin. What alternate med should we use since she is allergic to amoxicillin?

PHARYNGITIS (Consider pain control; likely viral) 3 criteria for ABT: exudate/painful nodes, fever, & no cough

<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp/5ml BIDx10d (1)	A14
<input type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs BID x 10d (40)	A17
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 10d (30)	A19

PNEUMONIA

<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp BID x 5d (1)	A13
<input checked="" type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs TID x 5d (30)	A16
<input type="checkbox"/>	9-12y	Amoxicillin 500mg: 1 cap TID x 5d (15)	A18
<input type="checkbox"/>	13+ yo	Azithromycin 250mg: 2 tabs now (500mg), then 1 tab 250mg QD x 4d (6)	A24

SCABIES (Examiner start teaching. Pharmacy continue)

<input type="checkbox"/>	< 15kg	Permethrin Cream	P1
<input type="checkbox"/>	15+kg	Ivermectin 6mg: Dose by weight in Pharmacy. Give Soap, Scabies handout & black bag	L4

SKIN - CELLULITIS W/ABSCESS - See MD (Select 2 Meds)

<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (20)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (20)	C6
↓ AND ↓ ↓ ↓			
<input type="checkbox"/>	5-8yo	Metronidazole 250mg 1/2 tab TID x 5d (15h)	M5
<input type="checkbox"/>	9-12yo	Metronidazole 250mg 1 tab TID x 5d (15)	M6
<input type="checkbox"/>	13+ yo	Metronidazole 250mg 2 tabs TID x 5d (30)	M7

SKIN - INFECTION, IMPETIGO, NON-ABSCESED CELLULITIS

<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (20)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (20)	C6

SKIN - RASH/ALLERGIC (Specify where to apply)

<input checked="" type="checkbox"/>	all ages	Hydrocortizone 1% cream: apply to area* BID *Apply to:	H1
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SKIN - RASH/BACTERIAL (Specify where to apply)

<input type="checkbox"/>	all ages	Antibiotic cream: apply to area* BID *Apply to:	A20
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STI/PID

<input type="checkbox"/>	Refer to extra med list
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URI

<input type="checkbox"/>	all ages	Ocean Nasal Spray (Saline) & Soap	O1
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TINEA - Small/limited on body

<input type="checkbox"/>	all ages	Soap & Anti-fungal cream: apply to area* BID *Apply to:	A21
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TINEA - On head or moderate/severe on body

<input type="checkbox"/>	<2 yo	Soap & Anti-fungal cream: apply to area* BID *Apply to:	A21
<input type="checkbox"/>	2-8yo (17+kg)	Soap & Griseofulvin 125mg: 2 tabs QD x 60d (120)	G4
<input type="checkbox"/>	9+ yo	Soap & Griseofulvin 125mg: 4 tabs QD x 60d (240)	G6

UTI-Simple (Burning, Frequency, Urgency)

<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (20)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (20)	C6

UTI-Complicated - See MD (Pyelo, fever, flank, back/pelvic pain)

<input type="checkbox"/>	< 50 kg	Levofloxacin 500mg: 1/2 tab QD x 5d (5 halves)	L1
<input type="checkbox"/>	50+ kg	Levofloxacin 500mg: 1 tab QD x 5d (5)	L3

VAGINITIS - Yeast Infection

<input type="checkbox"/>	10+ yo	Fluconazole 200mg: PO x 1 (NOW)	F3
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VAGINITIS - Bacterial

<input type="checkbox"/>	14+ yo	Tinidazole 500mg: 4 tabs QD x 3d (12)	T3
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EXTRA MEDS - See MD (MD initials)

Take ____ (qty) QD/BID/TID/QID/PRN for ____ days		
<input type="checkbox"/>	Acyclovir 200mg (Zoster w/in 24 hours)	A8
<input type="checkbox"/>	Aspirin 81mg	A22
<input type="checkbox"/>	Beclomethasone inhaler - 1-2 buffs BID	B1
<input type="checkbox"/>	Co-Trimx(Bactrim) __400/80mg __800/160mg	C9/10
<input type="checkbox"/>	Ceftriazone injection __250mg __500mg __1g	
<input type="checkbox"/>	Dexamethasone 2mg	D1a
<input type="checkbox"/>	Diphenhydramine 25mg	D1
<input type="checkbox"/>	Doxycycline 100mg	D3
<input type="checkbox"/>	Erythromycin 250mg	E4
<input type="checkbox"/>	Lisinopril 5mg	L4
<input type="checkbox"/>	Nystatin Oral	N1
<input type="checkbox"/>	Prednisone 10mg: __tab(s) BID x 5d	P2/P3

OTHER SUPPLIES

<input type="checkbox"/>	A&D Ointment	<input type="checkbox"/>	Rice Cereal
<input type="checkbox"/>	Chapstick	<input checked="" type="checkbox"/>	Soap
<input type="checkbox"/>	Infant Formula	<input type="checkbox"/>	Vaseline

What diagnosis did the examiner make?

Do you have any questions about the diagnosis that was made?

ANSWER:

Emmy has pneumonia and a skin rash.

For pneumonia, what alternate med should we use since Emmy is allergic to amoxicillin. And should we give double this med (once for otitis media and once for pneumonia?)

For the skin rash, the examiner didn't mark where to apply the cream, but we know "right arm" from the notes on page 1.

01 Side Note...

Keeping Track of Diagnoses

On the first page of the exam form, on the top right corner, we have a chart to keep track of the certain diagnoses.

Examiners should mark this for Referrals, Malnutrition, Pneumonia and STI.

Pharmacy - If you notice that a patient has one of these and it was not marked on the front, please mark it.

SAVED

991 Male OR Female
Name: Emmy
Birth date: 2-27-2020
Age: 3 YEARS OLD

	CSI (age)	
<input type="checkbox"/> Saved	< 5	5-7
<input type="checkbox"/> Referral	8-11	12-14
<input checked="" type="checkbox"/> Malnutrition	15-20	21-50
<input type="checkbox"/> Pneumonia	51-80	> 80
<input type="checkbox"/> STI		

VITALS AND LABS

Length/Height <u>64cm</u>	MUAC <u>18cm</u>	Pulse <u>110</u>	BP	TEMP <u>101.0</u>
Weight (kgs) <u>10 kg</u>	zScore <u>-3.31</u>	Malnutrition: <u>Mod(-2)</u>	RESP <u>36</u>	O2 SATS <u>89%</u>
Blood Sugar:	Urinalysis:	Covid-19:	Pregnant:	

MEDICAL HISTORY

	Yes	No	Describe

01 Sample 2 Exam Form - page 1

SAMPLE 2

992 Male OR Female Saved CSI (age)

Name: Peter Referral < 5 5-7

Birth date: 2/1/2016 Malnutrition 8-11 12-14

Age: 7 YEARS OLD Pneumonia 15-20 21-50

STI 51-80 > 80

VITALS AND LABS

Length/Height	MUAC	Pulse <u>82</u>	BP <u>100/61</u>	TEMP <u>98.6</u>
Weight (kgs) <u>14kg</u>	zScore <u>-1</u>	Malnutrition: <input checked="" type="checkbox"/> Mld (-1) <input type="checkbox"/> Mod (-2) <input type="checkbox"/> Sevr (-3+)	RESP <u>12</u>	O2 SATS <u>99%</u>
Blood Sugar:	Urinalysis:	Covid-19:	Pregnant:	

MEDICAL HISTORY

	Yes	No	Describe
Allergies		<input checked="" type="checkbox"/>	
Presently taking medications:		<input checked="" type="checkbox"/>	
Any ongoing medical problems		<input checked="" type="checkbox"/>	
Immunizations up to date?		<input checked="" type="checkbox"/>	Last Deworming Date: <u>unsure</u>

CHIEF COMPLAINT: rash on head

FINDINGS

Gen. Condition	Cardiovascular	REFERRALS (1=asap, 2=w/in 30 days, 3=when possible)
Ears	Gastrointestinal	Dental <u>1 2 3</u>
Eyes	Genito-urinary	Nutrition <u>1 2 3</u>
Mouth/Dental	Musculoskeletal	STI <u>1 2 3</u>
Nose	Neurological	TB <u>1 2 3</u>
Throat	Skin	Vision <u>1 2 3</u>
Lungs	Behavioral Health	Other <u>1 2 3</u>

NOTES: Tinea capitis w/ secondary infection
Draining & odor

Check one option in each of the 3 sections below:

1) DE-WORM: TREATMENT OR PROPHYLAXIS

Prophylaxis (> 2yo): Mebendazole chew 1 tab now Treatment (> 2yo): Mebendazole chew 1 tab BID x 3d (5) No Worm Med - Recently treated or pregnant (1st trimester) or < 2yo

2) VITAMINS

	Normal Exam	Severe Malnutrition
Infant	<input type="checkbox"/> Infant Multivitamin, As Directed	
Children 2-10	<input checked="" type="checkbox"/> 30 d Children's Vitamins	<input type="checkbox"/> 90 d Children's Vitamins
Adult 11+	<input type="checkbox"/> 30 d Adult Vitamins	<input type="checkbox"/> 90 d Adult Vitamins
Pregnant	<input type="checkbox"/> 90 d Adult Vitamins + Folic Acid or Prenatal Vitamins (90)	

3) EXAM RESULTS

Normal Exam No other diagnosis/meds Pharmacy Needed

Examiner Signature veee

How old is Peter?

How much does Peter weigh?

What is his chief complaint?

ANSWER:

From this front page, we know this patient is 7 years old, weighs 14kg and has tinea capitis (a fungal infection on the head) with draining and a odor

01 Sample 2 exam form - page 3

NAME _____ #SCRIPTS _____

ALLERGIES			
<input type="checkbox"/>	3-4yo	Cetirizine 10mg: 1/2 tab QDx30d (30 halves)	C7
<input type="checkbox"/>	5+ yo	Cetirizine 10mg: 1 tab QD x 30d (30)	C8
<input type="checkbox"/>	any age	Ocean Nasal Spray (Saline) (PRN)	O1

ANEMIA			
<input type="checkbox"/>	2-4 yo	Ferrous Sulfate 1 tsp QD until gone (1)	F1
<input type="checkbox"/>	5+ yo	Ferrous Sulfate(65mg)1 tab QD x 60d (60)	F2

ASTHMA (Give spacer to new users)			
<input type="checkbox"/>	Mild/ Intermittent	Salbutamol (rescue) inhaler: 1-2 puffs Q6 hrs PRN	S1
<input type="checkbox"/>	Persistent or Exacerbation	Consult Physician/SVN	

CONJUNCTIVITIS (all ages) Specify which eye			
Apply to: <input type="checkbox"/> Left Eye <input type="checkbox"/> Right <input type="checkbox"/> Both Eyes			
<input type="checkbox"/>	infectious	Gentamicin/Cipro: 1 drop QIDx5d	G1
<input type="checkbox"/>	dry eyes	Eyedrops: 1-2 drops Q4h PRN	E3

CONSTIPATION			
<input type="checkbox"/>	5+ yo	Docusate 100mg: 1-2 cap QD PRN(40)	D2

DEHYDRATION (< 6mo may add infant formula)			
<input type="checkbox"/>	all ages	Oral Rehydration: 1/2 packet Q 6hr (2)	O5

DIARRHEA (ORS for all diarrhea. See other meds for Acute or Chronic)			
<input type="checkbox"/>	all ages	Oral Rehydration: 1/2 packet Q6hr (2)	O5

DIARRHEA- ACUTE (bloody w/fever & duration < 14d)			
<input type="checkbox"/>	1-17 yo & <25kg	Azithromycin 250mg: 1 tab QDx3d (3)	A23
<input type="checkbox"/>	1-17 yo & > 25kg	Azithromycin 500mg: 1 tab QDx3d (3)	A25
<input type="checkbox"/>	18+ yo	Levofloxacin 500mg: 1 tab QDx3d (3)	L2

DIARRHEA- CHRONIC (duration > 14d) Select 2 meds			
<input type="checkbox"/>	< 2yo	Zinc 25 mg: 1/2 tab QD x 14 d (14 halves)	Z1
<input type="checkbox"/>	3+ yo	Zinc 25 mg: 1 tab QD x 14 d (14)	Z2
↓ AND ↓ ↓ ↓			
<input type="checkbox"/>	3-4yo	Tinidazole 500mg: 1 tab QD x 3d (3)	T1
<input type="checkbox"/>	5-13yo	Tinidazole 500mg: 2 tabs QD x 3d (6)	T2
<input type="checkbox"/>	14+ yo	Tinidazole 500mg: 4 tabs QD x 3d (12)	T3

GI UPSET			
<input type="checkbox"/>	12+ yo	Bismuth 262mg: 2 tabs QID PRN (18)	B3

HEARTBURN - Intermittent			
<input type="checkbox"/>	3-12yo	Calcium Carbonate: 1 tab TID PRN (20)	C1
<input type="checkbox"/>	13+ yo	Calcium Carbonate: 2 tabs TID PRN (40)	C2

HEARTBURN - Persistent			
<input type="checkbox"/>	17+ yo	Omeprazole 20mg 1 tab QD x 60d (60)	O4

HYPERTENSION (> 150/90 Follow up 1 month)			
<input type="checkbox"/>	adult	Amlodipine 5mg: 1 tab QD x 90d (90)	A11
<input type="checkbox"/>	adult	Amlodipine 10mg: 1 tab QD x 90d (90)	A12

INSOMNIA			
<input type="checkbox"/>	11+ yo	Melatonin 5mg: 1 at bedtime PRN (30)	M3

LICE (dosage done in Pharmacy)			
<input type="checkbox"/>	7+ yo	Lice Treatment	

MALARIA			
<input type="checkbox"/>	All	Test if possible and Refer, Treat fevers	

OTITIS EXTERNA			
Apply to: <input type="checkbox"/> Left Ear <input type="checkbox"/> Right <input type="checkbox"/> Both Ears			
<input type="checkbox"/>	all ages	Gentamicin/Cipro: 1 drop in infected ear(s) BID x 10 days	G2

OTITIS MEDIA			
<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp BID x 5d (1)	A13
<input type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs BID x 5d (20)	A15
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 5d (15)	A18

PAIN/FEVER (Specify reason)			
<input type="checkbox"/> Arthritis <input type="checkbox"/> HA <input type="checkbox"/> Fever <input type="checkbox"/> Body <input type="checkbox"/> Cramps <input type="checkbox"/> Other			
<input type="checkbox"/>	7-12yo	Ibuprofen 200mg:1 tab Q8h PRN (20)	I1
<input type="checkbox"/>	13+ yo	Ibuprofen 200mg:1 tab Q8h PRN (60)	I2
<input type="checkbox"/>	13+ yo	Ibuprofen 200mg:2 tabs Q8h PRN (60)	I3
<input type="checkbox"/>	3-11m	Acetaminophen 160mg/5cc elx:2.5cc Q6h(1)	A2
<input type="checkbox"/>	1-3yo	Acetaminophn80mg:chew 2tabQ6h PRN(60)	A3
<input type="checkbox"/>	3-5yo	Acetaminophn80mg:chew 3tabQ6h PRN(60)	A4
<input type="checkbox"/>	6-11yo	Acetaminophen 325mg:1 tab Q6h PRN (20)	A5
<input type="checkbox"/>	12+ yo	Acetaminophen 500mg:1 tab Q6h PRN (60)	A6
<input type="checkbox"/>	12+ yo	Acetaminophen 500mg:2 tabs Q6h PRN (60)	A7

PERIODONTITIS W/ABSCESS - See MD (Select 2 Meds)			
<input type="checkbox"/>	2-4yo	Amoxicillin 250mg/5ml: 1 tsp/5ml BIDx10d (1)	A14
<input type="checkbox"/>	5-8yo	Amoxicillin 250mg: 2 chew tabs BIDx10d (40)	A17
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 10d (30)	A19
↓ AND ↓ ↓ ↓			
<input type="checkbox"/>	5-8yo	Metronidazole 250mg 1/2 tab TID x10d (30h)	M8
<input type="checkbox"/>	9-12yo	Metronidazole 250mg 1 tab TID x 10d (30)	M9
<input type="checkbox"/>	13+ yo	Metronidazole 250mg 2 tabs TID x 10d (60)	M10

What diagnosis did the examiner make?

Do you have any questions about the diagnosis that was made?

ANSWER:

There are no meds needed from page 3

01 Sample 2 exam form - page 4

PHARYNGITIS (Consider pain control; likely viral) 3 criteria for ABT: exudate/painful nodes, fever, & no cough

<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp/5ml BIDx10d (1)	A14
<input type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs BID x 10d (40)	A17
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 10d (30)	A19

PNEUMONIA

<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp BID x 5d (1)	A13
<input type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs TID x 5d (30)	A16
<input type="checkbox"/>	9-12y	Amoxicillin 500mg: 1 cap TID x 5d (15)	A18
<input type="checkbox"/>	13+ yo	Azithromycin 250mg: 2 tabs now (500mg), then 1 tab 250mg QD x 4d (6)	A24

SCABIES (Examiner start teaching. Pharmacy continue)

<input type="checkbox"/>	< 15kg	Permetherin Cream	P1
<input type="checkbox"/>	15+kg	Ivermectin 6mg: Dose by weight in Pharmacy. Give Soap, Scabies handout & black bag	I4

SKIN - CELLULITIS W/ABSCESS - See MD (Select 2 Meds)

<input checked="" type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input checked="" type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (20)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (20)	C6
AND			
<input checked="" type="checkbox"/>	5-8yo	Metronidazole 250mg 1/2 tab TID x 5d (15h)	M5
<input type="checkbox"/>	9-12yo	Metronidazole 250mg 1 tab TID x 5d (15)	M6
<input type="checkbox"/>	13+ yo	Metronidazole 250mg 2 tabs TID x 5d (30)	M7

SKIN - INFECTION, IMPETIGO, NON-ABSCESED CELLULITIS

<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (20)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (20)	C6

SKIN - RASH/ALLERGIC (Specify where to apply)

<input type="checkbox"/>	all ages	Hydrocortizone 1% cream: apply to area* BID *Apply to:	H1
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SKIN - RASH/BACTERIAL (Specify where to apply)

<input type="checkbox"/>	all ages	Antibiotic cream: apply to area* BID *Apply to:	A20
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STI/PID

<input type="checkbox"/>		Refer to extra med list	
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URI

<input type="checkbox"/>	all ages	Ocean Nasal Spray (Saline) & Soap	O1
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TINEA - Small/limited on body

<input type="checkbox"/>	all ages	Soap & Anti-fungal cream: apply to area* BID *Apply to:	A21
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TINEA - On head or moderate/severe on body

<input type="checkbox"/>	<2 yo	Soap & Anti-fungal cream: apply to area* BID *Apply to:	A21
<input checked="" type="checkbox"/>	2-8yo (17+kg)	Soap & Griseofulvin 125mg: 2 tabs QD x 60d (120)	G4
<input type="checkbox"/>	9+ yo	Soap & Griseofulvin 125mg: 4 tabs QD x 60d (240)	G6

UTI-Simple (Burning, Frequency, Urgency)

<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (20)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (20)	C6

UTI-Complicated - See MD (Pyelo, fever, flank, back/pelvic pain)

<input type="checkbox"/>	< 50 kg	Levofloxacin 500mg: 1 /2 tab QD x 5d (5 halves)	L1
<input type="checkbox"/>	50+ kg	Levofloxacin 500mg: 1 tab QD x 5d (5)	L3

VAGINITIS - Yeast Infection

<input type="checkbox"/>	10+ yo	Fluconazole 200mg: PO x 1 (NOW)	F3
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VAGINITIS - Bacterial

<input type="checkbox"/>	14+ yo	Tinidazole 500mg: 4 tabs QD x 3d (12)	T3
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EXTRA MEDS - See MD (MD initials)

Take ____ (qty) QD/BID/TID/QID/PRN for ____ days		
<input type="checkbox"/>	Acyclovir 200mg (Zoster w/in 24 hours)	A8
<input type="checkbox"/>	Aspirin 81mg	A22
<input type="checkbox"/>	Beclomethasone inhaler - 1-2 buffs BID	B1
<input type="checkbox"/>	Co-Trimx(Bactrim) __400/80mg __800/160mg	C9/10
<input type="checkbox"/>	Ceftriazone injection __250mg __500mg __1g	
<input type="checkbox"/>	Dexamethasone 2mg	D1a
<input type="checkbox"/>	Diphenhydramine 25mg	D1
<input type="checkbox"/>	Doxycycline 100mg	D3
<input type="checkbox"/>	Erythromycin 250mg	E4
<input type="checkbox"/>	Lisinopril 5mg	L4
<input type="checkbox"/>	Nystatin Oral	N1
<input type="checkbox"/>	Prednisone 10mg: __tab(s) BID x 5d	P2/P3

OTHER SUPPLIES

<input type="checkbox"/>	A&D Ointment	<input type="checkbox"/>	Rice Cereal
<input type="checkbox"/>	Chapstick	<input type="checkbox"/>	Soap
<input type="checkbox"/>	Infant Formula	<input type="checkbox"/>	Vaseline

What diagnosis did the examiner make?

Do you have any questions about the diagnosis that was made?

ANSWER:

Peter has cellulitis (a skin infection), and tinea (a fungal infection on his head)

Tinea - examiner marked medicine for 2-8yo, which is correct, however Peter is only 14kg so he is too small to take the Griseofulvin. Ask examiner what they would like to use instead.

Skin - Cellulitis with Abscess - sometimes an examiner may mark the incorrect box and then cross it out. Look for the highlighted med that is correct.

01 Side note about “Extra Meds”


On the last page of the exam form on the bottom right, there are a list of “extra meds” that we bring with us and are not part of a specific diagnosis.

Examiners:

- If you are prescribing one of these meds, be sure to consult with the lead MD first.
- Indicate how often and for how long
- Write a note of what this med is being prescribed for
- If you are prescribing a med that is under a diagnosis but you want the patient to take the med for a different diagnosis, indicate that on the form

Pharmacy:

- Look for the correct label to use. If we don't have a label for the med, simply hand write the info on the med bag



EXTRA MEDS - See MD _____ (MD initials)		
Take _____ (qty) QD/BID/TID/QID/PRN for _____ days		
Acyclovir 200mg (Zoster w/in 24 hours)		A8
Aspirin 81mg		A22
Beclomethasone inhaler - 1-2 buffs BID		B1
Co-Trimx(Bactrim) ___400/80mg ___800/160mg		C9/10
Ceftriazone injection ___250mg ___500mg ___1g		
Dexamethasone 2mg		D1a
Diphenhydramine 25mg		D1
Doxycycline 100mg		D3
Erythromycin 250mg		E4
Lisinopril 5mg		L4
Nystatin Oral		N1
Prednisone 10mg: ___ tab(s) BID x 5d		P2/P3
OTHER SUPPLIES		
A&D Ointment		Rice Cereal
Chapstick		Soap
Infant Formula		Vaseline

01 Packing Meds - Summary of Step 1

So far we've looked at Step 1 of Packing the Meds -

Review the form!

That was a lot of information for something that takes less than a minute to do.

As you become more familiar with the exam form and the meds that we use, it will become easier and easier.

Next up in this training - Step 2 for Packing the Meds...

01 Packing Meds - Step 2 - Get the Meds Ready

Step 2 for Packing Meds - Get the meds ready for the patient.

Now that you've reviewed the form and have all your questions answered (if any), you are ready to find the correct medicine for the patient.

1. Look at the exam form to see what was prescribed.
Find the correct meds in the med suitcases.

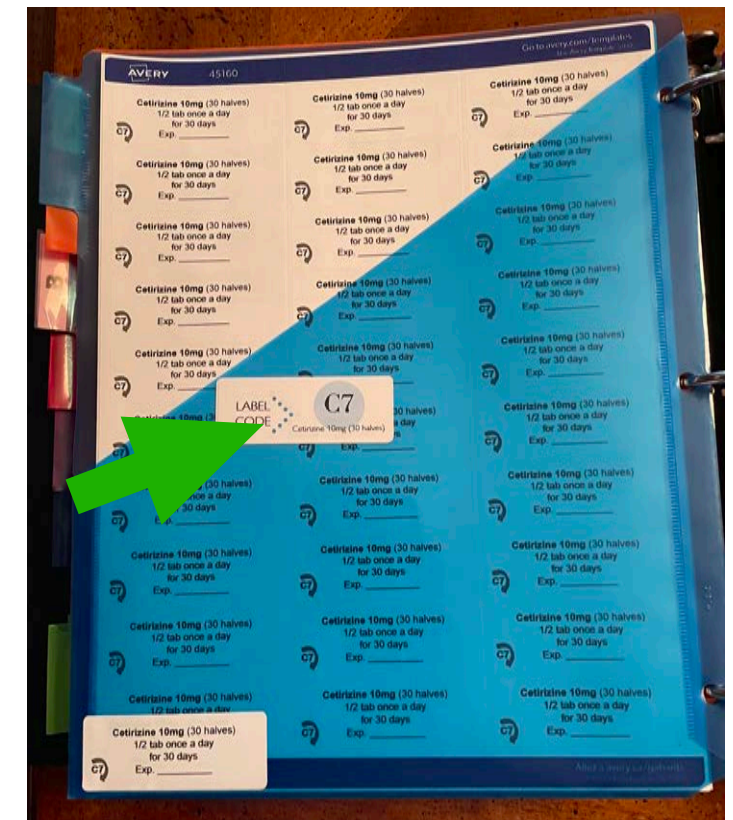
- Look in the med suitcases and find the correct bottle of the med. Look for:
 - Correct **NAME** of med, and
 - Correct **Mg**
- Next, go to the Pharmacy book to get the correct label. *(Note: Please DO NOT pull label sheets all the way out of the pockets/sleeves)*
- Make sure the label matches the label code on the meds ordered. (e.g. There are 2 different labels for cetirizine C7 and C8. There are 3 different labels for Ibuprofen - I1, I2, I3. Always match to the label code)

Label Code on the exam form should match the label code on the label you get from the “Pharmacy Book”

NAME			
ALLERGIES			
<input checked="" type="checkbox"/>	3-4yo	Cetirizine 10mg: 1/2 tab QDx3od (30 halves)	C7
<input checked="" type="checkbox"/>	5-10yo	Cetirizine 10mg: 1 tab QD x 3od (30)	C8
<input type="checkbox"/>	any age	Ocean Nasal Spray (Saline) (PRN)	O1

The “Pharmacy Book” has labels for all meds and is in alphabetical order. Use the label that matches what was prescribed on the exam form.

In this example, “C7” was prescribed so you should use the “C7” label.



01 Packing Meds - Get the Meds Ready

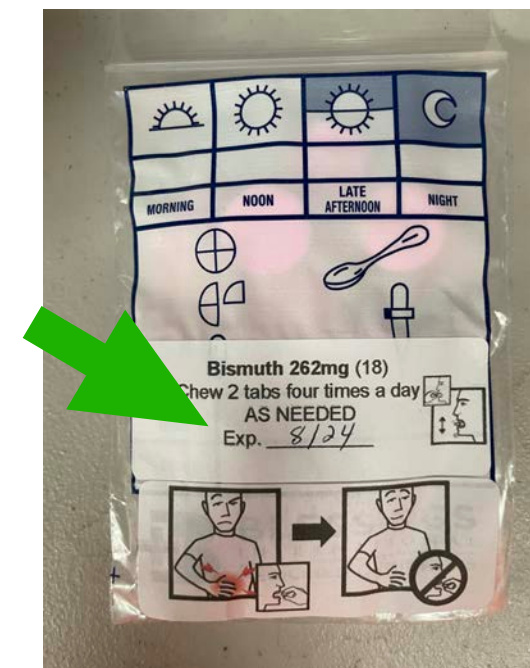
2. Once you have the correct label, **put the label on a med bag.**

- Place near the bottom of the bag so you don't cover the Sun, Moon, Stars columns
- If the medicine is too big to fit in a med bag, use a small ziplock bag. For example, tubes of cream, inhalers, ORS packets don't fit well in a med bag
- You can add a "Sun, Moon, Star" label to the ziplock bag so the person dispensing has something to mark

Med bag



Put the correct label(s) on a med bag. And write the expiration date

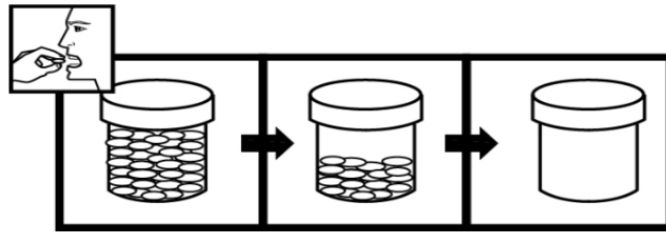


01 Packing Meds - Get the Meds Ready

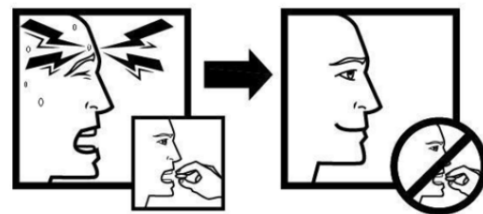
3. When labeling a med bag, look at the sample in the Pharmacy book and **make sure you have all of the correct labels** for the med that was ordered.

- Some only need one label
- Some need multiple labels - for example, some also need a label for PRN (“as needed”) or “Take until Gone”. If you need one of these extra labels, you can find it in the back of the sleeve with the med labels in the Pharmacy Book.

“Take until Gone” label

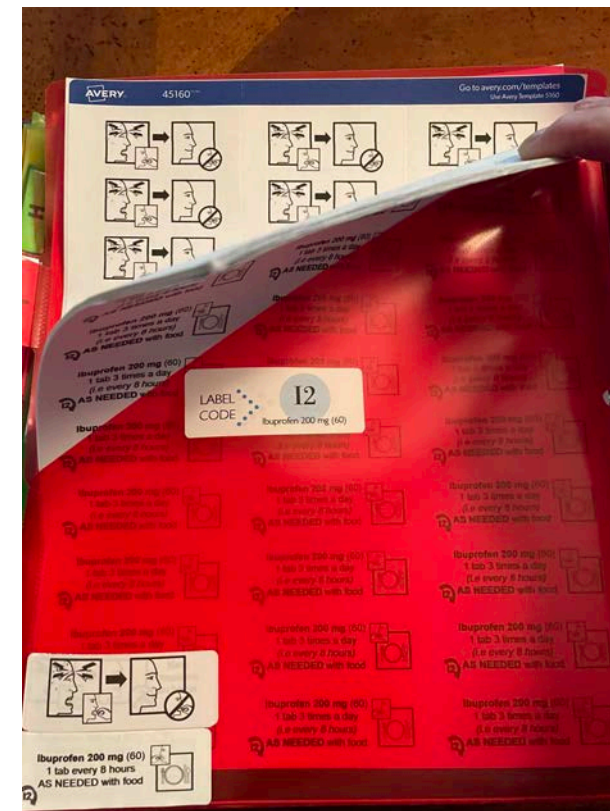
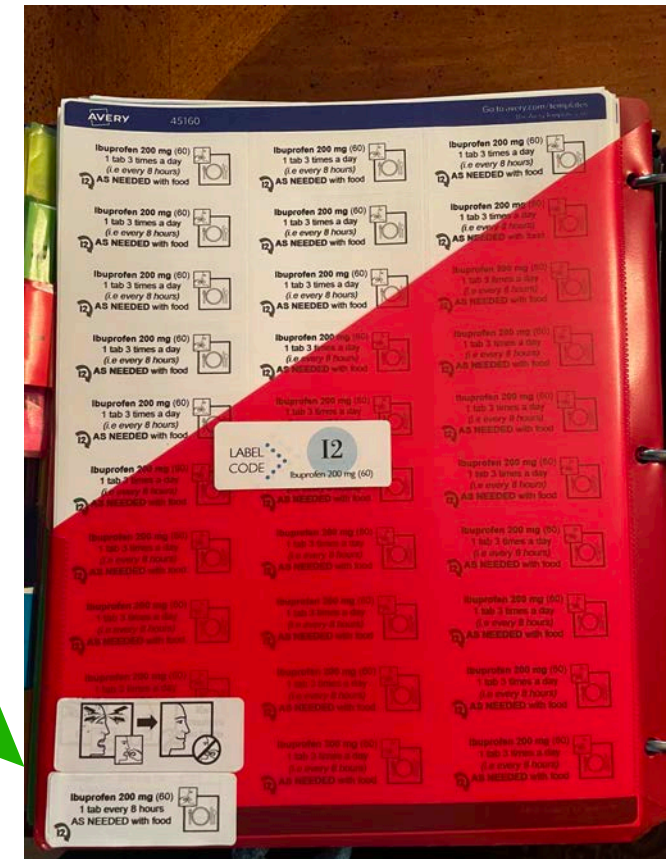


“Take as needed for pain” label



Look at the “sample” in the Pharmacy Book. Make sure the med bag has all the labels needed.

This example needs 2 labels

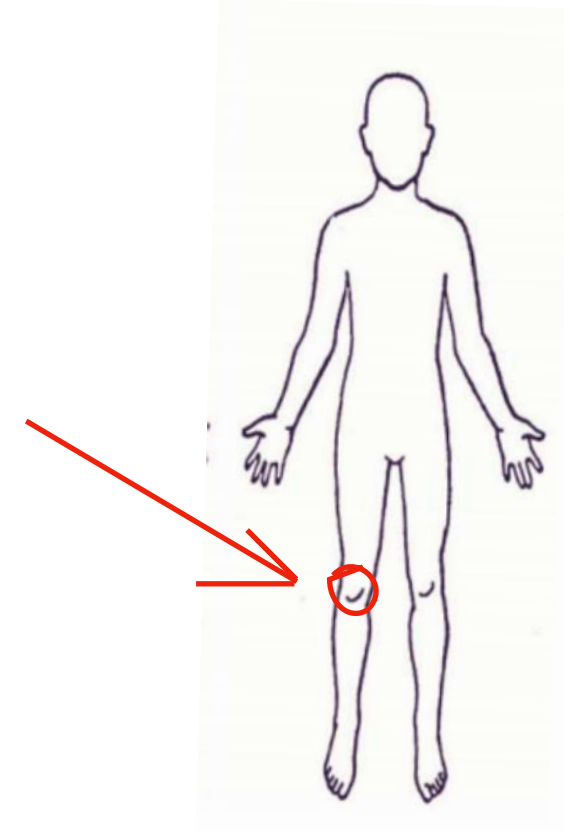


PRN labels are in the back of the sleeve

01 Packing Meds - Get the Meds Ready

Besides the “as needed” labels and “take until gone” label, we also have body stickers.

- Body stickers are helpful when a patient is receiving multiple creams
- You can add a body sticker to the med bag and mark (with a sharpie) where the cream should go
- If the patient is only getting one cream, you don't need to use a body sticker. Simply tell the patient what the cream is for.



Use body stickers if the patient is getting multiple creams

01 Packing Meds - Get the Meds Ready

4. If the meds are already prepackaged, simply put the packaged med in the patient's basket
5. Remember to always look for the correct NAME and correct Mg when you're looking for the correct medicine for a patient
6. Write the correct **expiration date** on the label that you put on the med bag.
 - When you take pills out of a bottle and put them in a bag we want to let the patient know the expiration date.
 - Writing out the expiration date is optional if the date is on the blister pack, tube, or bottle that you are giving the patient.



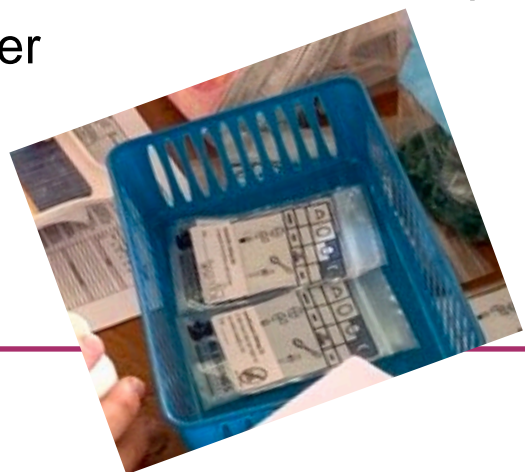
Medicine that comes in a blister pack or a bottle or a tube has the expiration date on the packaging so you don't need to write the date on the label too.

01 Packing Meds - Get the Meds Ready

5. Count the correct # of pills using a pill tray

- The label shows the correct # of pills needed
- Some pills need to be cut in half. We have a pill cutter that you can use
- If you're giving a tube of cream, be sure to break the seal (i.e. make sure it's open) before putting in a ziplock bag
- If you're giving a bottle of "suspension" medicine, you need to mix with water first. Pour in a small amount of water, shake really well and then pour in the rest of the water to the line on the bottle. Shake until all powder is mixed with the water.

6. Put the packed med in a basket so we keep all of the patient's meds together



You need 30 pills in the bag for this one

Cetirizine 10mg (30)
1 tab once a day
for 30 days
Exp. _____

C8

Your label code should match what was prescribed on the exam form!

You need to use the pill cutter for this one

Cetirizine 10mg (30 halves)
1/2 tab once a day
for 30 days
Exp. _____

C7

(Note: in the video Sue mistakenly says to put 30 cetirizine pills on the pill counter tray. To get 30 halves you should count out 15 pills and then cut them in half to get 30 halves.)

01 Packing Meds - Get the Meds Ready

A few extra notes about filling meds:


7. If we run out of a med and start using a substitute, be sure the label is correct for that new med.

For example, if we run out of Gentamicin drops and start using Cipro drops, the label should say Cipro. Look under “C” in the Pharmacy Book for the correct label.

If you don't have a label for something, simply hand write it on the med bag

8. Some meds have short expiration dates (and are flagged with duct tape). Be sure to use those first.
9. DO NOT WRITE THE MED NAME ON BOTTLE CAPS. Tops of bottles can easily get mixed up so do not write names on top. You can write “OPEN” if trying to mark bottles that are open. Or write on the side of the bottle.

If we run out of Gentamicin, we can use Cipro instead. The label code is not listed, but look under “C” in the Pharmacy Book for a Cipro label



CONJUNCTIVITIS (all <i>Specify which eye</i>)			
Apply to:	Left Eye	Right	Both Eyes
<input type="checkbox"/>	infectious	Gentamicin/Cipro: 1 drop QIDx5d	G1
<input type="checkbox"/>	dry eyes	Eyedrops: 1-2 drops Q4h PRN	E3

01 Packing Meds - Get the Meds Ready

A few extra notes about filling meds:

10. When you are cleaning up at the end of the day, Do NOT combine ziplock bags of meds with different expiration dates into the same bag. KEEP SEPARATE or refer to your Pharmacy lead.

11. Once the patient's meds are ready/packed and are in a basket along with the patient's exam form, you can put the basket in "line" for the person dispensing the meds.

Note: If the person dispensing meds is falling behind, and there is an extra translator, the person filling the meds can also jump in and help dispense the meds.



01 Packing Meds - Get the Meds Ready

To summarize...

If you are the person filling the prescriptions, you need to:

Step 1: Collect the forms from the patient and take a minute to review the form

Step 2: Get the meds ready for the patient

Put the packed meds and the patient's exam form in a basket for the person dispensing the meds

Next Up... The next part of this document looks at what you do if you are dispensing the meds to the patient.



02 Dispensing Meds

Step 1 for Dispensing Meds - Review the Form & Meds

1. Get the “basket” that is next in line and just like the person who packed the meds, take a minute to review the exam form. Check the age/weight of the patient and make sure the meds ordered look correct for the age of the patient
2. Check the exam form and the prescribed meds compared to meds in the patient’s “basket”. Make sure you have all of the correct meds **before** you start dispensing.
3. Make sure extra labels are added if needed. For example:
 - Pain stickers
 - Take Until Gone stickers
 - Take as needed stickers
4. Do pills in med bags look correct? (Right drug, right number)



02 Dispensing Meds

Step 2 for Dispensing Meds - Check your Patient

1. Be sure to greet the patient. Smile! Connect with the person.
Show the love of Jesus!
2. Make sure you have the right patient (compare the number on the exam form to number on their wrist band).
3. If a young child (e.g under 7 years old), ask for a parent or teacher

Make sure the # on the exam form matches the # on the patient's wrist band



991 Male OR Female
Name: Emmy
Birth date: 2-27-2020
Age: 3 YEARS OLD
LABS

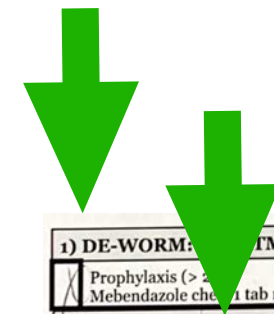
02 Dispensing Meds

Step 3 for Dispensing Meds - Explain the meds to the Patient

1. Start by looking in the patient's bag and making sure they have their correct vitamins. Look what vitamins were prescribed on the exam form and if they are getting a worm treatment. Check if these meds are in their bag. (If not, they may have gotten out of "line" and missed the worm station.) Ask if they know how to take their vitamins/worm treatment.
2. Explain the meds to the patient using **non medical terms** - explaining **WHAT** the med is for and **HOW** to take it.
 - For example, "This medicine is for allergies (watery eyes, runny nose). Take 1 pill every day."
 - Refer to the Pharmacy "cheat sheet" for notes on meds. (Note: in America we may say additional things about a med, but in the countries we serve we omit some things. We are trying to make the instructions as simple as possible so the patient will take the med. For example, in America we may say "take with food", but if the patient doesn't have food we still want them to take the medicine so we omit the instructions "take with food".)

1. Check the front page of the exam form - is the patient getting a worm treatment? What vitamins are they getting? Then make sure all of these are in their bag already.

In this example, there should be a pack of 30 day Children's Vitamins in the patient's bag



Check one option in each of the 3 sections below:

1) DE-WORM: TREATMENT OR PROPHYLAXIS		
<input checked="" type="checkbox"/> Prophylaxis (> 2y): Mebendazole chew 1 tab now	<input type="checkbox"/> Treatment (> 2yo): Mebendazole chew 1 tab BID x 3d (5)	<input type="checkbox"/> No Worm Med - Recently treated or pregnant (1st trimester) or < 2yo
2) VITAMINS		
	Normal Exam	Severe Malnutrition
Infant	<input type="checkbox"/> Infant Multivitamin, As Directed	
Children 2-10	<input checked="" type="checkbox"/> 30 d Children's Vitamins	<input type="checkbox"/> 90 d Children's Vitamins
Adult 11+	<input type="checkbox"/> 30 d Adult Vitamins	<input type="checkbox"/> 90 d Adult Vitamins
Pregnant	<input type="checkbox"/> 90 d Adult Vitamins + Folic Acid or Prenatal Vitamins (90)	
3) EXAM RESULTS		
<input type="checkbox"/> Normal Exam	<input type="checkbox"/> No other diagnosis/meds	<input checked="" type="checkbox"/> Pharmacy Needed

2. Use our Pharmacy "cheat sheet" for guidelines of what to say about each med

Explain **WHAT** the med is for and **HOW** to take. Note: Key points may not include everything we say in USA.

Medication	Key Points:
Acetaminophen	CHECK AGE AND THEN CHECK DOSE and TAKE AS NEEDED (show pain sticker). If taking with Ibuprofen, separate time by a few hours.
Acyclovir	Extra med - need examiner to specify how many pills to give and how to take (commonly given 5 times a day)
Albendazole	CHECK DOSE (1 pill v. treatment). Do not give to child under 1 year old, or pregnant woman in 1st trimester. For Children 12 months - 24 months crush and give 1/2 tablet.
Amlodipine	CHECK AGE (Adults only) Show blood pressure #s today and explain that it's higher than normal. Take this med every day to keep blood pressure lower. Keep taking this medication even if feeling well. Recheck blood pressure in 30 days and refill medicine at local pharmacy. (Note: send home reminder note with today's blood pressure and name of med)
Amoxicillin	CHECK AGE AND THEN CHECK DOSE Finish all medicine even if feeling better. (Note - For suspension, be sure med was mixed with water before dispensing. Tell patient not to store in direct sunlight and shake before using).
Antibiotic Cream	Explain where to apply. Do not swallow.
Antifungal Cream	Explain where to apply. Do not swallow. (Make sure tube of cream is open. i.e. foil seal is broken)
Aspirin	Extra med - need examiner to specify how many pills to give and how to take (commonly given 1 time a day)
Azithromycin	CHECK AGE AND THEN CHECK DOSE Finish all medicine even if feeling better.
Beclomethasone	Extra med - need examiner to specify how often to take. Demonstrate how to use (shake inhaler, empty lungs, mouth around inhaler, press and deep breath in). Take every day. Rinse mouth with water after each use.

02 Dispensing Meds

Step 3 for Dispensing Meds - Explain the meds to the Patient

3. Mark the med bag (with hash marks) in front of the patient as you explain what it is and how often they take it

- In most countries, we use hash marks when explaining the meds. However some countries prefer that we use numbers. Ask the translator that you're working with what is preferred in the community.
- In the example on the right for the medicine 'Bismuth', we used hash marks. But if the community prefers numbers, you would write 2, 2, 2, 2 under the sun, moon, stars to indicate the patient can take 2 of this medicine 4 times a day.

4. Also point out pain stickers when explaining PRN (i.e. "take as needed") meds

- In our example of the medicine Bismuth, we would point to the pain sticker and explain "You only need to take this medicine if your stomach hurts. If you are feeling good, you don't need to take the medicine."
- For medicine that is NOT "take as needed", be sure to reiterate that they need to take every day even if feeling better.

Mark the bag in front of the patient

Point out PRN stickers



Step 3 for Dispensing Meds - Explain the meds to the Patient

5. If a parent is getting meds for multiple children, use blank stickers and write the child's name on their med bags.
6. Demonstrate how to open a med if necessary - e.g. eye drops, or tubes of cream that are sealed, etc.
7. If they have a lot of meds (i.e. more than 3), lay all of the meds on the table and ask them to explain back to you

02 Dispensing Meds

To summarize...

If you are the person dispensing the prescriptions, you need to:

Step 1: Take a minute to review the form and look at the meds in the patient's basket

Step 2: Check that you have the right patient and make sure they have their correct vitamins in their bag

Step 3: Explain the meds to the patient in easy to understand instructions and be sure you tell them what the medicine is for. It's your job to educate the patient so they know what medicine to take for a headache v. what medicine to take for allergies, etc.

Next Up... The rest of this document looks at some special tips for certain meds.



03 Notes about Specific Meds

Some meds take a little extra prep:

- New tubes of **cream** with foil closure - demonstrate how to open (or person filling can just open these before putting in a ziplock bag)
- **Nystatin** drops - prepare dropper and replace lid
- **Amoxicillin or cephalexin suspension** - mix with water first, mark dropper with sharpie so parent can see how much to give each time
- **Eye drops** - demonstrate how to open if child proof lid
- **Inhaler** - use spacer, demonstrate how to use
- **ORS** - explain how to mix powder in liter bottle (collect empty water bottles that we can send home with patients)
- **Scabies** - ask if patient is ready to follow all the steps or if they want to take the medicine home and do another day

Use cap from cream to open sealed top



Be sure to mix powdered medicine with water before dispensing. Add a *small* amount of water first Shake well. Then fill water to line on bottle. Shake again to mix.



Mark cup (or dropper) with black sharpie so the parent knows how much to give the child

Pages 27-28....	Sample 1 Exam Form
Pages 29-30...	Sample 2 Exam Form
Page 31...	Ivermectin Dosing Chart
Page 32...	Pharmacy Abbreviations
Page 33...	Pharmacy “Cheat Sheet”

Sample 1 Exam Form - pages 1-2

SAMPLE 1 # 991 Male OR Female
 Name: Emmy
 Birth date: 2-27-2020
 Age: 3 YEARS OLD

Referral	< 5	5-7
Malnutrition	8-11	12-14
Pneumonia	15-20	21-50
STI	51-80	> 80

VITALS AND LABS

Length/Height <u>64cm</u>	MUAC <u>18cm</u>	Pulse <u>110</u>	BP	TEMP <u>101.0</u>
Weight (kgs) <u>10 kg</u>	zScore <u>-3.31</u>	Malnutrition: <u>Mld (-1) X Mod (-2) Sevr (-3+)</u>	RESP <u>34</u>	O2 SATS <u>89%</u>
Blood Sugar:	Urinalysis:	Covid-19:	Pregnant:	

MEDICAL HISTORY

	Yes	No	Describe
Allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amoxicillin</u>
Presently taking medications:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any ongoing medical problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Immunizations up to date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Last Deworming Date:

CHIEF COMPLAINT:
cough
Fever
watery eyes / Runny nose

Gen. Condition	Cardiovascular	REFERRALS (1=asap, 2=w/in 30 days, 3=when possible)
Ears	Gastrointestinal	
Eyes	Genito-urinary	
Mouth/Dental	Musculoskeletal	
Nose	Neurological	
Throat	Skin	
Lungs	Behavioral Health	
		Nutrition 1 2 3
		STI 1 2 3
		TB 1 2 3
		Vision 1 2 3
		Other 1 2 3

NOTES: Red, raised rash @ arm

Check one option in each of the 3 sections below:

1) DE-WORM: TREATMENT OR PROPHYLAXIS

<input checked="" type="checkbox"/> Prophylaxis (> 2yo): Mebendazole chew 1 tab now	<input type="checkbox"/> Treatment (> 2yo): Mebendazole chew 1 tab BID x 3d (5)	<input type="checkbox"/> No Worm Med - Recently treated or pregnant (1st trimester) or < 2yo
--	--	---

2) VITAMINS

	Normal Exam	Severe Malnutrition
Infant	Infant Multivitamin, As Directed	
Children 2-10	30 d Children's Vitamins	<input checked="" type="checkbox"/> 90 d Children's Vitamins
Adult 11+	30 d Adult Vitamins	<input type="checkbox"/> 90 d Adult Vitamins
Pregnant	90 d Adult Vitamins + Folic Acid or Prenatal Vitamins (90)	

3) EXAM RESULTS

<input type="checkbox"/> Normal Exam	<input type="checkbox"/> No other diagnosis/meds	<input checked="" type="checkbox"/> Pharmacy Needed
--------------------------------------	--	---

Examiner Signature: KREN

DW DEVELOPING WORKERS CSI SCREENING

NAME: Emmy ID #: _____
 DOB: _____ AGE: _____ PHONE #: _____

QUESTIONS:

1. Who lives in your home? (Check and circle)

<input checked="" type="checkbox"/> Mother	<input type="checkbox"/> Husband	<input type="checkbox"/> Daughter(s)	<input type="checkbox"/> Male Cousin/Nephew
<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Wife	<input type="checkbox"/> Son(s)	<input type="checkbox"/> Female Cousin/Niece
<input checked="" type="checkbox"/> Grandmother	<input type="checkbox"/> Aunts	<input type="checkbox"/> Older Brother	<input type="checkbox"/> Older Sisters
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncles	<input checked="" type="checkbox"/> Younger Brother	<input type="checkbox"/> Younger Sisters

Other: _____

2. Do you have a favorite person in your home? Why? _____

3. Is there anyone you wish didn't live in your home? Why? _____

4. Are you ever afraid at home? _____

5. Are you ever afraid in your community? _____

IF YES ON #4 OR #5, CONTINUE BELOW:

6. If you do something wrong, what might happen to you? By whom? _____

7. Does anyone ever touch you in a way that makes you feel uncomfortable, at home or in your community? _____

8. Is there a person you can go to for help? Who? _____

9. Is there a safe person you can talk to about things that bother you or upset you? Who? _____

10. Are there things that have happened to you that were very upsetting or frightening? _____

FOR ADULTS ONLY:

Is there someone you worry about at home? _____

Do you worry for someone from your home when they are out in the community? _____

ADDITIONAL NOTES:

RATING: (Circle one)

(Severe) 1 2 3 4 5 (mild)

Signature: JA

CSI Interviewer _____ CSI Hero _____

Sample 1 Exam Form - pages 3-4

NAME _____ #SCRIPTS _____

ALLERGIES			
<input type="checkbox"/>	3-4yo	Cetirizine 10mg: 1/2 tab QDx3od (30 halves)	C7
<input checked="" type="checkbox"/>	5+ yo	Cetirizine 10mg: 1 tab QD x 3od (30)	C8
<input type="checkbox"/>	any age	Ocean Nasal Spray (Saline) (PRN)	O1

ANEMIA			
<input type="checkbox"/>	2-4 yo	Ferrous Sulfate 1 tsp QD until gone (1)	F1
<input type="checkbox"/>	5+ yo	Ferrous Sulfate(65mg)1 tab QD x 6od (6o)	F2

ASTHMA (Give spacer to new users)			
<input type="checkbox"/>	Mild/ Intermittent	Salbutamol (rescue) inhaler: 1-2 puffs Q6 hrs PRN	S1
<input type="checkbox"/>	Persistent or Exacerbation	Consult Physician/SVN	

CONJUNCTIVITIS (all ages) Specify which eye			
Apply to: <input type="checkbox"/> Left Eye <input type="checkbox"/> Right <input type="checkbox"/> Both Eyes			
<input type="checkbox"/>	infectious	Gentamicin/Cipro: 1 drop QIDx5d	G1
<input type="checkbox"/>	dry eyes	Eyedrops: 1-2 drops Q4h PRN	E3

CONSTIPATION			
<input type="checkbox"/>	5+ yo	Docusate 100mg: 1-2 cap QD PRN(4o)	D2

DEHYDRATION (< 6mo may add infant formula)			
<input type="checkbox"/>	all ages	Oral Rehydration: 1/2 packet Q 6hr (2)	O5

DIARRHEA (ORS for all diarrhea. See other meds for Acute or Chronic)			
<input type="checkbox"/>	all ages	Oral Rehydration: 1/2 packet Q6hr (2)	O5

DIARRHEA- ACUTE (bloody w/fever & duration < 14d)			
<input type="checkbox"/>	1-17 yo & <25kg	Azithromycin 250mg: 1 tab QDx3d (3)	A23
<input type="checkbox"/>	1-17 yo & > 25kg	Azithromycin 500mg: 1 tab QDx3d (3)	A25
<input type="checkbox"/>	18+ yo	Levofloxacin 500mg: 1 tab QDx3d (3)	L2

DIARRHEA- CHRONIC (duration > 14d) Select 2 meds			
<input type="checkbox"/>	< 2yo	Zinc 25 mg: 1/2 tab QD x 14 d (14 halves)	Z1
<input type="checkbox"/>	3+ yo	Zinc 25 mg: 1 tab QD x 14 d (14)	Z2
↓ AND ↓ ↓			
<input type="checkbox"/>	3-4yo	Tinidazole 500mg: 1 tab QD x 3d (3)	T1
<input type="checkbox"/>	5-13yo	Tinidazole 500mg: 2 tabs QD x 3d (6)	T2
<input type="checkbox"/>	14+ yo	Tinidazole 500mg: 4 tabs QD x 3d (12)	T3

GI UPSET			
<input type="checkbox"/>	12+ yo	Bismuth 262mg: 2 tabs QID PRN (18)	B3

HEARTBURN - Intermittent			
<input type="checkbox"/>	3-12yo	Calcium Carbonate: 1 tab TID PRN (2o)	C1
<input type="checkbox"/>	13+ yo	Calcium Carbonate: 2 tabs TID PRN (4o)	C2

HEARTBURN - Persistent			
<input type="checkbox"/>	17+ yo	Omeprazole 20mg 1 tab QD x 6od (6o)	O4

HYPERTENSION (> 150/90 Follow up 1 month)			
<input type="checkbox"/>	adult	Amlodipine 5mg: 1 tab QD x 9od (9o)	A11
<input type="checkbox"/>	adult	Amlodipine 10mg: 1 tab QD x 9od (9o)	A12

INSOMNIA			
<input type="checkbox"/>	11+ yo	Melatonin 5mg: 1 at bedtime PRN (3o)	M3

LICE (dosage done in Pharmacy)			
<input type="checkbox"/>	7+ yo	Lice Treatment	

MALARIA			
<input type="checkbox"/>	All	Test if possible and Refer, Treat fevers	

OTITIS EXTERNA			
Apply to: <input type="checkbox"/> Left Ear <input type="checkbox"/> Right <input type="checkbox"/> Both Ears			
<input type="checkbox"/>	all ages	Gentamicin/Cipro: 1 drop in infected ear(s) BID x 10 days	G2

OTITIS MEDIA			
<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp BID x 5d (1)	A13
<input checked="" type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs BID x 5d (2o)	A15
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 5d (15)	A18

PAIN/FEVER (Specify reason)			
<input type="checkbox"/> Arthritis <input type="checkbox"/> HA <input type="checkbox"/> Fever <input checked="" type="checkbox"/> Body <input type="checkbox"/> Cramps <input type="checkbox"/> Other			
<input type="checkbox"/>	7-12yo	Ibuprofen 200mg: 1 tab Q8h PRN (2o)	I1
<input type="checkbox"/>	13+ yo	Ibuprofen 200mg: 1 tab Q8h PRN (6o)	I2
<input type="checkbox"/>	13+ yo	Ibuprofen 200mg: 2 tabs Q8h PRN (6o)	I3
<input type="checkbox"/>	3-11m	Acetaminophen 160mg/5cc elxr: 2.5cc Q6h(1)	A2
<input checked="" type="checkbox"/>	1-3yo	Acetaminophn80mg:chew 2tabQ6h PRN(6o)	A3
<input type="checkbox"/>	3-5yo	Acetaminophn80mg:chew 3tabQ6h PRN(6o)	A4
<input type="checkbox"/>	6-11yo	Acetaminophen 325mg: 1 tab Q6h PRN (2o)	A5
<input type="checkbox"/>	12+ yo	Acetaminophen 500mg: 1 tab Q6h PRN (6o)	A6
<input type="checkbox"/>	12+ yo	Acetaminophen 500mg: 2 tabs Q6h PRN (6o)	A7

PERIODONTITIS W/ABSCESS - See MD (Select 2 Meds)			
<input type="checkbox"/>	2-4yo	Amoxicillin 250mg/5ml: 1 tsp/5ml BIDx1od (1)	A14
<input type="checkbox"/>	5-8yo	Amoxicillin 250mg: 2 chew tabs BIDx1od (4o)	A17
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 1od (3o)	A19
↓ AND ↓ ↓			
<input type="checkbox"/>	5-8yo	Metronidazole 250mg 1/2 tab TID x1od (3oh)	M8
<input type="checkbox"/>	9-12yo	Metronidazole 250mg 1 tab TID x 1od (3o)	M9
<input type="checkbox"/>	13+ yo	Metronidazole 250mg 2 tabs TID x 1od (6o)	M10

PHARYNGITIS (Consider pain control; likely viral) 3 criteria for ABT: exudate/painful nodes, fever, & no cough			
<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp/5ml BIDx1od (1)	A14
<input type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs BID x 1od (4o)	A17
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 1od (3o)	A19

PNEUMONIA			
<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp BID x 5d (1)	A13
<input checked="" type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs TID x 5d (3o)	A16
<input type="checkbox"/>	9-12y	Amoxicillin 500mg: 1 cap TID x 5d (15)	A18
<input type="checkbox"/>	13+ yo	Azithromycin 250mg: 2 tabs now (500mg), then 1 tab 250mg QD x 4d (6)	A24

SCABIES (Examiner start teaching. Pharmacy continue)			
<input type="checkbox"/>	< 15kg	Permethrin Cream	P1
<input type="checkbox"/>	15+kg	Ivermectin 6mg: Dose by weight in Pharmacy. Give Soap, Scabies handout & black bag	I4

SKIN - CELLULITIS W/ABSCESS - See MD (Select 2 Meds)			
<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (2o)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (2o)	C6
↓ AND ↓ ↓			
<input type="checkbox"/>	5-8yo	Metronidazole 250mg 1/2 tab TID x 5d (15h)	M5
<input type="checkbox"/>	9-12yo	Metronidazole 250mg 1 tab TID x 5d (15)	M6
<input type="checkbox"/>	13+ yo	Metronidazole 250mg 2 tabs TID x 5d (3o)	M7

SKIN - INFECTION, IMPETIGO, NON-ABSCESED CELLULITIS			
<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (2o)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (2o)	C6

SKIN - RASH/ALLERGIC (Specify where to apply)			
<input checked="" type="checkbox"/>	all ages	Hydrocortizone 1% cream: apply to area* BID	H1
*Apply to:			

SKIN - RASH/BACTERIAL (Specify where to apply)			
<input type="checkbox"/>	all ages	Antibiotic cream: apply to area* BID	A20
*Apply to:			

STI/PID			
Refer to extra med list			

URI			
<input type="checkbox"/>	all ages	Ocean Nasal Spray (Saline) & Soap	O1

TINEA - Small/limited on body			
<input type="checkbox"/>	all ages	Soap & Anti-fungal cream: apply to area* BID	A21
*Apply to:			

TINEA - On head or moderate/severe on body			
<input type="checkbox"/>	< 2yo	Soap & Anti-fungal cream: apply to area* BID	A21
*Apply to:			
<input type="checkbox"/>	2-8yo (17+kg)	Soap & Griseofulvin 125mg: 2 tabs QD x 6od (12o)	G4
<input type="checkbox"/>	9+ yo	Soap & Griseofulvin 125mg: 4 tabs QD x 6od (24o)	G6

UTI-Simple (Burning, Frequency, Urgency)			
<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (2o)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (2o)	C6

UTI-Complicated - See MD (Pyelo, fever, flank, back/pelvic pain)			
<input type="checkbox"/>	< 50 kg	Levofloxacin 500mg: 1/2 tab QD x 5d (5 halves)	L1
<input type="checkbox"/>	50+ kg	Levofloxacin 500mg: 1 tab QD x 5d (5)	L3

VAGINITIS - Yeast Infection			
<input type="checkbox"/>	10+ yo	Fluconazole 200mg: PO x 1 (NOW)	F3

VAGINITIS - Bacterial			
<input type="checkbox"/>	14+ yo	Tinidazole 500mg: 4 tabs QD x 3d (12)	T3

EXTRA MEDS - See MD (MD initials)			
Take _____ (qty) QD/BID/TID/QID/PRN for _____ days			
<input type="checkbox"/>		Acyclovir 200mg (Zoster w/in 24 hours)	A8
<input type="checkbox"/>		Aspirin 81mg	A22
<input type="checkbox"/>		Beclomethasone inhaler - 1-2 buffs BID	B1
<input type="checkbox"/>		Co-Trimx(Bactrim) ___400/80mg ___800/160mg	C9/10
<input type="checkbox"/>		Ceftriazone injection ___250mg ___500mg ___1g	
<input type="checkbox"/>		Dexamethasone 2mg	D1a
<input type="checkbox"/>		Diphenhydramine 25mg	D1
<input type="checkbox"/>		Doxycycline 100mg	D3
<input type="checkbox"/>		Erythromycin 250mg	E4
<input type="checkbox"/>		Lisinopril 5mg	L4
<input type="checkbox"/>		Nystatin Oral	N1
<input type="checkbox"/>		Prednisone 10mg: ___ tab(s) BID x 5d	P2/P3

OTHER SUPPLIES			
<input type="checkbox"/>	A&D Ointment	<input type="checkbox"/>	Rice Cereal
<input type="checkbox"/>	Chapstick	<input checked="" type="checkbox"/>	Soap
<input type="checkbox"/>	Infant Formula	<input type="checkbox"/>	Vaseline

Sample 2 Exam Form - pages 1-2

SAMPLE 2

992 Male OR Female
 Name: Peter
 Birth date: 2/1/2016
 Age: 7 YEARS OLD

Saved
 Referral
 Malnutrition
 Pneumonia
 STI

CSI (age)
 < 5
 5-7
 8-11
 12-14
 15-20
 21-50
 51-80
 > 80

VITALS AND LABS

Length/Height	MUAC	Pulse <u>82</u>	BP <u>100/61</u>	TEMP <u>98.6</u>
Weight (kgs) <u>14kg</u>	zScore <u>-1</u>	Malnutrition: <input checked="" type="checkbox"/> Mld (-1) <input type="checkbox"/> Mod (-2) <input type="checkbox"/> Sevr (-3+)	RESP <u>12</u>	O2 SATS <u>99%</u>
Blood Sugar:	Urinalysis:	Covid-19:	Pregnant:	

MEDICAL HISTORY

	Yes	No	Describe
Allergies		<input checked="" type="checkbox"/>	
Presently taking medications:		<input checked="" type="checkbox"/>	
Any ongoing medical problems		<input checked="" type="checkbox"/>	
Immunizations up to date?		<input checked="" type="checkbox"/>	Last Deworming Date: <u>unsure</u>

CHIEF COMPLAINT:
rash on head

FINDINGS

Gen. Condition	Cardiovascular
Ears	Gastrointestinal
Eyes	Genito-urinary
Mouth/Dental	Musculoskeletal
Nose	Neurological
Throat	Skin
Lungs	Behavioral Health

REFERRALS (1=asap, 2=w/in 30 days, 3=when possible)

Dental	1	2	3
Nutrition	1	2	3
STI	1	2	3
TB	1	2	3
Vision	1	2	3
Other	1	2	3

NOTES:
Tinea capitis w/ secondary infection
Draining ear

Check one option in each of the 3 sections below:

1) DE-WORM: TREATMENT OR PROPHYLAXIS

Prophylaxis (> 2yo): Mebendazole chew 1 tab now
 Treatment (> 2yo): Mebendazole chew 1 tab BID x 3d (5)
 No Worm Med - Recently treated or pregnant (1st trimester) or < 2yo

2) VITAMINS

	Normal Exam	Severe Malnutrition
Infant	<input type="checkbox"/> Infant Multivitamin, As Directed	
Children 2-10	<input checked="" type="checkbox"/> 30 d Children's Vitamins	<input type="checkbox"/> 90 d Children's Vitamins
Adult 11+	<input type="checkbox"/> 30 d Adult Vitamins	<input type="checkbox"/> 90 d Adult Vitamins
Pregnant	<input type="checkbox"/> 90 d Adult Vitamins + Folic Acid or Prenatal Vitamins (90)	

3) EXAM RESULTS

Normal Exam
 No other diagnosis/meds
 Pharmacy Needed

Examiner Signature: veee

DW DEVELOPING WORKERS CSI SCREENING

NAME: Peter ID #: _____
 DOB: _____ AGE: _____ PHONE #: _____

QUESTIONS:

1. Who lives in your home? (Check and circle)

<input type="checkbox"/> Mother	<input type="checkbox"/> Husband	<input type="checkbox"/> Daughter(s)	<input type="checkbox"/> Male Cousin/Nephew
<input type="checkbox"/> Father	<input type="checkbox"/> Wife	<input type="checkbox"/> Son(s)	<input type="checkbox"/> Female Cousin/Niece
<input checked="" type="checkbox"/> Grandmother	<input checked="" type="checkbox"/> Aunts	<input type="checkbox"/> Older Brother	<input type="checkbox"/> Older Sisters
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncles	<input type="checkbox"/> Younger Brother	<input type="checkbox"/> Younger Sisters

Other: _____

2. Do you have a favorite person in your home? Why? yes - Grandmother - makes good food

3. Is there anyone you wish didn't live in your home? Why? -

4. Are you ever afraid at home? -

5. Are you ever afraid in your community? -

IF YES ON #4 OR #5, CONTINUE BELOW:

6. If you do something wrong, what might happen to you? By whom? _____

7. Does anyone ever touch you in a way that makes you feel uncomfortable, at home or in your community? _____

8. Is there a person you can go to for help? Who? _____

9. Is there a safe person you can talk to about things that bother you or upset you? Who? _____

10. Are there things that have happened to you that were very upsetting or frightening? _____

FOR ADULTS ONLY:

Is there someone you worry about at home? _____

Do you worry for someone from your home when they are out in the community? _____

ADDITIONAL NOTES:

RATING: (Circle one)
 (Severe) 1 2 3 4 5 (mild)

Signature: JA
 CSI Interviewer _____ CSI Hero _____

Sample 2 Exam Form - pages 3-4

NAME _____ #SCRIPTS _____

ALLERGIES			
<input type="checkbox"/>	3-4yo	Cetirizine 10mg: 1/2 tab QDx30d (30 halves)	C7
<input type="checkbox"/>	5+ yo	Cetirizine 10mg: 1 tab QD x 30d (30)	C8
<input type="checkbox"/>	any age	Ocean Nasal Spray (Saline) (PRN)	O1

ANEMIA			
<input type="checkbox"/>	2-4 yo	Ferrous Sulfate 1 tsp QD until gone (1)	F1
<input type="checkbox"/>	5+ yo	Ferrous Sulfate (65mg) 1 tab QD x 60d (60)	F2

ASTHMA (Give spacer to new users)			
<input type="checkbox"/>	Mild/Intermittent	Salbutamol (rescue) inhaler: 1-2 puffs Q6 hrs PRN	S1
<input type="checkbox"/>	Persistent or Exacerbation	Consult Physician/SVN	

CONJUNCTIVITIS (all ages) Specify which eye			
Apply to: <input type="checkbox"/> Left Eye <input type="checkbox"/> Right <input type="checkbox"/> Both Eyes			
<input type="checkbox"/>	infectious	Gentamicin/Cipro: 1 drop QIDx5d	G1
<input type="checkbox"/>	dry eyes	Eyedrops: 1-2 drops Q4h PRN	E3

CONSTIPATION			
<input type="checkbox"/>	5+ yo	Docusate 100mg: 1-2 cap QD PRN(40)	D2

DEHYDRATION (< 6mo may add infant formula)			
<input type="checkbox"/>	all ages	Oral Rehydration: 1/2 packet Q 6hr (2)	O5

DIARRHEA (ORS for all diarrhea. See other meds for Acute or Chronic)			
<input type="checkbox"/>	all ages	Oral Rehydration: 1/2 packet Q6hr (2)	O5

DIARRHEA- ACUTE (bloody w/fever & duration < 14d)			
<input type="checkbox"/>	1-17 yo & <25kg	Azithromycin 250mg: 1 tab QDx3d (3)	A23
<input type="checkbox"/>	1-17 yo & > 25kg	Azithromycin 500mg: 1 tab QDx3d (3)	A25
<input type="checkbox"/>	18+ yo	Levofloxacin 500mg: 1 tab QDx3d (3)	L2

DIARRHEA- CHRONIC (duration > 14d) Select 2 meds			
<input type="checkbox"/>	< 2yo	Zinc 25 mg: 1/2 tab QD x 14 d (14 halves)	Z1
<input type="checkbox"/>	3+ yo	Zinc 25 mg: 1 tab QD x 14 d (14)	Z2
AND			
<input type="checkbox"/>	3-4yo	Tinidazole 500mg: 1 tab QD x 3d (3)	T1
<input type="checkbox"/>	5-13yo	Tinidazole 500mg: 2 tabs QD x 3d (6)	T2
<input type="checkbox"/>	14+ yo	Tinidazole 500mg: 4 tabs QD x 3d (12)	T3

GI UPSET			
<input type="checkbox"/>	12+ yo	Bismuth 262mg: 2 tabs QID PRN (18)	B3

HEARTBURN - Intermittent			
<input type="checkbox"/>	3-12yo	Calcium Carbonate: 1 tab TID PRN (20)	C1
<input type="checkbox"/>	13+ yo	Calcium Carbonate: 2 tabs TID PRN (40)	C2

HEARTBURN - Persistent			
<input type="checkbox"/>	17+ yo	Omeprazole 20mg 1 tab QD x 60d (60)	O4

HYPERTENSION (> 150/90 Follow up 1 month)			
<input type="checkbox"/>	adult	Amlodipine 5mg: 1 tab QD x 90d (90)	A11
<input type="checkbox"/>	adult	Amlodipine 10mg: 1 tab QD x 90d (90)	A12

INSOMNIA			
<input type="checkbox"/>	11+ yo	Melatonin 5mg: 1 at bedtime PRN (30)	M3

LICE (dosage done in Pharmacy)			
<input type="checkbox"/>	7+ yo	Lice Treatment	

MALARIA			
<input type="checkbox"/>	All	Test if possible and Refer, Treat fevers	

OTITIS EXTERNA			
Apply to: <input type="checkbox"/> Left Ear <input type="checkbox"/> Right <input type="checkbox"/> Both Ears			
<input type="checkbox"/>	all ages	Gentamicin/Cipro: 1 drop in infected ear(s) BID x 10 days	G2

OTITIS MEDIA			
<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp BID x 5d (1)	A13
<input type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs BID x 5d (20)	A15
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 5d (15)	A18

PAIN/FEVER (Specify reason)			
<input type="checkbox"/> Arthritis <input type="checkbox"/> HA <input type="checkbox"/> Fever <input type="checkbox"/> Body <input type="checkbox"/> Cramps <input type="checkbox"/> Other			

<input type="checkbox"/>	7-12yo	Ibuprofen 200mg: 1 tab Q8h PRN (20)	I1
<input type="checkbox"/>	13+ yo	Ibuprofen 200mg: 1 tab Q8h PRN (60)	I2
<input type="checkbox"/>	13+ yo	Ibuprofen 200mg: 2 tabs Q8h PRN (60)	I3
<input type="checkbox"/>	3-11m	Acetaminophen 160mg/5cc elix: 2.5cc Q6h(1)	A2
<input type="checkbox"/>	1-3yo	Acetaminophen 80mg: chew 2tab Q6h PRN(60)	A3
<input type="checkbox"/>	3-5yo	Acetaminophen 80mg: chew 3tab Q6h PRN(60)	A4
<input type="checkbox"/>	6-11yo	Acetaminophen 325mg: 1 tab Q6h PRN (20)	A5
<input type="checkbox"/>	12+ yo	Acetaminophen 500mg: 1 tab Q6h PRN (60)	A6
<input type="checkbox"/>	12+ yo	Acetaminophen 500mg: 2 tabs Q6h PRN (60)	A7

PERIODONTITIS W/ABSCESS - See MD (Select 2 Meds)			
<input type="checkbox"/>	2-4yo	Amoxicillin 250mg/5ml: 1 tsp/5ml BIDx10d (1)	A14
<input type="checkbox"/>	5-8yo	Amoxicillin 250mg: 2 chew tabs BIDx10d (40)	A17
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 10d (30)	A19
AND			
<input type="checkbox"/>	5-8yo	Metronidazole 250mg 1/2 tab TID x 10d (30h)	M8
<input type="checkbox"/>	9-12yo	Metronidazole 250mg 1 tab TID x 10d (30)	M9
<input type="checkbox"/>	13+ yo	Metronidazole 250mg 2 tabs TID x 10d (60)	M10

PHARYNGITIS (Consider pain control; likely viral) 3 criteria for ABT: exudate/painful nodes, fever, & no cough			
<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp/5ml BIDx10d (1)	A14
<input type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs BID x 10d (40)	A17
<input type="checkbox"/>	9+ yo	Amoxicillin 500mg: 1 cap TID x 10d (30)	A19

PNEUMONIA			
<input type="checkbox"/>	< 2yo	Amoxicillin 250mg/5ml: 1 tsp BID x 5d (1)	A13
<input type="checkbox"/>	2-8yo	Amoxicillin 250mg: 2 chew tabs TID x 5d (30)	A16
<input type="checkbox"/>	9-12y	Amoxicillin 500mg: 1 cap TID x 5d (15)	A18
<input type="checkbox"/>	13+ yo	Azithromycin 250mg: 2 tabs now (500mg), then 1 tab 250mg QD x 4d (6)	A24

SCABIES (Examiner start teaching. Pharmacy continue)			
<input type="checkbox"/>	< 15kg	Permethrin Cream	P1
<input type="checkbox"/>	15+kg	Ivermectin 6mg: Dose by weight in Pharmacy. Give Soap, Scabies handout & black bag	I4

SKIN - CELLULITIS W/ABSCESS - See MD (Select 2 Meds)			
<input checked="" type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input checked="" type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (20)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (20)	C6
AND			
<input checked="" type="checkbox"/>	5-8yo	Metronidazole 250mg 1/2 tab TID x 5d (15h)	M5
<input type="checkbox"/>	9-12yo	Metronidazole 250mg 1 tab TID x 5d (15)	M6
<input type="checkbox"/>	13+ yo	Metronidazole 250mg 2 tabs TID x 5d (30)	M7

SKIN - INFECTION, IMPETIGO, NON-ABSCESED CELLULITIS			
<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (20)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (20)	C6

SKIN - RASH/ALLERGIC (Specify where to apply)			
<input type="checkbox"/>	all ages	Hydrocortizone 1% cream: apply to area* BID	H1
*Apply to:			

SKIN - RASH/BACTERIAL (Specify where to apply)			
<input type="checkbox"/>	all ages	Antibiotic cream: apply to area* BID	A20
*Apply to:			

STI/PID			
Refer to extra med list			

URI			
<input type="checkbox"/>	all ages	Ocean Nasal Spray (Saline) & Soap	O1

TINEA - Small/limited on body			
<input type="checkbox"/>	all ages	Soap & Anti-fungal cream: apply to area* BID	A21
*Apply to:			

TINEA - On head or moderate/severe on body			
<input type="checkbox"/>	<2 yo	Soap & Anti-fungal cream: apply to area* BID	A21
*Apply to:			
<input checked="" type="checkbox"/>	2-8yo (17+kg)	Soap & Griseofulvin 125mg: 2 tabs QD x 60d (120)	G4
<input type="checkbox"/>	9+ yo	Soap & Griseofulvin 125mg: 4 tabs QD x 60d (240)	G6

UTI-Simple (Burning, Frequency, Urgency)			
<input type="checkbox"/>	2-4yo	Cephalexin 250mg/5ml: 1 tsp Q 6h x 5d (1)	C4
<input type="checkbox"/>	5-8yo	Cephalexin 250mg: 1 cap Q 6h x 5d (20)	C5
<input type="checkbox"/>	9+ yo	Cephalexin 500mg: 1 cap Q 6h x 5d (20)	C6

UTI-Complicated - See MD (Pyelo, fever, flank, back/pelvic pain)			
<input type="checkbox"/>	< 50 kg	Levofloxacin 500mg: 1/2 tab QD x 5d (5 halves)	L1
<input type="checkbox"/>	50+ kg	Levofloxacin 500mg: 1 tab QD x 5d (5)	L3

VAGINITIS - Yeast Infection			
<input type="checkbox"/>	10+ yo	Fluconazole 200mg: PO x 1 (NOW)	F3

VAGINITIS - Bacterial			
<input type="checkbox"/>	14+ yo	Tinidazole 500mg: 4 tabs QD x 3d (12)	T3

EXTRA MEDS - See MD (MD initials)

Take (qty) QD/BID/TID/QID/PRN for days			
<input type="checkbox"/>		Acyclovir 200mg (Zoster w/in 24 hours)	A8
<input type="checkbox"/>		Aspirin 81mg	A22
<input type="checkbox"/>		Beclomethasone inhaler - 1-2 buffs BID	B1
<input type="checkbox"/>		Co-Trimx(Bactrim) 400/80mg 800/160mg	C9/10
<input type="checkbox"/>		Ceftriazone injection 250mg 500mg 1g	
<input type="checkbox"/>		Dexamethasone 2mg	D1a
<input type="checkbox"/>		Diphenhydramine 25mg	D1
<input type="checkbox"/>		Doxycycline 100mg	D3
<input type="checkbox"/>		Erythromycin 250mg	E4
<input type="checkbox"/>		Lisinopril 5mg	L4
<input type="checkbox"/>		Nystatin Oral	N1
<input type="checkbox"/>		Prednisone 10mg: tab(s) BID x 5d	P2/P3

OTHER SUPPLIES			
<input type="checkbox"/>		A&D Ointment	Rice Cereal
<input type="checkbox"/>		Chapstick	Soap
<input type="checkbox"/>		Infant Formula	Vaseline

Ivermectin Dosing Chart

Ivermectin (6mg tabs) Dosing by Weight

Each tablet = 6mg; 0.2mg/kg

Doses rounded up to nearest half tablet

Do NOT give to patients under 15kg / 33lbs

Weight (kg)	Oral Dose (6mg tabs)	Weight (lbs)
15-18 kg	1/2 tab (3mg)	33-40 lbs
18-25 kg	3/4 tab (4.5 mg)	41-57 lbs
25-32 kg	1 tab (6mg)	58-69 lbs
32-40 kg	1 1/2 tabs (9mg)	70-90 lbs
41-50 kg	1 3/4 tabs (10mg)	91-111 lbs
51-59 kg	2 tabs (12mg)	111-130 lbs
60-68 kg	2 tabs (13.5mg)	131-150 lbs
69-77 kg	2 1/2 tabs (15mg)	151-170 lbs
78-86 kg	2 3/4 tabs (16mg)	171-190 lbs
87-95 kg	3 tabs (18mg)	191-210 lbs
96-104 kg	3 1/2 tabs (20mg)	211-230 lbs
105-113 kg	3 3/4 tabs (22mg)	231-250 lbs
114-122 kg	4 tabs (24mg)	251-270 lbs
123-131 kg	4 1/2 tabs (26mg)	271-290 lbs
132-140 kg	4 3/4 tabs (28mg)	291-310 lbs

Pharmacy Abbreviations

BID - twice a day

cap - capsule

d - days

hr - hour

PO - orally (by mouth)

PRN - as needed

Q4 hrs - every 4 hours

Q6 hrs - every 6 hours

QD - every day

QID - four times a day

SOB - shortness of breath

tab - tablet

TID - three times a day

yo - years old

Explain WHAT the med is for and HOW to take. Note: Key points may not include everything we say in USA.	
Medication	Key Points:
Acetaminophen	CHECK AGE AND THEN CHECK DOSE and TAKE AS NEEDED (show pain sticker). If taking with Ibuprofen, separate time by a few hours.
Acyclovir	Extra med - need examiner to specify how many pills to give and how to take (commonly given 5 times a day)
Albendazole	CHECK DOSE (1 pill v. treatment). Do not give to child under 1 year old, or pregnant woman in 1st trimester. For Children 12 months - 24 months crush and give 1/2 tablet.
Amlodipine	CHECK AGE (Adults only) Show blood pressure #s today and explain that it's higher than normal. Take this med every day to keep blood pressure lower. Keep taking this medication even if feeling well. Recheck blood pressure in 30 days and refill medicine at local pharmacy. (Note: send home reminder note with today's blood pressure and name of med)
Amoxicillin	CHECK AGE AND THEN CHECK DOSE Finish all medicine even if feeling better. (Note - For suspension, be sure med was mixed with water before dispensing. Tell patient not to store in direct sunlight and shake before using).
Antibiotic Cream	Explain where to apply. Do not swallow.
Antifungal Cream	Explain where to apply. Do not swallow. (Make sure tube of cream is open. i.e. foil seal is broken)
Aspirin	Extra med - need examiner to specify how many pills to give and how to take (commonly given 1 time a day)
Azithromycin	CHECK AGE AND THEN CHECK DOSE Finish all medicine even if feeling better.
Beclomethasone	Extra med - need examiner to specify how often to take. Demonstrate how to use (shake inhaler, empty lungs, mouth around inhaler, press and deep breath in). Take every day. Rinse mouth with water after each use.
Bismuth	TAKE AS NEEDED (Show sticker). Chewable tablets. Take if upset stomach.
Calcium Carbonate	TAKE AS NEEDED (Show sticker). Chewable tablets. Take after eating if heartburn.
Cephalexin	CHECK AGE AND THEN CHECK DOSE Finish all medicine even if feeling better. (Note - For suspension, be sure med was mixed with water before dispensing. Tell patient not to store in direct sunlight and shake before using).
Cetirizine	CHECK AGE AND THEN CHECK DOSE Take every day.
Co-Trimoxazole (Bactrim)	Extra med - need examiner to specify how many pills to give and how to take. Finish all medicine even if feeling better.
Diphenhydramine	Extra med - need examiner to specify how many pills to give and how to take. May cause drowsiness
Docusate Sodium	TAKE AS NEEDED until relief from constipation. Take with full glass of water/juice. Relief usually in 1-3 days.
Doxycycline	Extra med - need examiner to specify how many pills to give and how to take. Not for pregnant women or children under 8 years old. Do not take with milk. Avoid excessive exposure to sun.
Erythromycin	Extra med - need examiner to specify how many pills to give and how to take. Take with full glass of water. Do not chew or crush. Finish all medicine even if feeling better.
Eye Drops	TAKE AS NEEDED (show sticker) for eye irritation. Keep dropper clean - do not touch. Demonstrate how to open (i.e. press down and twist for child safety lids)
Ferrous Sulfate	CHECK AGE AND THEN CHECK DOSE Take every day with food
Fluconazole	CHECK AGE Swallow 1 tab now
Folic Acid	Take every day (like a vitamin)
Gentamicin	CHECK IF EYE (conjunctivitis) OR EAR (otitis externa). Check for correct sticker. Take for the prescribed number of days. Keep tip of the dropper clean - do not touch.

Griseofulvin	CHECK AGE AND THEN CHECK DOSE Finish all medicine even if feeling better. (Takes a long time to finish! keep taking until gone) Do not give to pregnant women.
Hydrochlorothiazide	CHECK AGE (Adults only) Not for pregnant women. Take every morning. Keep taking this medication even if feeling well. Recheck blood pressure in 30-60 days and refill medicine at local pharmacy. Normal to go to the bathroom more often with this medicine. Send home reminder note with today's blood pressure and name of med.
Hydrocortisone Cream	Should not be used on open wounds. Do not swallow. Explain where to apply (Make sure tube of cream is open. i.e. foil seal is broken)
Ibuprofen	CHECK AGE AND THEN CHECK DOSE Take with food. TAKE AS NEEDED (show pain sticker). Not for pregnant women. If taking with Actaminophen, separate time by a few hours.
Ivermectin	DOSE BY WEIGHT - look at Ivermectin chart and make sure you're looking at the correct kilograms or pounds. Give with soap, black bag and scabies handout. Ask if patient wants to take med now? (Can they wash everything today? or do they want to take med tomorrow and wash everything then?)
Levofloxacin	CHECK AGE AND THEN CHECK DOSE Finish all medicine even if feeling better.
Lisinopril	Extra med - need examiner to specify how many pills to give and how to take
Mebendazole	CHECK DOSE (1 pill v. treatment). Do not give to child under 2, or pregnant woman in 1st trimester.
Melatonin	CHECK AGE AND THEN CHECK DOSE (5mg or 10mg). Take before bed to help sleep.
Metronidazole	CHECK AGE AND THEN CHECK DOSE Finish all medicine even if feeling better. May experience metallic taste in mouth - drink lots of water.
Nystatin Oral	Extra med - need examiner to explain how to take. Show how to open and apply
Ocean Nasal Spray	TAKE AS NEEDED Wipe clean after each use.
Ofloxacin	CHECK IF EYE (conjunctivitis) OR EAR (otitis externa). Take for prescribed number of days even if feeling better. Keep dropper clean, do not touch tip
Omeprazole	CHECK AGE Take once a day before lunch. Take every day to get the most benefit from this medicine (at least 14 days)
Oral Rehydration	Explain how to mix (1 packet with 1 liter of clean water). May add flavor packets for taste.
Permethrin Cream	CHECK AGE For children under 15kg who cannot take Ivermectin. Before bed, apply to whole body (skin only, do not swallow, and avoid contact in eyes). After 12-14 hours, wash off with soap. Also give patient soap, scabies handout and black bag.
Prednisone	Extra med - need examiner to explain how to take. Finish all medicine even if feeling better. Not for pregnant women.
Salbutamol	TAKE AS NEEDED (show sticker) For immediate relief of asthma. Demonstrate how to use (shake inhaler, empty lungs, mouth around inhaler, press and deep breath in)
Tinadazole	CHECK AGE AND THEN CHECK DOSE Finish all medicine even if feeling better. Not for pregnant or breast feeding women.
Vitamin A	One time dose to help with vision
Vitamins - Infant	CHECK FOR CORRECT TYPE OF VITAMIN
Vitamin - Children's	CHECK FOR CORRECT TYPE OF VITAMIN
Vitamin - Adult	CHECK FOR CORRECT TYPE OF VITAMIN For 11+ year olds
Zinc	CHECK AGE AND THEN CHECK DOSE Can be crushed and mixed with food for toddlers.

Updated: 3/15/2023