

Patient Name **Smith**

**Theresa**

Surname

Other Names

ID **A B J - 0 0 2 - 0 0 0 1 1**

Facility Name **National Hospital**

Hospital (Unit) No. **957355**

Pharmacy Registration No. **23456789**

**DO NOT DISPENSE ARV'S TO PATIENT; HOLD FOR ADHERENCE STAFF PICKUP**

Medications provided by:  GON  PEPFAR  OTHER: \_\_\_\_\_

**1. ARV Medications**

	Strength	Actual Dose	Frequency	Duration	Quantity Prescribed	Quantity Dispensed
Zidovudine (AZT, ZDV; Retrovir)	<input checked="" type="radio"/> 100 mg <input type="radio"/> 300 mg <input type="radio"/> 10 mg/ml syrup	_____ mg _____ ml	<input checked="" type="radio"/> 3 BD <input type="radio"/> BD <input type="radio"/> BD or <input type="radio"/> TD	<b>1/12</b>	<b>180</b>	<b>180</b>
Lamivudine (3TC; Epivir)	<input type="radio"/> 150 mg <input checked="" type="radio"/> 300 mg <input type="radio"/> 10 mg/ml syrup	_____ mg _____ ml	<input type="radio"/> BD <input checked="" type="radio"/> OD <input type="radio"/> BD	<b>1/12</b>	<b>30</b>	<b>30</b>
Stavudine (d4T; Zerit)	<input type="radio"/> 30 mg <input type="radio"/> 40 mg <input type="radio"/> 1 mg/ml syrup	_____ mg _____ ml	<input type="radio"/> BD (<60 kg) <input type="radio"/> BD (>60 kg) <input type="radio"/> BD			
Didanosine (ddI; Videx)	<input type="radio"/> 125 mg <input type="radio"/> 200 mg <input type="radio"/> 200 mg (for Videx EC) <input type="radio"/> 250 mg (for Videx EC) <input type="radio"/> 400 mg <input type="radio"/> 10 mg/ml syrup	_____ mg _____ ml	<input type="radio"/> 2 OD (<60 kg) <input type="radio"/> 2 OD (>60 kg) <input type="radio"/> BD (>60 kg) <input type="radio"/> OD (<60 kg) <input type="radio"/> OD (>60 kg) <input type="radio"/> BD			
Abacavir (ABC; Ziagen)	<input type="radio"/> 300 mg <input type="radio"/> 20 mg/ml syrup	_____ mg _____ ml	<input type="radio"/> BD <input type="radio"/> BD			
Emtricitabine (FTC; Emtriva)	<input type="radio"/> 200 mg		<input type="radio"/> OD			
Tenofovir (TDF; Viread)	<input type="radio"/> 300 mg		<input type="radio"/> OD			
Combivir (AZT + 3TC)			<input type="radio"/> BD			
Truvada (TDF + FTC)			<input type="radio"/> OD			
Nevirapine (NVP; Viramune)	<input type="radio"/> 200 mg <input checked="" type="radio"/> 200 mg <input type="radio"/> 10 mg/ml syrup	(for 1st 2 wks, then BD dosing) _____ mg _____ ml	<input type="radio"/> OD <input checked="" type="radio"/> BD <input type="radio"/> OD or <input type="radio"/> BD	<b>1/12</b>	<b>60</b>	<b>60</b>
Efavirenz (EFV; Sustiva, Stocrin)	<input type="radio"/> 600 mg <input type="radio"/> 200 mg <input type="radio"/> 800 mg <input type="radio"/> 30 mg/ml syrup	_____ mg _____ ml	<input type="radio"/> Nocte <input type="radio"/> 3 Nocte <input type="radio"/> OD (if on rifampicin) <input type="radio"/> Nocte			
Nelfinavir (NFV; Viracept)	<input type="radio"/> 250 mg <input type="radio"/> 250 mg <input type="radio"/> 50 mg/scoopful	_____ scoop	<input type="radio"/> 5 BD <input type="radio"/> _____ <input type="radio"/> BD or <input type="radio"/> TD			
Indinavir (IDV; Crixivan)	<input type="radio"/> 400 mg <input type="radio"/> 200 mg		<input type="radio"/> 2 BD (w/ RTV) <input type="radio"/> 4 BD (w/ RTV)			
Ritonavir (RTV; Norvir)	<input type="radio"/> 100 mg		<input type="radio"/> BD			
Saquinavir (SQV; Fortovase, Invirase)	<input type="radio"/> 200 mg		<input type="radio"/> 5 BD (w/ RTV)			
Kaletra (LPV/r; lopinavir + ritonavir)			<input type="radio"/> 3 BD <input type="radio"/> 4 BD (w/ NNRTI) <input type="radio"/> 5 ml syrup _____ ml <input type="radio"/> BD			

Patient Name

Theresa Smith

Hospital No.

957355

Medications provided by:

GON

PEPFAR

OTHER: \_\_\_\_\_

2. O.I. Prophylaxis

	Strength	Actual Dose	Frequency	Duration	Quantity Prescribed	Quantity Dispensed
TMP/SMX	<input type="radio"/> 480 mg		<input type="radio"/> OD			
	<input type="radio"/> 960 mg		<input type="radio"/> 3x/wk			
	<input type="radio"/> 960 mg		<input type="radio"/> OD			
	<input type="radio"/> 240 mg/5ml syrup	_____ ml	<input type="radio"/> OD or <input type="radio"/> BD			
Fluconazole	<input type="radio"/> 200 mg		<input type="radio"/> 2 BD			
	<input type="radio"/> 200 mg		<input type="radio"/> BD			
Dapsone	<input type="radio"/> 100 mg		<input type="radio"/> OD			
INH/B6	<input checked="" type="radio"/> 300 mg		<input checked="" type="radio"/> OD	3/12	90	90
INH	<input type="radio"/> 5 mg/kg	_____ mg	<input type="radio"/> OD			
<input type="radio"/> Other TB Meds:	_____					
<input type="radio"/> Other:	_____					

Ordered by:

(Physician)

Bobby White

Print Name

Signature

01 / 12 / 2005

Date (DD/MM/YYYY)

Counseled by:

(Adherence Counselor)

Anthony Parker

Print Name

Signature

02 / 12 / 2005

Date (DD/MM/YYYY)

Dispensed by:

(Pharmacist)

Willy Cole

Print Name

Signature

02 / 12 / 2005

Date (DD/MM/YYYY)

Picked up by:

Theresa Smith

Print Name

Signature

02 / 12 / 2005

Date (DD/MM/YYYY)