

Patient Name

Hospital No.

Medications provided by: GON PEPFAR OTHER: _____

2. Other O.I. Medications

	Strength	Actual Dose	Frequency	Duration	Quantity Prescribed	Quantity Dispensed
Acyclovir	<input type="radio"/> 800 mg		<input type="radio"/> 5 times a day	<input type="text" value="7 days"/>	<input type="text"/>	<input type="text"/>
Azithromycin	<input type="radio"/> 500 mg		<input type="radio"/> OD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benzyl benzoate 20%	Apply topically for	3 consecutive	days	<input type="text" value="3 days"/>	<input type="text"/>	<input type="text"/>
Chlorpheniramine maleate (max 24mg OD)	<input type="radio"/> 4 mg		<input type="radio"/> Every 4-6 hrs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ciprofloxacin (Acute bacterial gastroenteritis)	<input type="radio"/> 500 mg		<input type="radio"/> BD	<input type="text" value="14 days"/>	<input type="text"/>	<input type="text"/>
Ciprofloxacin (Salmonella bacteremia)	<input type="radio"/> 500 mg		<input type="radio"/> BD	<input type="text" value="4 - 6 wks"/>	<input type="text"/>	<input type="text"/>
Ciprofloxacin (UTI)	<input type="radio"/> 500 mg		<input type="radio"/> BD	<input type="text" value="3 days"/>	<input type="text"/>	<input type="text"/>
Clotrimazole 1% cream	<input type="radio"/> 5 G		<input type="radio"/> OD intravaginally	<input type="text" value="3 days"/>	<input type="text"/>	<input type="text"/>
Clotrimazole Vag. Tab	<input type="radio"/> 100 mg		<input type="radio"/> OD intravaginally	<input type="text" value="14 days"/>	<input type="text"/>	<input type="text"/>
Co-Artem: Artemisinin 20mg + Lumefantrine 120mg			<input type="radio"/> BD	<input type="text" value="3 days"/>	<input type="text"/>	<input type="text"/>
Fluconazole (Candida oesophagitis)	<input type="radio"/> 200 mg <input type="radio"/> 400 mg		<input type="radio"/> BD <input type="radio"/> BD	<input type="text" value="21 days"/>	<input type="text"/>	<input type="text"/>
Fluconazole (Cryptococcal meningitis)	<input type="radio"/> 800 mg		<input type="radio"/> BD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fluconazole (Oral thrush)	<input type="radio"/> 100 mg		<input type="radio"/> OD	<input type="text" value="7 days"/>	<input type="text"/>	<input type="text"/>
Fluconazole (Vulvovaginal candidiasis)	<input type="radio"/> 150 mg <input type="radio"/> 150 mg		<input type="radio"/> Stat <input type="radio"/> Once a Week	<input type="text" value="Once"/>	<input type="text"/>	<input type="text"/>
Fluoxetine (usual dose 20-60mg)	<input type="radio"/> 20 mg <input type="radio"/> Increase dose after 3 wks if necessary		<input type="radio"/> OD <input type="radio"/> OD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ibuprofen	<input type="radio"/> 200 mg		<input type="radio"/> 0.6-0.8 g TD	<input type="text"/>	<input type="text"/>	<input type="text"/>
INH/B6	<input type="radio"/> 300 mg		<input type="radio"/> OD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other TB Meds: _____	_____	_____	_____	_____	_____	_____
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Loperamide (usual dose 6-8mg OD) (max 16mg OD)	<input type="radio"/> 4 mg <input type="radio"/> 2 mg		<input type="radio"/> initial dose <input type="radio"/> after each stool	<input type="text" value="Once up to 5 days"/>	<input type="text"/>	<input type="text"/>
Metoclopramide	<input type="radio"/> 10 mg		<input type="radio"/> TD	<input type="text" value="3 days"/>	<input type="text"/>	<input type="text"/>
Metronidazole (Amoebiasis)	<input type="radio"/> 800 mg		<input type="radio"/> TD	<input type="text" value="10 days"/>	<input type="text"/>	<input type="text"/>
Metronidazole (Giardiasis)	<input type="radio"/> 400 mg		<input type="radio"/> TD	<input type="text" value="7 days"/>	<input type="text"/>	<input type="text"/>
Metronidazole (Bacterial vaginosis)	<input type="radio"/> 400mg		<input type="radio"/> BD	<input type="text" value="7 days"/>	<input type="text"/>	<input type="text"/>
Nystatin solution (100,000 iu/ml)	<input type="radio"/> 4-6 ml (gargled)		<input type="radio"/> 4-5 times a day	<input type="text" value="10 days"/>	<input type="text"/>	<input type="text"/>
Paracetamol (max 4 grams OD)	<input type="radio"/> 0.5 - 1gram		<input type="radio"/> Q 6 hrs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Promethazine HCl	<input type="radio"/> 25 mg		<input type="radio"/> Nocte <input type="radio"/> BD <input type="radio"/> 10 -20 mg TD	<input type="text"/>	<input type="text"/>	<input type="text"/>
TMP/SMX (Cotrimoxazole)	<input type="radio"/> 480 mg <input type="radio"/> 960 mg <input type="radio"/> 960 mg <input type="radio"/> 240 mg/5ml syrup _____ ml		<input type="radio"/> OD <input type="radio"/> 3x/wk <input type="radio"/> OD <input type="radio"/> OD or <input type="radio"/> BD	<input type="text"/>	<input type="text"/>	<input type="text"/>
TMP/SMX (Toxoplasma encephalitis)	<input type="radio"/> TMP 5 mg/kg + SMX 25mg/kg		<input type="radio"/> PO BD <input type="radio"/> IV BD	<input type="text" value="2 weeks"/>	<input type="text"/>	<input type="text"/>
Tramadol (max 400mg OD)	<input type="radio"/> 50 mg		<input type="radio"/> 50-100 mg every 4 hrs	<input type="text" value="5 days"/>	<input type="text"/>	<input type="text"/>
Other _____	_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other _____	_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other _____	_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ordered by _____ / _____
(Physician) *Print Name* *Signature* *Date (dd/mm/yy)*

Counseled by _____ / _____
(Adherence Counselor) *Print Name* *Signature* *Date (dd/mm/yy)*

Dispensed by _____ / _____
(Pharmacist) *Print Name* *Signature* *Date (dd/mm/yy)*

Picked up by _____ / _____
Print Name *Signature* *Date (dd/mm/yy)*