

Secondary Screening Tool

Step 1: Screen people with limited or no medical issues and decide which medication they need:

For each person:

A) If no checkmarks in first two white columns:

Initial Doxy column in the For Clinic Use Only section indicating they should receive Doxy.

ANTIBIOTIC SCREENING FORM		FOR CLINIC USE ONLY	
1. List each person for whom you are picking up medication		USE at appropriate doses	
2. Put a check mark (✓) in column ONLY if person has the condition(s) listed.		DISPENSING	SECONDARY SCREENING
First and Last Name (please print)	ALLERGIC to Doxy/Cipro, Penicillin, Sulfonamide, Nitrofurantoin, or Doxy? (PREGNANT?)	ALLERGIC to Levofloxacin, Moxifloxacin, Lincosamide, "Resistor" drug? (PREGNANT?)	ALLERGIC to Clindamycin, Cephalosporin, Carbapenem, Combinations (e.g. Doxy/Cipro)? (PREGNANT?)
1			DOXY
2			
3			
4			
5			
6			

B) If there are checkmarks in either of the first two columns but no checkmarks in shaded columns check weight of each person with a checkmark:

If 75 lbs or more - Initial Cipro column in the For Clinic Use Only section indicating they should receive Cipro

If less than 75 lbs - Go to step 2

ANTIBIOTIC SCREENING FORM		FOR CLINIC USE ONLY	
1. List each person for whom you are picking up medication		USE at appropriate doses	
2. Put a check mark (✓) in column ONLY if person has the condition(s) listed.		DISPENSING	SECONDARY SCREENING
First and Last Name (please print)	ALLERGIC to Doxy/Cipro, Penicillin, Sulfonamide, Nitrofurantoin, or Doxy? (PREGNANT?)	ALLERGIC to Levofloxacin, Moxifloxacin, Lincosamide, "Resistor" drug? (PREGNANT?)	ALLERGIC to Clindamycin, Cephalosporin, Carbapenem, Combinations (e.g. Doxy/Cipro)? (PREGNANT?)
1	✓		
2			
3			
4			
5			
6			

Step 2: Screen remaining people. These people have more complex medical issues:

A) If they are Allergic to Doxy (pregnant OR not):

Use **PAGE 1** of the Advanced Screening Algorithm (form 2B-2) to determine which medication they need

ANTIBIOTIC SCREENING FORM		FOR CLINIC USE ONLY	
1. List each person for whom you are picking up medication		USE at appropriate doses	
2. Put a check mark (✓) in column ONLY if person has the condition(s) listed.		DISPENSING	SECONDARY SCREENING
First and Last Name (please print)	ALLERGIC to Doxy/Cipro, Penicillin, Sulfonamide, Nitrofurantoin, or Doxy? (PREGNANT?)	ALLERGIC to Levofloxacin, Moxifloxacin, Lincosamide, "Resistor" drug? (PREGNANT?)	ALLERGIC to Clindamycin, Cephalosporin, Carbapenem, Combinations (e.g. Doxy/Cipro)? (PREGNANT?)
1	✓		
2			
3			
4			
5			
6			

B) If they are NOT Allergic to Doxy but are Pregnant:

Use **PAGE 2** of the Advanced Screening Algorithm (form 2B-2) to determine which medication they need

ANTIBIOTIC SCREENING FORM		FOR CLINIC USE ONLY	
1. List each person for whom you are picking up medication		USE at appropriate doses	
2. Put a check mark (✓) in column ONLY if person has the condition(s) listed.		DISPENSING	SECONDARY SCREENING
First and Last Name (please print)	ALLERGIC to Doxy/Cipro, Penicillin, Sulfonamide, Nitrofurantoin, or Doxy? (PREGNANT?)	ALLERGIC to Levofloxacin, Moxifloxacin, Lincosamide, "Resistor" drug? (PREGNANT?)	ALLERGIC to Clindamycin, Cephalosporin, Carbapenem, Combinations (e.g. Doxy/Cipro)? (PREGNANT?)
1	✓		
2			
3			
4			
5			
6			

Step 3: Send to Dispensing

NOTE: You do not need to determine if clients will need pill crushing instructions, that task will be done at the Dispensing tables.