

Dispensing Tool For Dispense Assist

Step 1: Check Vouchers, if there are any “X” vouchers have the person fill out a handwritten screening form for just the person named on the “X” voucher. Once complete, highlight the row with their answers and let them know that once you are done dispensing to the others in the family they will need to go on to the Complex Screening station.

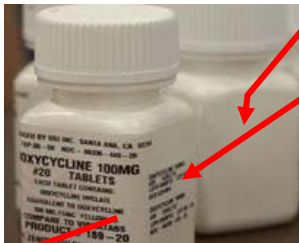


Step 2: Dispense appropriate medication and provide all relevant information sheets for each person receiving medication.

A) Grab one medication information sheet for each type of medication being given to the household.

B) Have client sign and date each form.

C) Using a permanent marker, write the correct person’s name on the blank side of the bottle of medication they should take



D) Remove one pre-printed label* from the medication bottle and affix it to the Dispense Assist voucher. Place the second pre-printed label on the appropriate medication information sheet (multiple labels can go on one sheet).

E) Sign in the Dispense Sign box.

F) Provide indicated fact sheets as well as additional medication information sheets if requested.

NOTE: If applicable, the final step is to scan the QR code using the instructions and database available on the Dispense Assist website. This task can also be done at a separate data collection table.

*If medication does not have a pre-printed label, write the lot # in the “affix label” space.

Dispensing Tool for Handwritten Form

Step 1: Write your name on the Dispenser Name line.

Step 2: Decide **which medication** each person needs using the grid at the bottom of the form. Find the row that matches each individual's answers.

A) In the Staff Use Only column, **mark** the appropriate box.

								<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	Consult Name:
✓								<input type="checkbox"/> Doxy <input checked="" type="checkbox"/> Cipro	ATTACH LABEL	
No checkmarks	No checkmarks	No checkmarks	No checkmarks			No checkmarks		Dispense doxycycline or ciprofloxacin		
No checkmarks	With or without checkmarks		Checkmarks		Checkmarks		Dispense doxy w/ pill crushing instructions			
Checkmarks	No checkmarks	No checkmarks	No checkmarks		No checkmarks		→ Dispense ciprofloxacin			
Checkmarks	Checkmarks		With/without		With/without		Consult			
Checkmarks	With or without checkmarks		Checkmarks		Checkmarks		Consult			

B) If anyone in the household needs Consult, **Highlight** the row(s). They will need to go to Consult AFTER all other family members are dispensed medication.

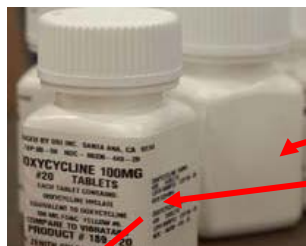
Step 3: Decide if any of the people getting Doxy need instructions for crushing their pills:

A) Check weigh and ability to swallow pills columns.

B) If checked, give Pill Crushing Instructions and mark.

Step 2. Put a check mark (✓) in column ONLY if person has the condition(s) listed.								STAFF USE ONLY		
*Allergic to doxycycline, tetracycline, or other "cycline" drugs?	Pregnant?	Ever had SEIZURES or EPILEPSY?	Currently has renal (kidney) disease or Myasthenia Gravis?	*Allergic to ciprofloxacin, Levofloxacin, or other "floxacin" drugs?	Currently taking tizanidine (Zanaflex)?	Weights less than 88 pounds?	Unable to swallow pills?	Dispenser Name: _____		
								Dispenser check all provided to client: <input type="checkbox"/> Antibiotic Information Sheet <input type="checkbox"/> Agent Information Sheet <input checked="" type="checkbox"/> Pill Crushing Instructions (if needed) <input type="checkbox"/> Letter to Medical Provider (if needed)		
							<input checked="" type="checkbox"/>	Today's Date: ___ / ___ / ___		
								<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	Consult Name:
								<input checked="" type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	

Step 4: Dispense appropriate medication and provide all relevant information sheets for each person receiving medication.



A) Grab one medication information sheet for each type of medication being given to the household.

B) Using a permanent marker, write the person's name on the blank side of the bottle.

C) Remove one pre-printed label* from the medication bottle and affix it to the Screening form. Place the second pre-printed label on the appropriate medication information sheet wherever it fits (it is ok to have multiple labels on one medication information sheet).

D) Provide the medication information sheets and check off all forms provided to the client.

<input checked="" type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	Consult Name:
<input type="checkbox"/> Doxy <input checked="" type="checkbox"/> Cipro	ATTACH LABEL	
<input checked="" type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	
<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	
<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	
<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	
<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	
<input type="checkbox"/> Doxy <input type="checkbox"/> Cipro	ATTACH LABEL	

*If medication does not have a pre-printed label, write the lot # in the "affix label" space.