DISPENSER

JUST-IN-TIME TRAINING (JITT) FOR MEDICAL COUNTERMEASURE DISPENSING

Team Leader Packet

Cities Readiness Initiative

Clackamas • Clark • Columbia • Multnomah
Skamania • Washington • Yamhill

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Item	Printing
1. Dispenser Team Leader Instructions	Print 1 copy for Team Leader (7 pages)
2. Dispenser Job Action Sheet	Print 1 copy for each Dispenser (1 page)
3. POD Overview	Print 1 copy for each Dispenser (2 pages)
4. Dispensing Tool	Print 1 copy for each Dispenser (2 pages)
5. Dispensing Demo #1 – Gardener Family	Print 1 copy for each Dispenser (1 page)
6. Dispensing Demo #2- Weeks Family	Print 1 copy for each Dispenser (1 page)
7. Cipro Information Sheet (web link)	Print 1 copy as an example (2 pages)
8. Doxy Information Sheet (web link)	Print 1 copy as an example (2 pages)
9. Doxy Pill Crushing Information Sheet (web link)	Print 1 copy as an example (1 page)

DISPENSER

Just in Time Training (JITT) for Medical Countermeasure Dispensing
Dispenser Team Leader Instructions

Materials needed:

Training Packets

- Dispenser Job Action Sheet
- Dispensing Tool
- Demonstration Screening Forms- Gardener Family and Weeks Family
- Practice Screening Forms- Flowers Family and Gemstone Family
- POD Overview

Information Sheets

- Cipro Information Sheet (1- for example)
- Doxy Information Sheet (1- for example)
- Doxy Pill Crushing Information Sheets (1- for example)

Supplies

- Highlighters
- Pens
- Place to put filled out forms
- Document organizers (if available)
- Bags for medication (if available)

JITT Step 1: Hand out training packets to Dispensers.

JITT Step 2: Review POD Overview and the Dispenser Job Action Sheet; If available, watch JITT Dispenser Video at CRI website, www.crinorthwest.org/pod-tools

JITT Step 3: Review the **Dispensing Tool for Handwritten Forms**

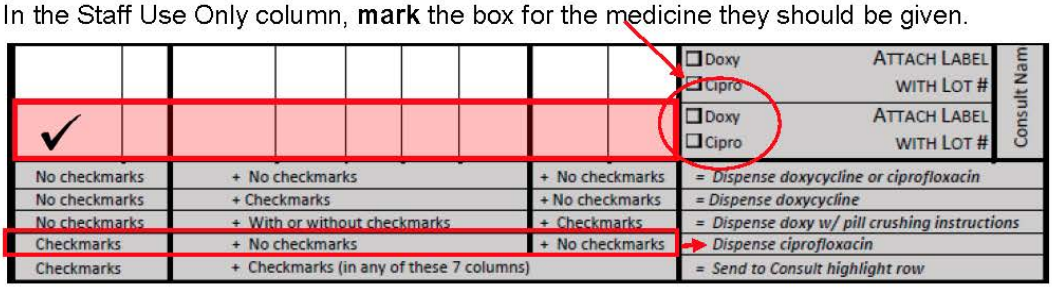
Note: If the client has Dispense Assist vouchers, they do not need to have a Screening Form. Dispensers should use the other side of the Dispensing Tool (which we will review in step 7).

Dispensing Tool for Handwritten Forms

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

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

A) In the Staff Use Only column, **mark** the box for the medicine they should be given.



✓			☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
			☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
No checkmarks	+ No checkmarks	+ No checkmarks	= Dispense doxycycline or ciprofloxacin
No checkmarks	+ Checkmarks	+ No checkmarks	= Dispense doxycycline
No checkmarks	+ With or without checkmarks	+ Checkmarks	= Dispense doxy w/ pill crushing instructions
Checkmarks	+ No checkmarks	+ No checkmarks	Dispense ciprofloxacin
Checkmarks	+ Checkmarks (in any of these 7 columns)		= Send to Consult highlight row

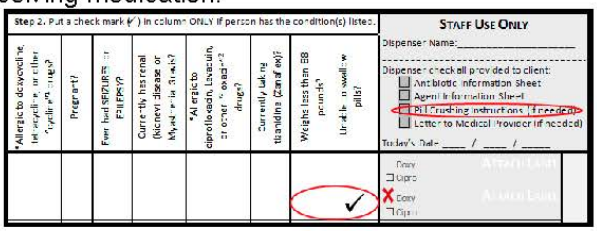
B) If anyone in the household needs Consult, **Highlight** the row(s). They will need to go to Consult AFTER all other family members are dispensed medication.

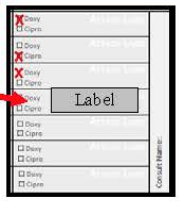
Step 3: Decide if any of the people getting Doxy need instructions for crushing their pills:

A) Check weight and ability to swallow pills columns.

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

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.

E) If nobody needs to go to the Consult station then keep intake form (do not give to family). If someone in the family does need to go to Consult, then send the intake form with them.

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

Last review: 7/30/19

Last Updated: 11/6/19

JITT Step 4: Using the two Demonstration forms below show how to use the **Dispensing Tool**. Dispensers should have copies, without answers, in their packets.

Dispenser Demo 1 (Gardener Family):
1) Demonstrate how to determine which medication and information each person gets using the Dispensing Tool – Answers are below.

2) Demonstrate the process of writing names on the medication bottle and putting medication labels (from the medication bottle) onto the appropriate space on the screening form and medication information sheets. (If you don't have practice materials, talk about the process)

3) Demonstrate which information needs to go with the family along with the medications. (Outlined in Step 4 on the Tool)

4) Demonstrate that they need to sign in the "dispenser name" space and mark all information given. Note: In some events the antibiotic and disease info sheets will be combined in one document (Anthrax for example).

Answers:

Dispensing Demo #1

ANTIBIOTIC MEDICATION SCREENING FORM

I certify that all the information below is correct to the best of my knowledge. I authorize the recipient of this document to share this information with public health entities at local, state and federal levels for purposes of ensuring medication efficacy and safety.

Phone: 503-555-1212 **Address:** 1234 E Main street **ZIP Code:** 97215 **Age:** 42 **Signature:** Clove Gardener

INSTRUCTIONS: READ CAREFULLY

Step 1: Print the names of everyone you are picking up medications for today, starting with yourself.

Step 2. Check (✓) in column ONLY if person has the condition(s) listed.

FIRST NAME	LAST NAME	*Allergic to doxycycline, tetracycline[1], or other tetracycline[1] drugs?	Pregnant?	*Allergic to ciprofloxacin, Levaquin, or other floxacin[2] drugs?	Currently taking Tizanidine (Zanaflex)?	Has Myasthenia Gravis?	Currently has renal (kidney) disease?	Ever had SEIZURES or EPILEPSY?	Weighs less than 76 pounds?	Unable to swallow pills?
Clove	Gardener				✓					
Rosemary	Gardener							✓		
Sage	Gardener			✓					✓	✓
Ginger	Gardener	✓								

STAFF USE ONLY

Dispenser Name: Kate Smith

Check all provided to client:
- ☒ Antibiotic Information Sheet
- ☒ Disease Information Sheet
- ☒ Pill Crushing Instructions (if needed)
- ☐ Letter of Referral (Consult only)

Today's Date: 11 / 22 /2020

☒ Doxy ☐ Cipro	Doxy Label
☒ Doxy ☐ Cipro	Doxy Label
☒ Doxy ☐ Cipro	Doxy Label
☐ Doxy ☒ Cipro	Cipro Label
☐ Doxy ☐ Cipro	ATTACH LABEL WITH LOT #
☐ Doxy ☐ Cipro	ATTACH LABEL WITH LOT #
☐ Doxy ☐ Cipro	ATTACH LABEL WITH LOT #

Consult Name:

STAFF USE ONLY
Dispensing Guide and Formula

No checkmarks	+ No checkmarks	+ No checkmarks	= Dispense doxycycline or ciprofloxacin
No checkmarks	+ Checkmarks	+ No checkmarks	= Dispense doxycycline
No checkmarks	+ With or without checkmarks	+ Checkmarks	= Dispense doxy w/ pill crushing instructions
Checkmarks	+ No checkmarks	+ No checkmarks	= Dispense ciprofloxacin
Checkmarks	+ Checkmarks (in any of these 7 columns)		= Send to Consult highlight row

**In this case, Allergic means this person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication*

[1] **Tetracycline Drug List:** demeclocycline (Declomycin); doxycycline (Adoxa, Alodox, Atridox, Avidoxy, Doryx, Doxy, Monodox, Morgidox, Ocudox, Oracea, Oraxyl, Periostat, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Solodyn, Ximino)

[2] **Quinolone Drug List:** ciprofloxacin (Cipro); gatifloxacin (Tequin); levofloxacin (Levaquin); moxifloxacin (Avelox); nadifloxacin (Acuatim); norfloxacin (Noroxin); ofloxacin (Floxin)

Dispenser Demo 2 (Weeks Family):

The purpose of this demonstration is to show what to do when a family needs to go on to Consult.

As you go through this demonstration, highlight these points:

1) Any person that needs to go on to Consult needs to be highlighted.
2) All other family members are screened and given the medication they need.
3) Once everyone is screened, send the entire family on to Consult together.

Answers:

Dispensing Demo #2

ANTIBIOTIC MEDICATION SCREENING FORM

I certify that all the information below is correct to the best of my knowledge. I authorize the recipient of this document to share this information with public health entities at local, state and federal levels for purposes of ensuring medication efficacy and safety.

Phone: 503-555-1212 **Address:** 123 Calendar Street **ZIP Code:** 97215 **Age:** 45 **Signature:** April Weeks

INSTRUCTIONS: READ CAREFULLY

Step 1: Print the names of everyone you are picking up medications for today, starting with yourself.

Step 2. Check (✓) in column ONLY if person has the condition(s) listed.

FIRST NAME	LAST NAME	*Allergic to doxycycline, tetracycline, or other "-cycline"* drugs?	Pregnant?	*Allergic to ciprofloxacin, Levaquin, or other "-floxacin" drugs?	Currently taking Tizanidine (Zanaflex)?	Has Myasthenia Gravis?	Currently has renal (kidney) disease?	Ever had SEIZURES or EPILEPSY?	Weighs less than 76 pounds?	Unable to swallow pills?	STAFF USE ONLY
April	Weeks	✓						✓			☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
August	Weeks										☒ Doxy ☐ Cipro Doxy Label
May	Weeks								✓	✓	☒ Doxy ☐ Cipro Doxy Label
June	Weeks	✓							✓		☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
											☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
											☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
											☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #

Dispenser Name: Kate Smith

Check all provided to client:
- ☒ Antibiotic Information Sheet
- ☒ Disease Information Sheet
- ☒ Pill Crushing Instructions (if needed)
- ☐ Letter of Referral (Consult only)

Today's Date: 11 / 22 / 2020

Consult Name:

STAFF USE ONLY
Dispensing Guide and Formula

No checkmarks	+ No checkmarks	+ No checkmarks	= Dispense doxycycline or ciprofloxacin
No checkmarks	+ Checkmarks	+ No checkmarks	= Dispense doxycycline
No checkmarks	+ With or without checkmarks	+ Checkmarks	= Dispense doxy w/ pill crushing instructions
Checkmarks	+ No checkmarks	+ No checkmarks	= Dispense ciprofloxacin
Checkmarks	+ Checkmarks (in any of these 7 columns)		= Send to Consult highlight row

*In this case, Allergic means this person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication

JITT Step 5: Have Dispensers review practice Screening forms to determine which medications and information is needed and to practice completing the forms by initialing the appropriate boxes, labeling and giving appropriate medications and information.

JITT Step 6: Review forms and allow time for questions and answers.

Answers Practice 1 (Flowers Family):

Dispensing Practice #1

ANTIBIOTIC MEDICATION SCREENING FORM

I certify that all the information below is correct to the best of my knowledge. I authorize the recipient of this document to share this information with public health entities at local, state and federal levels for purposes of ensuring medication efficacy and safety.

Phone: 503-555-1212 **Address:** 34 E Zinnia Street **ZIP Code:** 97215 **Age:** 41 **Signature:** Aster Flowers

INSTRUCTIONS: READ CAREFULLY

Step 1: Print the names of everyone you are picking up medications for today, starting with yourself.

Step 2. Check (✓) in column ONLY if person has the condition(s) listed.

STAFF USE ONLY

Dispenser Name: Kate Smith

Check all provided to client:
- [x] Antibiotic Information Sheet
- [x] Disease Information Sheet
- [x] Pill Crushing Instructions (if needed)
- [ ] Letter of Referral (Consult only)

Today's Date: 11 / 22 / 2020

FIRST NAME	LAST NAME	*Allergic to doxycycline, tetracycline, or other -cycline drugs?	Pregnant?	*Allergic to ciprofloxacin, Levaquin, or other -floxacin drugs?	Currently taking Tizanidine (Zanaflex)?	Has Myasthenia Gravis?	Currently has renal (kidney) disease?	Ever had SEIZURES or EPILEPSY?	Weighs less than 76 pounds?	Unable to swallow pills?	STAFF USE ONLY
Aster	Flowers										[x] Doxy [x] Cipro ATTACH LABEL WITH LOT #
Jasmine	Flowers		✓	✓							[ ] Doxy [ ] Cipro ATTACH LABEL WITH LOT #
Hyacinth	Flowers	✓									[ ] Doxy [x] Cipro ATTACH LABEL WITH LOT #
Ivy	Flowers	✓							✓		[ ] Doxy [ ] Cipro ATTACH LABEL WITH LOT #
											[ ] Doxy [ ] Cipro ATTACH LABEL WITH LOT #
											[ ] Doxy [ ] Cipro ATTACH LABEL WITH LOT #
											[ ] Doxy [ ] Cipro ATTACH LABEL WITH LOT #

Consult Name:

STAFF USE ONLY

Dispensing Guide and Formula

No checkmarks	+ No checkmarks	+ No checkmarks	= Dispense doxycycline or ciprofloxacin
No checkmarks	+ Checkmarks	+ No checkmarks	= Dispense doxycycline
No checkmarks	+ With or without checkmarks	+ Checkmarks	= Dispense doxy w/ pill crushing instructions
Checkmarks	+ No checkmarks	+ No checkmarks	= Dispense ciprofloxacin
Checkmarks	+ Checkmarks (in any of these 7 columns)		= Send to Consult highlight row

In this case, Allergic means this person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication

Answers Practice 2 (Gemstone Family):

Dispensing Practice #2

ANTIBIOTIC MEDICATION SCREENING FORM

I certify that all the information below is correct to the best of my knowledge. I authorize the recipient of this document to share this information with public health entities at local, state and federal levels for purposes of ensuring medication efficacy and safety.

Phone: 503-555-1212 **Address:** 440 Diamond Rd. **ZIP Code:** 97215 **Age:** 45 **Signature:** Malachite Gemstone

INSTRUCTIONS: READ CAREFULLY

Step 1: Print the names of everyone you are picking up medications for today, starting with yourself.

Step 2. Check (✓) in column ONLY if person has the condition(s) listed.

STAFF USE ONLY

Dispenser Name: Kate Smith

Check all provided to client:
- [x] Antibiotic Information Sheet
- [x] Disease Information Sheet
- [x] Pill Crushing Instructions (if needed)
- [ ] Letter of Referral (Consult only)

Today's Date: 11 / 22 / 2020

FIRST NAME	LAST NAME	*Allergic to doxycycline, tetracycline, or other -cycline drugs?	Pregnant?	*Allergic to ciprofloxacin, Levaquin, or other -floxacin drugs?	Currently taking Tizanidine (Zanaflex)?	Has Myasthenia Gravis?	Currently has renal (kidney) disease?	Ever had SEIZURES or EPILEPSY?	Weighs less than 76 pounds?	Unable to swallow pills?	STAFF USE ONLY
Malachite	Gemstone		✓								[ ] Doxy [x] Cipro Cipro Label
Pearl	Gemstone										[x] Doxy [x] Cipro Cipro Label
Jasper	Gemstone			✓							[x] Doxy [ ] Cipro Doxy Label
Amethyst	Gemstone								✓		[x] Doxy [ ] Cipro Doxy Label
Ruby	Gemstone								✓		[x] Doxy [ ] Cipro Doxy Label
Amber	Gemstone	✓									[ ] Doxy [x] Cipro Cipro Label
Jade	Gemstone			✓							[x] Doxy [ ] Cipro Doxy Label

Consult Name:

STAFF USE ONLY

Dispensing Guide and Formula

No checkmarks	+ No checkmarks	+ No checkmarks	= Dispense doxycycline or ciprofloxacin
No checkmarks	+ Checkmarks	+ No checkmarks	= Dispense doxycycline
No checkmarks	+ With or without checkmarks	+ Checkmarks	= Dispense doxy w/ pill crushing instructions
Checkmarks	+ No checkmarks	+ No checkmarks	= Dispense ciprofloxacin
Checkmarks	+ Checkmarks (in any of these 7 columns)		= Send to Consult highlight row

In this case, Allergic means this person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication

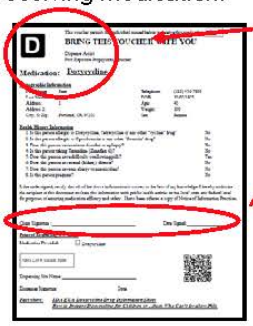
Note: Deciding which medication to give when they can take either should be based on supplies on hand. If supplies are equal, you can send the family home with the same medication it is probably easier for them.

JITT Step 7: Review the **Dispenser Tool for Dispense Assist**.

Dispensing Tool for Vouchers

Step 1: Check Dispense Assist 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 on the form that contains their answers. Let them know that once you are done dispensing to the others in their family they will need to go on to Consultation.

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.

G) Keep vouchers (do not give to family).

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.

Last review: 7/30/19

Notes:
There are 4 types of vouchers (examples are in the Dispensers' packets). In the upper left-hand corner of each there is a large letter:

1) "D" – This person gets Doxycycline,
2) "C" – This person gets Ciprofloxacin
3) "CD" – This person can take either medication (both are equally effective)
4) "X" – At dispensing you should not see this type of voucher. If you do, send them back to the forms station to complete a handwritten screening form.

DISPENSER

Job Action Sheet

Supplies Needed:

1. Dispenser Tool (2 sided)
2. Medication
3. Pens
4. Highlighters
5. Document organizer
6. Box for filled out forms
7. Bags for families' medication

Educational Materials:

1. Disease/Medication Information Sheets
2. Doxy Pill Crushing Information Sheets

Signage

1. Dispenser station sign
2. Directional arrow signs

REPORTS TO:

Dispensing Team Lead: _____

Phone: _____

OBJECTIVE:

To determine which medication each client should receive using the Dispenser Tool and provide that medication to each client along with information about the disease and medication they are receiving. If needed, provide Doxy pill crushing instructions.

START OF SHIFT:

1. Sign in.
2. Obtain medication for yourself and your family.
3. Receive orientation and position training from Team Lead; If available, watch JITT Dispenser Video at www.crinorthwest.org/pod-tools.
4. Familiarize yourself with POD layout and flow.
5. Ensure your station is equipped with all necessary items.

DURING SHIFT:

1. Greet client
2. Using Dispensing Tool, review each client line of the Screening Form and choose medication according to instructions.
3. Highlight row of client's who need to go to the Consult station.
4. For those who don't need to go to Consult, give medication for each person listed on the form: (1) Write name of person on pill bottle using permanent marker (2) Place medication label on Screening Form and on a copy of the Disease/Medication Information Sheet
5. Provide Doxy Pill Crushing Information if indicated
6. Ensure each family leaves with correct medication for themselves and their family
7. Send family to Consult, if needed. Otherwise direct family to Exit.
8. Monitor medication inventory at station and request more from runner as needed.
9. Take care of your own needs by taking breaks, eating and drinking plenty of water.

END OF SHIFT:

1. Train your replacement.
2. Return any supplies issued to you (vest, badge, clipboard, etc.)
3. Sign out.

Overview of POD Flow

Below are the primary stations in a POD and the tools, forms, documents needed in each station within the POD. Page two contains additional recommendations for improving POD flow and functionality.

Step 1

Greeting:
(1) Provide Screening Form if they do not have Dispense Assist (DA) vouchers or have a voucher with a "X".

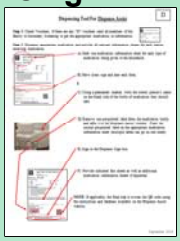
(2) Send to Dispensing if they have DA Vouchers with D,C, or C/D.

Form Area:
(1) Assist clients in filling out their forms, as needed.

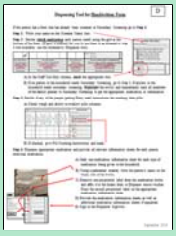
(2) Direct to Dispensing.

Step 2

Dispensing:



Voucher



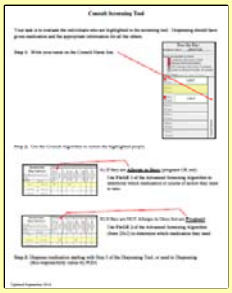
Forms

(1) Decide which medication to give.
(2) Identify more complex individuals and highlight.

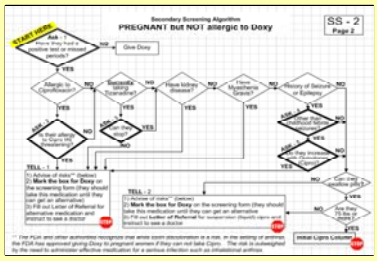
For all individuals not highlighted:
(3) Decide if pill crushing instructions are needed.
(4) Attach labels from medication bottle to Screening Form (or DA voucher) and info sheet.
(5) Write client name on medicine bottle.
(6) Give appropriate medications and Information Sheet.

If needed:
(7) Send any people with highlights on their form to Consult (keep families together).

Consult:
Screen the highlighted people



Consult Tool



Screening Algorithm

(1) Decide which medication to give or action to take.
(2) If needed, give Letter of Referral.

(3) Decide if pill-crushing instructions are needed.
(4) Attach labels from medication bottle to the Screening Form and Info Sheet.
(5) Write client name on medicine bottle .
(6) Give appropriate medications and Information Sheet.

EXIT

EXIT

Federally Approved Emergency Use Information sheets:

Cipro

Doxy

Pill Crushing

Updated 9/2019

POD Flow and Functionality Best Practices

Outside the POD

- Make use of time in line by distributing disease/medication information to those waiting.
- Ensure there are bathrooms and/or portable toilets inside and outside the POD.
- If resources or time are limited, establish a cutoff point for the line.
- Provide sufficient shelter from weather for those waiting outdoors.
- Provide chairs and ensure access for those with mobility needs.

Greeting

- Keep families together throughout the entire process.
- Speed up the line by fast-tracking those with Dispense Assist (DA) vouchers straight to dispensing.

Forms Area

- Ensure staff are available to help people fill out forms - including in-person or phone interpreters, as needed - check for completion, and send them Dispensing when complete.
- Utilize a numbering system to ensure people are served in an orderly manner and the Dispensing area remains clear of long lines.

Dispensing

- If space and staffing allow, create separate Dispensing stations for those with handwritten forms and those with Dispense Assist vouchers.

Consult

- Ensure there are dedicated Dispensing staff to work at the Consult station. This ensures clients do not have to move backward in line to receive their medication.

POD Floor Plan and Staffing

- Draw up your floor plan and then determine where staff are needed. Design your POD flow so that lines never cross each other.
- Always post staffing at decision points in the line and flow of the POD (flow monitors).
- Ensure there is appropriate and highly visible signage throughout the POD.
- Plan for staff breaks away from crowds and restrict food consumption to break areas.
- Plan ahead for clients with access and functional needs.
- Empower staff to adjust POD flow and fix issues as they arise.

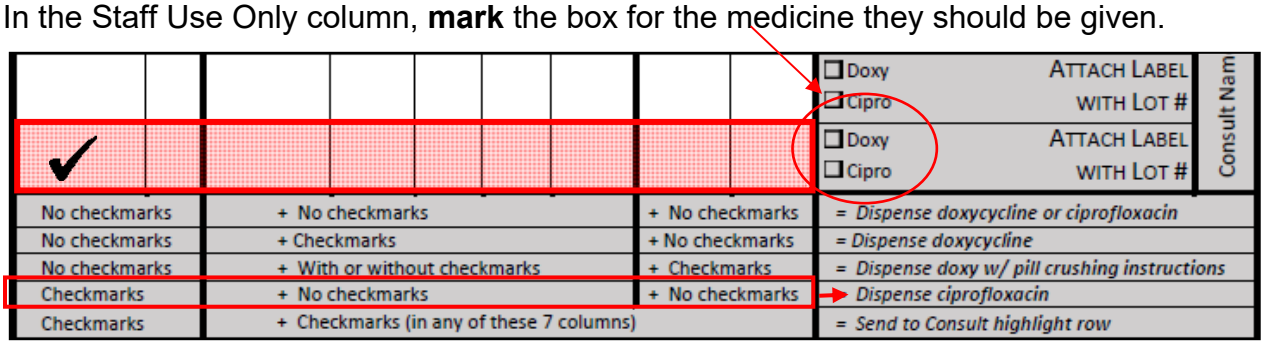
Updated 9/2019

Dispensing Tool for Handwritten Forms

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

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

A) In the Staff Use Only column, **mark** the box for the medicine they should be given.



✓			☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT # / ☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT # — Consult Nam
No checkmarks	+ No checkmarks	+ No checkmarks	= *Dispense doxycycline or ciprofloxacin*
No checkmarks	+ Checkmarks	+ No checkmarks	= *Dispense doxycycline*
No checkmarks	+ With or without checkmarks	+ Checkmarks	= *Dispense doxy w/ pill crushing instructions*
Checkmarks	+ No checkmarks	+ No checkmarks	→ *Dispense ciprofloxacin*
Checkmarks	+ Checkmarks (in any of these 7 columns)		= *Send to Consult highlight row*

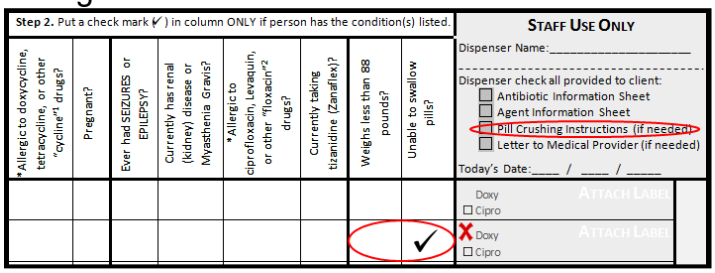
B) If anyone in the household needs Consult, **Highlight** the row(s). They will need to go to Consult AFTER all other family members are dispensed medication.

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

A) Check weight and ability to swallow pills columns.

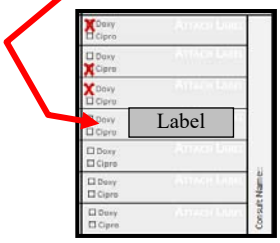
B) If checked, give Pill Crushing Instructions and mark.

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



Step 2. Put a check mark (✓) in column ONLY if person has the condition(s) listed.

*Allergic to doxycycline, tetracycline, or other "cycline"[1] drugs?	Pregnant?	Ever had SEIZURES or EPILEPSY?	Currently has renal (kidney) disease or Myasthenia Gravis?	*Allergic to ciprofloxacin, Levaquin, or other "floxacin"[2] drugs?	Currently taking tizanidine (Zanaflex)?	Weighs less than 88 pounds?	Unable to swallow pills?	STAFF USE ONLY
								Dispenser Name:_____ Dispenser check all provided to client: ☐ Antibiotic Information Sheet ☐ Agent Information Sheet ☐ Pill Crushing Instructions (if needed) ☐ Letter to Medical Provider (if needed) Today's Date:____ / ____ / _____ ☐ Doxy ☐ Cipro ATTACH LABEL
						✓		✗ Doxy ☐ Cipro ATTACH LABEL



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.

E) If nobody needs to go to the Consult station then keep intake form (do not give to family). If someone in the family does need to go to Consult, then send the intake form with them.

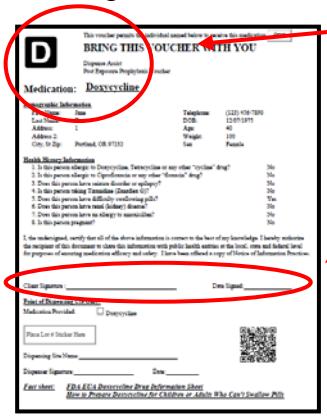
*If medication does not have a pre-printed label, write the lot # in the "affix label" space.

Last review: 7/30/19

Dispensing Tool for Vouchers

Step 1: Check Dispense Assist 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 on the form that contains their answers. Let them know that once you are done dispensing to the others in their family they will need to go on to Consultation.

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 Dispenser Signature and date.

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

G) Keep vouchers (do not give to family).

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.

Last review: 7/30/19

Dispensing Demo #1

ANTIBIOTIC MEDICATION SCREENING FORM

I certify that all the information below is correct to the best of my knowledge. I authorize the recipient of this document to share this information with public health entities at local, state and federal levels for purposes of ensuring medication efficacy and safety.

Phone: 503-555-1212 **Address:** 1234 E Basil Street **ZIP Code:** 97215 **Age:** 42 **Signature:** Clove Gardener

INSTRUCTIONS: READ CAREFULLY

Step 1: **Print** the names of everyone you are picking up medications for today, starting with yourself.

Step 2. Check (✓) in column ONLY if person has the condition(s) listed.

FIRST NAME	LAST NAME	*Allergic to doxycycline, tetracycline, or other "cycline"[1] drugs?	Pregnant?	*Allergic to ciprofloxacin, Levaquin, or other "floxacin"[2] drugs?	Currently taking Tizanidine (Zanaflex)?	Has Myasthenia Gravis?	Currently has renal (kidney) disease?	Ever had SEIZURES or EPILEPSY?	Weighs less than 76 pounds?	Unable to swallow pills?	STAFF USE ONLY: Dispenser Name: _____ Check all provided to client: ☐ Antibiotic Information Sheet ☐ Disease Information Sheet ☐ Pill Crushing Instructions (if needed) ☐ Letter of Referral (Consult only) Today's Date: ____ / ____ / _____	Consult Name:
Clove	Gardener				✓						☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #	
Rosemary	Gardener							✓			☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #	
Sage	Gardener			✓					✓	✓	☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #	
Ginger	Gardener	✓									☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #	
											☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #	
											☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #	
											☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #	

STAFF USE ONLY

Dispensing Guide and Formula

No checkmarks	+ No checkmarks	+ No checkmarks	= *Dispense* ***doxycycline or ciprofloxacin***
No checkmarks	+ Checkmarks	+ No checkmarks	= *Dispense* ***doxycycline***
No checkmarks	+ With or without checkmarks	+ Checkmarks	= *Dispense* ***doxy w/ pill crushing instructions***
Checkmarks	+ No checkmarks	+ No checkmarks	= *Dispense* ***ciprofloxacin***
Checkmarks	+ Checkmarks (in any of these 7 columns)		= *Send to Consult* ***highlight row***

***In this case, Allergic means this person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication*

[1] **Tetracycline Drug List:** demeclocycline (Declomycin); doxycycline (Adoxa, Alodox, Atridox, Avidoxy, Doryx, Doxy, Monodox, Morgidox, Ocudox, Oracea, Oraxyl, Periostat, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Solodyn, Ximino)

[2] **Quinolone Drug List:** ciprofloxacin (Cipro); gatifloxacin (Tequin); levofloxacin (Levaquin); moxifloxacin (Avelox); nadifloxacin (Acuatim); norfloxacin (Noroxin); ofloxacin (Floxin)

Last Update: 7-30-19

Dispensing Demo #2

ANTIBIOTIC MEDICATION SCREENING FORM

I certify that all of the information below is correct to the best of my knowledge. I authorize the recipient of this document to share this information with public health entities at local, state and federal levels for purposes of ensuring medication efficacy and safety.

Phone: 503-555-1212 **Address:** 123 Calendar Street **ZIP Code:** 97215 **Age:** 45 **Signature:** April Weeks

INSTRUCTIONS: READ CAREFULLY

Step 1: **Print** the names of everyone you are picking up medications for today, starting with yourself.

Step 2. Check (✓) in column ONLY if person has the condition(s) listed.

FIRST NAME	LAST NAME	*Allergic to doxycycline, tetracycline, or other "cycline"[1] drugs?	Pregnant?	*Allergic to ciprofloxacin, Levaquin, or other "floxacin"[2] drugs?	Currently taking Tizanidine (Zanaflex)?	Has Myasthenia Gravis?	Currently has renal (kidney) disease?	Ever had SEIZURES or EPILEPSY?	Weighs less than 76 pounds?	Unable to swallow pills?	STAFF USE ONLY
April	Weeks	✓						✓			☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
August	Weeks										☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
May	Weeks								✓	✓	☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
June	Weeks	✓							✓		☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
											☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
											☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #
											☐ Doxy ☐ Cipro ATTACH LABEL WITH LOT #

Consult Name:

Dispenser Name:_____

Check all provided to client:
- ☐ Antibiotic Information Sheet
- ☐ Disease Information Sheet
- ☐ Pill Crushing Instructions (if needed)
- ☐ Letter of Referral (Consult only)

Today's Date:____ / ____ / _____

STAFF USE ONLY

Dispensing Guide and Formula

No checkmarks	+ No checkmarks	+ No checkmarks	= *Dispense* ***doxycycline or ciprofloxacin***
No checkmarks	+ Checkmarks	+ No checkmarks	= *Dispense* ***doxycycline***
No checkmarks	+ With or without checkmarks	+ Checkmarks	= *Dispense* ***doxy w/ pill crushing instructions***
Checkmarks	+ No checkmarks	+ No checkmarks	= *Dispense* ***ciprofloxacin***
Checkmarks	+ Checkmarks (in any of these 7 columns)		= *Send to Consult* ***highlight row***

***In this case, Allergic means this person experienced respiratory (breathing) or cardiac (heart) arrest after taking this medication*

[1] **Tetracycline Drug List:** demeclocycline (Declomycin); doxycycline (Adoxa, Alodox, Atridox, Avidoxy, Doryx, Doxy, Monodox, Morgidox, Ocudox, Oracea, Oraxyl, Periostat, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Solodyn, Ximino)

[2] **Quinolone Drug List:** ciprofloxacin (Cipro); gatifloxacin (Tequin); levofloxacin (Levaquin); moxifloxacin (Avelox); nadifloxacin (Acuatim); norfloxacin (Noroxin); ofloxacin (Floxin)

Last Update: 7-30-19