

ANTIBIOTIC MEDICATION SCREENING FORM –CHINESE (SI)

兹证明，据我所知，下方所有信息正确无误。我授权该文档的接收者与当地、州和联邦级别的公共卫生实体共享此信息，以确保药物疗效和安全性。

电话号码：_____ 地址：_____ 邮编：_____ 年龄：__ 签名：_____

说明： 仔细阅读		第 2 步仅当此人满足所列条件时，勾选 (✓)。							STAFF USE ONLY			
<p>第 1 步：以正楷体书写今天您为其取药的所有人的姓名，从您开始</p>		*对多西环素、四环霉素或其他“四环素类” ¹ 药物过敏?	怀孕?	*对环丙沙星、左氧氟沙星或其他“沙星类” ² 药物过敏?	正在服用替扎尼定?	患有重症肌无力?	目前患有肾脏疾病?	曾患有痉挛或癫痫?	体重低于 76 磅?	无法吞咽药片?	Dispenser Name: _____ Check all provided to client: <input type="checkbox"/> Antibiotic Information Sheet <input type="checkbox"/> Disease Information Sheet <input type="checkbox"/> Pill Crushing Instructions (if needed) <input type="checkbox"/> Letter of Referral (Consult only) Today's Date: ___ / ___ / ___	Consult Name:
名字	姓氏										<input type="checkbox"/> Doxy ATTACH LABEL WITH LOT # <input type="checkbox"/> Cipro	Consult Name:
											<input type="checkbox"/> Doxy ATTACH LABEL WITH LOT # <input type="checkbox"/> Cipro	
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STAFF USE ONLY		No checkmarks	+ No checkmarks				+ No checkmarks		= Dispense doxycycline or ciprofloxacin			
Dispensing Guide and Formula		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			

*在该情况下，过敏表示此人在服用该药物后会出现呼吸或心脏骤停。

¹ 四环霉素药物列表：地美环素 (Declomycin)；强力霉素 (Adoxa、Alodox、Atridox、Avidoxy、Doryx、Doxy、Monodox、Morgidox、Ocudox、Oracea、Oraxyl、Periostat、Vibramycin)；米诺环素 (Arestin、Dynacin、Minocin、Solodyn、Ximino)

² 喹诺酮药物列表：环丙沙星 (Cipro)；加替沙星 (Tequin)；左氧氟沙星 (Levaquin)；莫西沙星 (Avelox)；那氟沙星 (Acuatim)；诺氟沙星 (Noroxin)；氧氟沙星 (Floxin)