

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.

									<input type="checkbox"/> Doxy	ATTACH LABEL	Consult Nam
									<input type="checkbox"/> Cipro	WITH LOT #	
✓									<input type="checkbox"/> Doxy	ATTACH LABEL	
									<input type="checkbox"/> Cipro	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.

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)	
								Today's Date: ____ / ____ / ____	
								<input type="checkbox"/> Doxy	ATTACH LABEL
							✓	<input checked="" type="checkbox"/> Doxy	ATTACH LABEL
								<input type="checkbox"/> Cipro	

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.