

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本地、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: _____

<h2 style="margin: 0;">说明:</h2> <h2 style="margin: 0;">仔细阅读</h2> <p style="margin: 0;">第 1 步: <u>以正楷体书写</u>今天您为其取药的所有人的姓名, 从您开始</p>		第 2 步仅当此人满足所列条件时, 勾选 (✓)。								STAFF USE ONLY		
名字	姓氏	*对多西环素、四环霉素或其他“四环素类”药物过敏?	怀孕?	*对环丙沙星、左氧氟沙星或其他“沙星类”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:
											<input type="checkbox"/> Doxy ATTACH LABEL WITH LOT # <input type="checkbox"/> Cipro	
											<input type="checkbox"/> Doxy ATTACH LABEL WITH LOT # <input type="checkbox"/> Cipro	
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											<input type="checkbox"/> Doxy ATTACH LABEL WITH LOT # <input type="checkbox"/> Cipro	
STAFF USE ONLY		No checkmarks	+ No checkmarks					+ No checkmarks		= Dispense <i>doxycycline or ciprofloxacin</i>		
Dispensing Guide and Formula		No checkmarks	+ Checkmarks					+ No checkmarks		= Dispense <i>doxycycline</i>		
		No checkmarks	+ With or without checkmarks					+ Checkmarks		= Dispense <i>doxy w/ pill crushing instructions</i>		
		Checkmarks	+ No checkmarks					+ No checkmarks		= Dispense <i>ciprofloxacin</i>		
		Checkmarks	+ Checkmarks (in any of these 7 columns)							= Send to Consult <i>highlight row</i>		

*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, Morgido x, 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)