

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.

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 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 individual's answers.

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

										☐ Doxy ☐ Cipro ☐ Doxy ☐ Cipro	ATTACH LABEL WITH LOT #	Consult Nam
✓											ATTACH LABEL WITH LOT #	
No checkmarks	+ No checkmarks	+ No checkmarks	+ No checkmarks	= Dispense doxycycline or ciprofloxacin								
No checkmarks	+ Checkmarks	+ No checkmarks	+ No checkmarks	= Dispense doxycycline								
No checkmarks	+ With or without checkmarks	+ Checkmarks	+ Checkmarks	= Dispense doxy w/ pill crushing instructions								
Checkmarks	+ No 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:

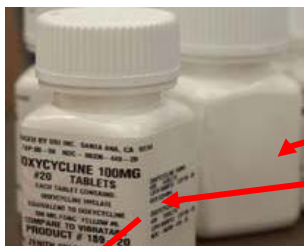
A) Check weigh and ability to swallow pills columns.

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

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

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"-2 drugs?	Currently taking tizanidine (Zanaflex)?	Weights less than 88 pounds?	Unable to swallow pills?	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 ☒ Doxy ☐ Cipro	ATTACH LABEL

medication.



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