

DRUG REQUEST FORM – SAVE THE CHILDREN – KERRY TOWN EBOLA TREATMENT CENTRE

DATE: [][]/[][]/[][][]/ 2014
(DD/MM/YYYY)

PATIENT ID #: KT- [] - [][][][][]
KT-2 = Triage; KT-3 = Confirmed; KT-4 = morgue

BASIC PATIENT INFORMATION

Ward #: _____ Bed #: _____

Name: Surname _____ Given names _____

Sex: Male Female Age [] years or months (for children < 1 y)

Is patient pregnant? YES or NO/UNKNOWN

If YES, which trimester: first second third

PRESCRIBER INFORMATION

Name of prescriber: _____ Prescriber ID #: _____

MEDICATION

***NOTE: This is not what the paper form, but does contain the same information.
Also, for each medication selected: list strength, frequency, and form (oral, injected, or rectal)**

Admissions pack

Antimalarials

Artemether-Lumefantrine (ACT)

Artusunate

Artemether

Other

Multivitamin tablets

Ivermectin

Zinc sulphate

Antibiotics

Ceftriaxone

Cefixime

Metronidazole

Diazepam

Ondansetron

Haloperidol

Chlorpromazine

Analgesics/Antipyretics

Paracetamol

Tramadol

Morphine

Omeprazole

Ranitidine

Other (list) _____