

To access the TARGET Antibiotics patient leaflets,
scan the QR code or visit:
www.RCGP.org.uk/TARGET-patient-leaflets



I have given the following patient information leaflet:

- UTI UTI for older adults dental
- RTI RTI pictorial other
- managing common infections (self-care)

Administering the flu vaccine. Please tick as appropriate.

- I have discussed flu vaccine eligibility with the patient
- I have given the flu vaccine on site

The Antibiotic Checklist has not been fully completed because:

- the patient's representative did not know the information
- the antibiotics are supplied by delivery service.
Consider including a patient information leaflet with the prescription.
- the antibiotics are already dispensed
- the patient declined
- other reason. Please write the reason in the space below.



Orodha ya ukaguzi wa kiuavijasumu

Tusaidie ili tuweze kuhakikisha viuavijasumu vinaendelea kufanya kazi.

Tafadhalii weka alama ya tiki. ☑

Je, viuavijasumu hivi ni vyako?

ndio hapana

Ikiwa si zako, tafadhalii jaza sehemu iliyosalia kwa fomu hii
kwa niaba ya mwenye ametajwa kwenye maagizo ya dawa.

Je, kuna madawa zingine unameza?

ndio hapana Sijui

Je, umetumia viuavijasumu sawa katika miezi
tatu zilizopita?

ndio hapana Sijui

Je, una mzio wa viuavijasumu vyovoyote?

ndio hapana Sijui

Kama jibu lako ni ndio, tafadhalii tupe taarifa ifuatayo kuhusu mzio uliyonayo.

Jina la
kuavijasumu

Aina
ya mzio

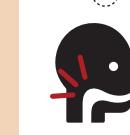
Je, una moja ya maambukizi haya ya kawaida?

Weka alama ya tiki ikiwa jibu lako ni ndio ☑

Kifua



Koo



Sikio



Mkojo



Jino



Ngozi



Au kitu nyingine

Tafadhalii tueleze hapa.

Je, hii inakueleza? Weka alama ya tiki ikiwa jibu lako ni ndio. ☑

Tatizo ya kazi ya figo



Tatizo ya kazi
ya ini



Kunyonyesha



Mjamzito



zaidi ya 65



Je, umepata chanjo ya mafua mwaka huu?

ndio hapana Sijui

Muuguzaji dawa wako anaweza kukueleza kuhusu mambo ambayo unaweza kufanya
ili kupata nafuu na pia kukupa kipeperushi iliyo na maelezo ya ziada.

Tafadhalii mueleze muuguzaji dawa wako ikiwa unahitaji taarifa hii kwa
lughu nyingine.

Tafadhalii endelea upande wa pili →

Tusaidie ili tuweze kukusaidia kwa kuweka alama ya tiki ndio Au hapana Kwa kauli zifuatazo:

Ninajua ninachostahili kufanya ikiwa nimekosa kumeza dozi yangu ya viuavijasumu.	Ninajua kama viuavijasumu vinastahili kumezwana chakula au la.	Ninajua mbona ni lazima nimeze viuavijasumu nilivyoagizwa na daktari, muuguzi, au muuguzaji dawa.
<input type="radio"/> ndio <input type="radio"/> hapana	<input type="radio"/> ndio <input type="radio"/> hapana	<input type="radio"/> ndio <input type="radio"/> hapana
Ninajua madhara ninayoweza kupata kutohana na viuavijasumu vyangu.	Ninajua kama nahitaji kuepuka pombe wakati ninameza viuavijasumu vyangu.	Ninajua mbona sistahili kupeana au kuhifadhi viuavijasumu vyangu kwa matumizi ya baadaye.
<input type="radio"/> ndio <input type="radio"/> hapana	<input type="radio"/> ndio <input type="radio"/> hapana	<input type="radio"/> ndio <input type="radio"/> hapana
Ninajua dalili yangu inaweza kaa kwa muda gani.	Ninajua wakati ninahitaji kutafuta matibabu ya ziada ya maambukizi yangu.	Ninajua mbona ni lazima nirudishe viuavijasumu ambavyo havijatumika kwa duka ya dawa.
<input type="radio"/> ndio <input type="radio"/> hapana	<input type="radio"/> ndio <input type="radio"/> hapana	<input type="radio"/> ndio <input type="radio"/> hapana

Ikihitajika, nitafurahi ikiwa mtu kwa niaba ya afya ya umma au TARGET Antibiotics akizungumza nami kuhusu ziara yangu ya leo.

Ningependa kuwasiliwa kwa simu, kwa kutumia barua pepe.

Weka alama ya tiki inapofaa.

Tafadhalu andika anwani yako ya barua pepe au nambari yako ya simu ukitumia herufi au nambari moja kwa kila kisanduku.

Checklist points

Date this checklist was completed:

Assessing the antibiotic prescription. Please tick as appropriate.

I have checked

n/a yes no

... for allergies, risk factors, other medication interactions.

... treatment with the same antibiotic in the previous 3 months.

This information is collected from page 1.

... the antibiotic against the local guidance.

... the antibiotic is appropriate for the infection indicated.

... the dose is correct for the indication and patient.

... the duration is correct for the indication.

I have contacted the prescriber about this antibiotic prescription. Please write the reason and outcome below.

n/a yes no

The following antibiotics have been dispensed

- | | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input type="radio"/> None | <input type="radio"/> Amoxicillin | <input type="radio"/> Flucloxacillin | <input type="radio"/> Nitrofurantoin |
| <input type="radio"/> Doxycycline | <input type="radio"/> Clarithromycin | <input type="radio"/> Phenoxytmethylpenicillin (Penicillin V) | |
| <input type="radio"/> Metronidazole | <input type="radio"/> Trimethoprim | <input type="radio"/> Co-Amoxiclav | |
| <input type="radio"/> other Please specify the antibiotic in the space below. | | | |

Giving advice on antibiotics. Please tick as appropriate.

n/a yes no

I have discussed antibiotic resistance with the patient/carer as the patient has had the same antibiotics in the last three months.

I have checked the Patient responses to the statements overleaf and given advice as required.

Tick the circles next to the statements opposite when the advice has been given.

Please continue overleaf →