

ናይ ኣንቲባዮቲክ መረጋገጺ ዝርዝር

ኣንቲባዮቲክ ምስርሖም ንክቐጽል ሓግዙና።

ንምምራጽ ምልክት ኣንብሩ

እዞም ኣንቲባዮቲክ ንዓኹም ድኖም? እወ ኣይፋል

ንዓኹም እንተዘይከይዮም፣ ናይዚ ቅጥባታ ቀጺሎ ዘሎ ክፋል ኣብቲ ትእዛዝ ፈውሲ ሸሙ ተጻሒፏ ንዘሎ ሰብ ምልክዎ

ዝኾነ ካልእ ፈውሲ ትወስዱ ኣለኹም ዲኹም? እወ ኣይፋል እይፈለጥን እየ

ከምዚ ዓይነት ኣንቲባዮቲክ ኣብ ዝሓለፉ 3 ኣዋርሕ ወሲድኩም ኔርኩም ዲኹም? እወ ኣይፋል እይፈለጥን እየ

ናይ ዝኾነ ዓይነት ኣንቲባዮቲክ ኣለርጂ ኣለኩም ድኖ? እወ ኣይፋል እይፈለጥን እየ

እወ እንተኾይኑ፣ ብዛዕባ ዘለኩም ኣለርጂ ቀጺሎ ዘሎ ሓበሬታ ሃቡ፡

ሸም ዓይነት

ኣንቲባዮቲክ ኣለርጂ

ካብዞም ልሙዳት ርኽሰታት ሓዲ ኣለኩም ድኖ? እወ እንተኾይኑ ምልክት ኣንብሩ።

ኣፍልቢ <input type="radio"/>	ጎሮሮ <input type="radio"/>	እዝኒ <input type="radio"/>	ሸንቲ ማይ <input type="radio"/>	ሰኒ <input type="radio"/>	ቆርባት <input type="radio"/>
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ወይ ካልእ?

እብዚ ሓብሩ።

እዚ ንዓኹም ዝገልጽ ድኖ? እወ እንተኾይኑ ምልክት ኣንብሩ።

ጸገም ዕዮ ኩሊት ዘለኩም <input type="radio"/>	ጸገም ዕዮ ጸላም ከብዲ ዘለኩም <input type="radio"/>	ህጻን ተጥብዎ ዘለኹን <input type="radio"/>	ነፍሰጻር ዝኾነኹን <input type="radio"/>	ልዕሊ 65 ዕድሜኦም <input type="radio"/>
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ኣብዚ ዓመት ናይ ፍሉ ክታብት ተዋሂብኩም ኔሩ ድኖ? እወ ኣይፋል እይፈለጥን እየ

ንክሕሸኩም እንታይ ክትገብሩ ከምትክእሉ ፋርማሲስትኹም ክነግረኩም፣ ከምኡውን ተወሳኺ ሓበሬታ ዝህብ ሰነድ ክህበኩም ይክእል እዩ።

እቲ ሓበሬታ ብክእል ቋንቋ ትደልደዎ እንተኾይኩም ንፋርማሲስትኹም ንገርዎ።

ብድሕሪት ኣብ ዘሎ ገጽ ቀጽሉ →

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.



ምልክት ብምንባር ንኸንሑ ግዘኩም ሓገዙና እዉ ወይ ኣይፋል
በዘም ስዒቦም ዘለዉ ቃላት:

 <p>ሓንቲ ዓቕን ኣንቲባዮቲክይ ከይወሰድኩ እንተሓላፊ እንታይ ክገብር ከምዘለኒ ይፈልጥ እየ።</p> <p>እዉ <input type="checkbox"/> ኣይፋል <input type="checkbox"/></p>	 <p>ኣንቲባዮቲክይ ዝውሰዱ ምስ መግቢ ወይ ብዘይ መግቢ ምጵኑ ይፈልጥ እየ።</p> <p>እዉ <input type="checkbox"/> ኣይፋል <input type="checkbox"/></p>	 <p>ኣንቲባዮቲክይ በቲ ሓኪመይ፣ ነርስ ወይ ፋርማሲሲት ዝበለኒ መንገዲ ክወሰድ ዘለኒ ምኽንያት ይፈልጥ እየ።</p> <p>እዉ <input type="checkbox"/> ኣይፋል <input type="checkbox"/></p>
 <p>ኣንቲባዮቲክይ ከምጻኣለይ ብዛዕባ ዝኸኣሉ ጎድናዊ ሳዕቤናት ይፈልጥ እየ።</p> <p>እዉ <input type="checkbox"/> ኣይፋል <input type="checkbox"/></p>	 <p>ኣንቲባዮቲክይ ኣብ ዝወሰዱሉ እዋን ካብ ኣልኮል ምርሓቕ ዘድልየኒ እንተኾይኑ ይፈልጥ እየ።</p> <p>እዉ <input type="checkbox"/> ኣይፋል <input type="checkbox"/></p>	 <p>ኣንቲባዮቲክይ ምስ ካልእ ሰብ ክካፈል ከም ዘይብለይ ከምኡ ውን ንመጻኢ ንኸጥቀመሉ ከቐምጦ ከም ዘይብለይ ዝገብሩ ምኽንያታት ይፈልጥ እየ።</p> <p>እዉ <input type="checkbox"/> ኣይፋል <input type="checkbox"/></p>
 <p>ናይ ሕማም ምልክታት ንኸንደይ ግዜ ክጸንሑ ከምዝኸኣሉ ይፈልጥ እየ።</p> <p>እዉ <input type="checkbox"/> ኣይፋል <input type="checkbox"/></p>	 <p>ዘለኒ ርኽሶት ብዝምልከት ተወሳኺ ሓገዝ መዓስ ከናድይ ከምዘለኒ ይፈልጥ እየ።</p> <p>እዉ <input type="checkbox"/> ኣይፋል <input type="checkbox"/></p>	 <p>ዘይተጠቀሙሉ ኣንቲባዮቲክ ስለምንታይ ናብ ፋርማሲ ከመልሶ ከም ዘለኒ ይፈልጥ እየ።</p> <p>እዉ <input type="checkbox"/> ኣይፋል <input type="checkbox"/></p>

ኣድላዩ እንተኾይኑ፣ ህዝባዊ ጥዕና ወይ ታርጓሕ ኣንቲባዮቲክስ ዝውክሉ ብዛዕባ ሎሚ ምሳይ ክራኹቡ ሕጉስ እየ።

ምሳይ ክራኹቡ ዝደልዮ ብሞባይል ብኢመይል። ኣብ ዝምልከቶ ቦታ ምልክት ኣንብሩ።

ኢመይልኩም ወይ ናይ ሞባይል ቁጽርኹም ኣብ ታሕቲ ኣብ ዘሎ ነፍሰወክፍ ሳጹን ሓንቲ ፊደል ወይ ቁጽራ ብምስታው ጸሓፉ።

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... treatment with the same antibiotic in the previous 3 months. <small>This information is collected from page 1.</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the antibiotic against the local guidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the antibiotic is appropriate for the infection indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the dose is correct for the indication and patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the duration is correct for the indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- None
- Amoxicillin
- Flucloxacillin
- Nitrofurantoin
- Doxycycline
- Clarithromycin
- Phenoxymethylpenicillin (Penicillin V)
- Metronidazole
- Trimethoprim
- Co-Amoxiclav
- other Please specify the antibiotic in the space below.

Giving advice on antibiotics. Please tick as appropriate.

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 →