BC Centre for Disease Control

Prescription for Chemoprophylaxis
Following Exposure to Pertussis Disease

Erythromycin
Those ≥ 1 Month of Age

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED YYYY MM DD
Erythromycin: ☐ YES ☐ NO		
Contraindication to Erythromycin: ☐ YES ☐ NO		

To the Dispensing Pharmacist

ERYTHROMYCIN (≥ 1 MONTH OF AGE): ☐ estolate OR ☐ base

Erythromycin 40 mg/kg/day (max. 1 gm/day) = _____ mg/day po divided in 3 doses x 7 days

Medical Health Officer Signature

	MSC #

HLTH 2377 REV. 2006/01/25

BC Centre for Disease Control

Prescription for Chemoprophylaxis
Following Exposure to Pertussis Disease

Erythromycin
Those ≥ 1 Month of Age

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED YYYY MM DD
Erythromycin: ☐ YES ☐ NO		
Contraindication to Erythromycin: ☐ YES ☐ NO		

To the Dispensing Pharmacist

ERYTHROMYCIN (≥ 1 MONTH OF AGE): ☐ estolate OR ☐ base

Erythromycin 40 mg/kg/day (max. 1 gm/day) = _____ mg/day po divided in 3 doses x 7 days

Medical Health Officer Signature

	MSC #

HLTH 2377 REV. 2006/01/25

BC Centre for Disease Control

Prescription for Chemoprophylaxis Following Exposure to Pertussis Disease

Azithromycin
Infants birth to 5 months of age inclusive

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED
Azithromycin: ☐ YES ☐ NO		YYYY MM DD
Contraindication to Azithromycin: ☐ YES ☐ NO		

To the Dispensing Pharmacist

AZITHROMYCIN (INFANTS BIRTH TO 5 MONTHS OF AGE INCLUSIVE):

10 mg / kg per day in a single dose for 5 days

Medical Health Officer Signature

	MSC #

HLTH 2378 A REV. 2006/02/06

BC Centre for Disease Control

Prescription for Chemoprophylaxis Following Exposure to Pertussis Disease

Azithromycin
Infants birth to 5 months of age inclusive

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED
Azithromycin: ☐ YES ☐ NO		YYYY MM DD
Contraindication to Azithromycin: ☐ YES ☐ NO		

To the Dispensing Pharmacist

AZITHROMYCIN (INFANTS BIRTH TO 5 MONTHS OF AGE INCLUSIVE):

10 mg / kg per day in a single dose for 5 days

Medical Health Officer Signature

	MSC #

HLTH 2378 A REV. 2006/02/06

BC Centre for Disease Control

Prescription for Chemoprophylaxis Following Exposure to Pertussis Disease

Azithromycin
those ≥ 6 months of age

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED YYYY MM DD
Azithromycin: ☐ YES ☐ NO		
Contraindication to Azithromycin: ☐ YES ☐ NO		

To the Dispensing Pharmacist

AZITHROMYCIN (≥ 6 MONTHS OF AGE):

10 mg / kg per day (max. 500 mg) once for one day = _____ mg for one day, then

5 mg / kg per day (max. 250 mg) = _____ mg/day once a day for 4 days

Medical Health Officer Signature

	MSC #

HLTH 2378 B REV. 2006/02/06

BC Centre for Disease Control

Prescription for Chemoprophylaxis Following Exposure to Pertussis Disease

Azithromycin
those ≥ 6 months of age

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED YYYY MM DD
Azithromycin: ☐ YES ☐ NO		
Contraindication to Azithromycin: ☐ YES ☐ NO		

To the Dispensing Pharmacist

AZITHROMYCIN (≥ 6 MONTHS OF AGE):

10 mg / kg per day (max. 500 mg) once for one day = _____ mg for one day, then

5 mg / kg per day (max. 250 mg) = _____ mg/day once a day for 4 days

Medical Health Officer Signature

	MSC #

HLTH 2378 B REV. 2006/02/06

BC Centre for Disease Control

Prescription for Chemoprophylaxis Following Exposure to Pertussis Disease

Clarithromycin
those ≥ 1 month of age

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED YYYY MM DD
Clarithromycin: ☐ YES ☐ NO		
Contraindication to Clarithromycin: ☐ YES ☐ NO		

To the Dispensing Pharmacist

CLARITHROMYCIN (≥ 1 MONTH OF AGE):

15 mg/kg/day (max. 1 gm/day) = _____ mg/day po divided in 2 doses x 7 days

Medical Health Officer Signature

	MSC #

HLTH 2379 REV. 2006/01/25

BC Centre for Disease Control

Prescription for Chemoprophylaxis Following Exposure to Pertussis Disease

Clarithromycin
those ≥ 1 month of age

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED YYYY MM DD
Clarithromycin: ☐ YES ☐ NO		
Contraindication to Clarithromycin: ☐ YES ☐ NO		

To the Dispensing Pharmacist

CLARITHROMYCIN (≥ 1 MONTH OF AGE):

15 mg/kg/day (max. 1 gm/day) = _____ mg/day po divided in 2 doses x 7 days

Medical Health Officer Signature

	MSC #

HLTH 2379 REV. 2006/01/25

BC Centre for Disease Control

Prescription for Chemoprophylaxis
Following Exposure to Pertussis Disease

Trimethoprim - Sulphamethoxazole
From Two Months to ≤ 12 years of Age

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED
Trimethoprim - Sulphamethoxazole: ☐ YES ☐ NO Contraindication to Trimethoprim - Sulphamethoxazole: ☐ YES ☐ NO		YYYY MM DD

To the Dispensing Pharmacist

TRIMETHOPRIM - SULPHAMETHOXAZOLE:

☐ Liquid suspension ☐ Tablet

☐ **Child two months to ≤ 12 years** -Trimethoprim 4mg/kg = _____ mg and Sulphamethoxazole 20mg/kg = _____ mg p.o. b.i.d. x 14 days.
(To a maximum of the adult dose)

Medical Health Officer Signature

	MSC #

HLTH 2380 REV. 2006/02/06

BC Centre for Disease Control

Prescription for Chemoprophylaxis
Following Exposure to Pertussis Disease

Trimethoprim - Sulphamethoxazole
From Two Months to ≤ 12 years of Age

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	WEIGHT	PHONE NUMBER
	KG	

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED
Trimethoprim - Sulphamethoxazole: ☐ YES ☐ NO Contraindication to Trimethoprim - Sulphamethoxazole: ☐ YES ☐ NO		YYYY MM DD

To the Dispensing Pharmacist

TRIMETHOPRIM - SULPHAMETHOXAZOLE:

☐ Liquid suspension ☐ Tablet

☐ **Child two months to ≤ 12 years** -Trimethoprim 4mg/kg = _____ mg and Sulphamethoxazole 20mg/kg = _____ mg p.o. b.i.d. x 14 days.
(To a maximum of the adult dose)

Medical Health Officer Signature

	MSC #

HLTH 2380 REV. 2006/02/06

BC Centre for Disease Control

Prescription for Chemoprophylaxis
Following Exposure to Pertussis Disease

Trimethoprim - Sulphamethoxazole
Adult or Child over 12 years

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	PHONE NUMBER

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED YYYY MM DD
Trimethoprim - Sulphamethoxazole: ☐ YES ☐ NO		
Contraindication to Trimethoprim - Sulphamethoxazole: ☐ YES ☐ NO		

To the Dispensing Pharmacist

TRIMETHOPRIM - SULPHAMETHOXAZOLE:

☐ **ADULT or CHILD over 12 years** - Trimethoprim 160mg and Sulphamethoxazole 800mg b.i.d. x 14 days.

Medical Health Officer Signature

	MSC #

HLTH 2381 REV. 2006/02/06

BC Centre for Disease Control

Prescription for Chemoprophylaxis
Following Exposure to Pertussis Disease

Trimethoprim - Sulphamethoxazole
Adult or Child over 12 years

Nursing Assessment

NAME: SURNAME	GIVEN NAMES	PHN	AGE	DATE OF BIRTH YYYY MM DD

ADDRESS	PHONE NUMBER

ALLERGIES TO:	PUBLIC HEALTH NURSE SIGNATURE	DATE SIGNED YYYY MM DD
Trimethoprim - Sulphamethoxazole: ☐ YES ☐ NO		
Contraindication to Trimethoprim - Sulphamethoxazole: ☐ YES ☐ NO		

To the Dispensing Pharmacist

TRIMETHOPRIM - SULPHAMETHOXAZOLE:

☐ **ADULT or CHILD over 12 years** - Trimethoprim 160mg and Sulphamethoxazole 800mg b.i.d. x 14 days.

Medical Health Officer Signature

	MSC #

HLTH 2381 REV. 2006/02/06