

Proposal for Dispensing Medications: Preventing incidences, risks or even deaths due to AMR burden etc (Part 2)

By

K.S.Venkatram

AOEC & SSHGIEC, 2018

Ph: 91-080-23347424

M: 9342867666

Email ID: venkataoec@gmail.com

Problem analysis

Wrong antibiotics or wrong medications are known to cause hazards, risks and even fatality. The consultant acknowledges that AMR burden can lead to increased morbidity, mortality and cost of care.

The solution includes a proposal to druggist and chemists to implement a Call Centre and implement SMART Assistance to address the still emerging AMR burden.

ANTIBIOTIC SALE DETAILS

A. Name of antibiotics sold (as first line of therapy)

1. Names:

2. Dosages and Quantities:

3. Source of infection necessitating antibiotic

[Community acquired infection, Hospital or Healthcare provider acquired infection, Food/Agri product acquired infection, Drug dispensing error acquired infection, Animal or livestock acquired infection, Others]

4. Culture sensitivity report

[Attached/Available/Not available/Others]

For each antibiotic and dosage, support with details as available

a. Age groups:

b. Genders:

c. Nature of specimens taken for diagnosis/line of treatment:

[Blood, Urine, Feces, Urethral & Cervical sample]

d. Out-patient nature of consumption or admitted to a hospital for less than equal to 2 calendar days:

e. Hospital/In-patient facility (admitted for more than 2 calendar days, when specimen taken):

f. Hospital/In-patient facility (first admitted for less than 2 days but transferred to another facility for more than 2 calendar days):

g. Epidemiological information

[Infection incidence or prevalence in associated catchment area;

No Infection incidence or prevalence in associated catchment area;

Drug resistance incidence or prevalence in associated catchment area]

B. Name of antibiotics sold (as alternatives to the first line of therapy)

1. Names:

2. Dosages and Quantities:

3. Source of infection necessitating antibiotic

[Community acquired infection, Hospital or Healthcare provider acquired infection, Food/Agri product acquired infection, Drug dispensing error acquired infection, Animal or livestock acquired infection, Others]

4a. Culture sensitivity report

[Attached/Available/Not available/Others]

4b. Repeat Culture sensitivity report

[Attached/Available/Not available/Others]

For each antibiotic and dosage, support with details as available

a. Age groups:

b. Genders:

c. Nature of specimens taken for diagnosis/line of treatment:

[Blood, Urine, Feces, Urethral & Cervical sample]

d. Out-patient nature of consumption or admitted to a hospital for less than equal to 2 calendar days:

e. Hospital/In-patient facility (admitted for more than 2 calendar days, when specimen taken):

f. Hospital/In-patient facility (first admitted for less than 2 days but transferred to another facility for more than 2 calendar days):

g. Epidemiological information

[Infection incidence or prevalence in associated catchment area;

Fatality incidence or prevalence in associated catchment area;

Drug resistance incidence or prevalence in associated catchment area]