





**Medications Required**

<b>Malaria Prevention</b>			
	Malarone 250/100mg	Take 1 tablet daily; starting 1-2 days prior to endemic area, and for 7 days upon return	Mitte:
	Malarone Pediatric 62.5/25mg	Take 1 tablet daily; starting 1-2 days prior to endemic area, and for 7 days upon return  <i>5 to 8 kg: ½ tablet; 8 to 10 kg: ½ tablet; 10 to 20 kg: 1 tablet; 20 to 30 kg: 2 tablets; 30 to 40 kg: 3 tablets; &gt; 40 kg: adult</i>	Mitte:
	Chloroquine 500mg	Take 1 tablet once weekly on the same day each week; begin 1-2 weeks prior to exposure; continue while in endemic area and for 4 weeks after leaving	Mitte:
	Mefloquine 250mg	Take 1 tablet once weekly starting >2 weeks before arrival in endemic area, continuing weekly during travel and for 4 weeks after leaving endemic area	Mitte:
	Doxycycline 100mg	Take 1 tablet once daily; initiate 1-2 days prior to travel to endemic area; continue daily during travel and for 4 weeks after leaving endemic area	Mitte:
	Hydroxychloroquine 200 mg	Take 400mg once weekly on the same day each week; begin 1-2 weeks before travel to endemic area; continue therapy while there and for 4 weeks after leaving	Mitte:
<b>Altitude Sickness Prevention</b>			
	Acetazolamide 125mg	Take 125mg twice daily; may be discontinued after staying at the same elevation for 2-4 days or if descent is initiated	Mitte:
<b>Diarrhea Prevention</b>			
	Dukoral	Primary immunization: orally 2 doses given at intervals of >1 week and complete at least 1 week prior to trip  Booster dose: 3 months to 5 years after initial = 1 dose  <i>Pediatric (2-5 years): 3 doses given &gt;1 week apart and completed 1 week prior to trip to the endemic area. Usually given half the volume**</i>	Mitte:
<b>Diarrhea Treatment</b>			
	Azithromycin 250mg	Take 2 tablets (500mg) once daily for 3 days (for traveler's diarrhea treatment)  <i>Pediatric: 10mg/kg/day x 3 days</i>	Mitte:
	Ciprofloxacin 500mg	Take 1 tablet twice daily x 3 days	Mitte:
	Loperamide 2mg	Take 4mg at once, followed by 2mg after each loose stool (maximum 16mg/day)  <i>Pediatric: 13 to 21 kg: 1mg stat followed by 1mg/dose (max = 3mg) 21 to 27 kg: 2mg stat followed by 1mg/dose (max = 4mg) 27 to 43 kg: 2mg stat followed by 1mg/dose (max = 6mg) **12 -18 year olds max dose = 8mg/day</i>	Mitte:



Vaccination	Trade Name Lot Number Expiry Date	Dosage	Dosage Form	Injection Site	Dose Number Initial	Next Dose Schedule
Hepatitis A	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL <input type="checkbox"/> 1.0 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____	Dose 2: 6 months
Hepatitis B	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL <input type="checkbox"/> 1.0 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 3 _____	Dose 2: 1 month Dose 3: 6 months
Hepatitis A & B	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL <input type="checkbox"/> 1.0 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 3 _____	Dose 2: 1 month Dose 3: 6 months
Herpes Zoster	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____	Dose 2: 2-6 months
Human Papillomavirus	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 3 _____	Dose 2: 2 months Dose 3: 6 months
Influenza	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____	Dose 2: 1 month (<9 and unvaccinated)
Japanese Encephalitis	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____	Dose 2: 28 days
Meningococcal	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____	Primary Dose Booster Dose



# Cook's Pharmacy

PROUDLY INDEPENDENT

Pneumococcal-23	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____	Primary Dose Booster Dose
Pneumococcal-13	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____	
Rabies	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 1.0 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 3 _____	Dose 2: 7 days Dose 3: 21-28 days
Typhoid	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> IM	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____	Primary Dose
Yellow Fever	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> 0.6 mL	<input type="checkbox"/> SC	<input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____	Primary Dose
Other	Trade Name _____ Lot Number _____ Expiry Date _____	<input type="checkbox"/> _____	<input type="checkbox"/> IM <input type="checkbox"/> SC	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> _____	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 3 _____	

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**Vaccinating Pharmacist**

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**Vaccinating Pharmacist Signature**