

Canton City Health Department STD Medication Ordering from Ohio Department of Health

I. PURPOSE

In order to promote Sexually Transmitted Disease (STD) prevention and better account for the distribution of STD antibiotics from the Ohio Department of Health's (ODH) HIV/STD Prevention offices, we have created this internal policy for use at Canton City Health Department. This procedure is to be used in conjunction with the *Guidelines for the State Supported STD Antibiotics Program* (current 4/00).

II. MEDICATIONS PROVIDED BY ODH

As of January 1, 2011, the following medications are available to order through the ODH – Azithromycin; Bicillin LA; Ceftriaxone; Doxycycline; Metronidazole; and Acyclovir. Order forms are provided by ODH and received after January 1 of current year. CCHD will utilize current form as approved by ODH to order medications.

III. PROCESS FOR ORDERING MEDICATIONS

Medications are ordered when needed utilizing the following information and process:

- A. Inventory of current medications on hand (see Appendix A Inventory Sheet)
- B. Make notation of expiration date of each medication
- C. Determine medication usage in prior 3 months utilizing medication sign-out sheets (See Appendix B – Medication Usage Sheet and Appendix C – Sample Medication Usage Sheet)
 - 1. Determine the number of patients receiving Azithromycin for treatment of Chlamydia and co-treatment of Gonorrhea;
 - 2. Determine the number of patients receiving Ceftriaxone for treatment of Gonorrhea;
 - 3. Determine the number of patients receiving Metronidazole for treatment of Trichomoniasis;
 - 4. Determine the number of patients receiving Metronidazole for treatment of Bacterial Vaginosis;
 - 5. Determine the number of patients receiving Acyclovir for treatment of Herpes;
 - 6. Determine number of patients receiving Bicillin LA for treatment of Syphilis (at a minimum, must have 3 doses on hand) and
 - 7. Determine the number of patients receiving Azithromycin for treatment of NGU.
- D. Determine amount of medication needed for 3 month supply based on information gleaned in "C"

- E. The number of medications to order is calculated by subtracting the inventory on hand from the medication needed.
- F. Complete Medications Order Form (usually provided annually by ODH) and fax to appropriate number (See Sample Appendix D).

IV. PROCESS FOR RECORDING RECEIPT OF MEDICATION

Medications received are recorded on an internal inventory sheet located in a drawer in the stat lab (See Appendix D).

This policy was updated 7/2016

Appendix A

Inventory Sheet

Medication	Doses on Hand	Expiration Date
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Appendix B Medication Usage Sheet

Medication	Month	Month	Month	Total	Medication Needed

Appendix C Sample Medication Usage Sheet

Medication	Month – Jan '10	Month – Feb '10	Month - Mar '10	Total	Multiply x 2
Azithromycin	36 (doses given)	49	46	131 doses given (x 4 pills per dose = 524 pills)	1048 pills needed (524 x 2) in inventory (divide by number of pills that are provided in a bottle = number of bottles to order)
Acyclovir	0	0	0	0	Current Inventory
Bicillin	2	0	3	5	Minimum of 3 doses kept in inventory at all times unless outbreak situation
Ceftriaxone	10	16	10	36	72 doses needed in inventory
Doxycycline	43	34	49	126 doses given (x 14 pills per dose = 1,764 pills)	3, 528 pills needed (1,764 x 2) in inventory ÷ 100 (100 pills in a bottle) = 35 bottles needed in inventory
Metronidazole	BV – 23	22	27	72 doses (x 14 pills per dose = 1,008 pills)	$(1008 \times 2) + (23 \times 14 - $ treat partner of trich) + $92 = 2,430$ pills ÷ 100 (100 pills in bottle) = 25
	Trich - 6	6	11	23doses (x 4 pills per dose = 92 pills)	bottles needed in inventory

Appendix E Medication Received Inventory Sheet

Report for MM/DD/YY	
	Canton City Health Department

Transaction Codes

- B In from Ohio Department of Health
- C In from other Health Department
- D In from Non-Health Department Provider
- E Privately Purchased
- G Out to other Health Department of ODH
- H Out to Non-Health Department Providers
- I-A Expired
- I-B Wasted

Date	Trans Code	Medication	Number Of Doses	Lot Number	Name of place sent to or received from	Expiration date
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