

PERTUSSIS SCREENING FORM

This form can be used by both doctors and nurses throughout the process of contacting and treating patients who might have been exposed to pertussis. Patients are first contacted by phone. Any who are symptomatic are seen and evaluated. If appropriate symptoms are confirmed during the visit, the patient should be tested for pertussis and advised to avoid close contact with others during treatment.

Patient name: _____

Date: _____ Date of birth: _____

Inform patient of exposure. Review chart.

Is patient newly symptomatic (congestion, runny nose, fever, cough) since the exposure?

No

Yes Describe: whoop/paroxysmal/prolonged cough/
post-tussive emesis/apnea/other:

Note time of onset: _____

Recommend medical evaluation/treatment.

Was anyone else with patient in the exam room at time of visit?

No

Yes Name: _____

Not our patient: Refer for preventive treatment.

Our patient: Pull chart and schedule patient for treatment.

Document in patient's chart.

Inform patient of treatment options.

Does patient have antibiotic allergies?

No

Yes List: _____

Select prophylactic treatment:

Biaxin XL 500 mg: Two tablets by mouth every day for 14 days.
Disp#28 Ref#0

Erythromycin 500 mg: One tablet by mouth every 6 hours for 14 days.
Disp#56 Ref#0

Septra DS (TMP = 160 mg per tablet): One tablet by mouth twice daily for 14 days. Disp#28 Ref#0

Zithromax Zpack: As directed for 5 days. Disp#1 Ref#0

Second-line therapy:

Doxycycline 100 mg by mouth twice daily for 14 days.
Disp#28 Ref#0

Levaquin 500 mg: One tablet by mouth daily for 7 days.
Disp#7 Ref#0

Pediatric dosing:

Weight = _____ kg

Biaxin suspension: 15-20 mg/kg/day orally, in 2 divided doses for 7 days. (Maximum 1 g/day)

Erythromycin estolate: 40-50 mg/kg/day orally, in 4 divided doses for 14 days. (Maximum 2g/day)

Septra/Bactrim suspension: 8 mg/kg/day (based on TMP) orally, in two divided doses for 14 days.

Zithromax suspension: 10-12 mg/kg/day orally, once daily for 5 days. (Maximum 600 mg/day)

Pediatric Rx:

Call pharmacy: _____

Caution patient to be checked if symptoms develop.

Answer patient's questions.

Caller signature _____

Provider signature _____ MD/CRNP