Oklahoma City-County Health Department (OCCHD)
NAPH Form Instructions

1. NAPH stands for Name, Address, and Personal History. This form has been approved as part of the statewide Mass Immunization and Prophylaxis Strategy (MIPS). The NAPH form should be double sided, black and white.

2. **Registration staff: Please note the Time In on the front page of the NAPH form. Also please check the Forms Checked box once you have checked over the demographic and allergy information on both sides.**

3. The top portion of the document is used to gather demographic information. The person picking up the medications for the family is always listed as Person #1. Other family members are listed in the corresponding cells, Person#2, Person #3…

4. The Zip Code is important to help track information.

5. Indicate the date of birth, sex, and weight if the child is less than 76 pounds. When a child is less than 76 pounds a second instructional handout, the pediatric dosing table, will be given that explains how to prepare emergency dosages for infants and children. This handout must be explained precisely and clearly so the instructions will be followed correctly. This is a very important step!

6. Check Pregnant/Breastfeeding section. Check for mother and the infant that is breast-feeding.

7. Each person must have a response in the Allergy section for every drug name listed.

8. The signature line for disease specific info and HIPPA statement for the person picking up medications is to be signed **after** they have

been provided their medication and their drug fact sheets. The medication dispenser is to witness this signature.

9. The section marked "STOP Do NOT fill out the information below" is the section to be completed by the medication dispenser.
   • Medication dispensers place their initials in the box marked "Dispenser Initials."
   • Medication dispensers sign the Dispensing Nurse signature line with their name and any   credentials. This signature line is at the bottom of the front and back pages.

10.   The Medication Section
   1) Handwritten method:
      • Check the box for either Doxycycline or Ciprofloxacin
      • Check the box the corresponding dosage, 100 mg BID (twice a day) for Doxy and 500 mg   BID (twice a day) for Cipro,
      • Handwrite in "Amoxicillin" and "500 mg three times a day" on the blank lines as needed.
      • Write in the expiration date, RX #, Lot # and NDC #.
   2) State Labeled bottles:
      • Peel the label and place it in the center of the medication section. It will cover the entire field.

   3) SNS bottles:
      • Peel and stick that label in each box for the corresponding person. The labels provide the   drug name dosage, Rx#, Lot #, NDC # and Expiration.

Each person receiving medication will have a label or a hand-written information on their drug fact sheet. ALSO REMEMBER TO WRITE IN THE DOSAGE FOR PEDIATRIC PATIENTS on their drug fact sheet and on the NAPH form next to the correct dosage in teaspoons (tsp).

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11.   The backside of the form is a continuation of the front of the form. Use the same instructions on the back that you have used on the front. This form allows for one person to pick up medication for up to ten people.

12.   For any client who can't take the medications we have provided, please check Refer to Primary Care Provider on the 2nd page of the NAPH form and have the client sign the form. Make your notes about referral in the Notes Section on the 2nd page of the NAPH form. **Per our OCCHD medical director, Julie Lees, MD; we will not be allowing clients to take any of the antibiotics we provide at a POD if they are allergic to the drugs or at their own risk for any other reason.**

13.   ==**Dispensers: Please note Time Out on the front of the NAPH form.**== This helps use determine how quickly we are serving our clients as well as helps in calculating throughput for the POD.

14.   All completed NAPH forms must be returned to OCCHD. Please collect all forms and return to the Operations Section Chief after each POD shift.