

## PHARMACIST ASSESSMENT RECORD – TRAVEL HEALTH

CLIENT INFORMATION		
Name:	Provincial Health Services Number:	
Address:	Date of Birth:	
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Email:
Telephone:	Primary healthcare provider:	
Parent/Guardian (if applicable):	Telephone:	Fax:

**Assessed immunization status and health status**

**Publicly funded vaccine(s) indicated** (Saskatchewan Immunization Guide Chapter 5 [Immunization Schedules](#); Chapter 7, 9.0 Appendix 7:1 [Specific populations by Risk Factor](#))

To comply with routine immunization recommendations

**For travel health: Destination**

**Departure Date:**

**Non-Publicly Funded Vaccines**

Vaccine to Prevent			
<input type="checkbox"/> Cholera and ETEC (Traveller's Diarrhea only)	<input type="checkbox"/> Hepatitis A / B	<input type="checkbox"/> Polio	<input type="checkbox"/> Rabies <b>(CTH only)</b>
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> MMR	<input type="checkbox"/> Shingles	<input type="checkbox"/> Typhoid <b>(CTH only)</b>
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Meningococcal ACWY	<input type="checkbox"/> Cholera and ETEC - for cholera <b>(CTH* only)</b>	<input type="checkbox"/> Yellow Fever <b>(CTH only)</b>
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pneumococcal C-13	<input type="checkbox"/> Japanese B Encephalitis <b>(CTH only)</b>	<input type="checkbox"/> Other:
Comments/Rationale:			

\* CTH - ISTM Certified Travel Health Consultant

## Travel Medications Indicated

### Traveller's Diarrhea

<b>Medication</b>			
<input type="checkbox"/> Oral rehydration solutions (OTC or directions for homemade product)	<input type="checkbox"/> Loperamide (OTC)	<input type="checkbox"/> Levofloxacin	<input type="checkbox"/> Azithromycin
<input type="checkbox"/> Deprescribe PPI, H2RA therapy if appropriate	<input type="checkbox"/> Ciprofloxacin	<input type="checkbox"/> Norfloxacin	<input type="checkbox"/> Rifaximin ***
<input type="checkbox"/> Bismuth subsalicylate (OTC)	<input type="checkbox"/> Other:		
<input type="checkbox"/> <b>Prophylaxis*</b>		<input type="checkbox"/> <b>Stand-by Treatment**</b>	
Comments/Rationale:			
<p>* Consider if:</p> <ul style="list-style-type: none"> <li>• brief illness cannot be tolerated (e.g., elite athletes, some business or political travellers)</li> <li>• increased susceptibility to TD (e.g., due to achlorhydria, gastrectomy, history of repeated severe travellers' diarrhea, young children &gt;2 years)</li> <li>• immunosuppressed due to HIV infection with depressed CD4 count or other immunodeficiency states</li> <li>• chronic illnesses with increased risk of serious consequences from TD (e.g., chronic renal failure, congestive heart failure, insulin dependent diabetes mellitus, inflammatory bowel disease)</li> </ul> <p>** <b>Prescribing antibiotics for self-treatment should not be standard practice for healthy clients travelling to low-risk destinations</b></p> <p>*** Not approved in Canada for Travellers' Diarrhea but listed as an option for prophylaxis and treatment by CATMAT</p>			

### Antimalarial Medication (CTH only)

<b>Prophylaxis Medication</b>			
<input type="checkbox"/> Atovaquone/proguanil	<input type="checkbox"/> Doxycycline	<input type="checkbox"/> Mefloquine	<input type="checkbox"/> Other:
<input type="checkbox"/> Chloroquine phosphate	<input type="checkbox"/> Hydroxychloroquine sulfate	<input type="checkbox"/> Primaquine phosphate *	
<b>Standby Medication:</b> option to prophylaxis in low risk areas; adjunct to prophylaxis in high-risk areas where medical assistance cannot be accessed within 24 hours			
<input type="checkbox"/> Chloroquine phosphate	<input type="checkbox"/> Atovaquone/proguanil	<input type="checkbox"/> Quinine + doxycycline	
Comments/Rationale:			

\* G6PD must be tested before prescribing

**Altitude Illness Medication (CTH only)**

<b>Medication</b>			
<input type="checkbox"/> Acetazolamide <b>**First line for prophylaxis**</b>	<input type="checkbox"/> Nifedipine	<input type="checkbox"/> Sildenafil	<input type="checkbox"/> Other:
<input type="checkbox"/> Dexamethasone	<input type="checkbox"/> Tadalafil	<input type="checkbox"/> Salmeterol	
Comments/Rationale:			

**Counseling for Medication (vaccines and/ or other drugs)**

- May have prescription filled at pharmacy of choice
- PAR will be communicated to primary care provider as part of collaborative practice
- Start and stop dates if applicable
- Potential adverse effects and management

**Travel Supplies and Advice**

**Travel Health kit** <https://travel.gc.ca/travelling/health-safety/kit>

**Counselled / provided printed or electronic information** on the following as relevant:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Food, water and personal hygiene                             | <input type="checkbox"/> Travelling while pregnant    | <input type="checkbox"/> Long-term travel (CTH only) |
| <input type="checkbox"/> Personal protection measures for insect bite prevention      | <input type="checkbox"/> Travelling with children     | <input type="checkbox"/> Mass gatherings (CTH only)  |
| <input type="checkbox"/> Sun and Heat protection                                      | <input type="checkbox"/> Travelling with disabilities | <input type="checkbox"/> Medical Tourism (CTH only)  |
| <input type="checkbox"/> Blood and bodily fluid infection risk                        | <input type="checkbox"/> Last minute travel           | <input type="checkbox"/> Mass gatherings (CTH only)  |
| <input type="checkbox"/> Animal bites   | <input type="checkbox"/> Insurance                    | <input type="checkbox"/> Scuba diving (CTH only)     |
| <input type="checkbox"/> Mode of travel safety information                            | <input type="checkbox"/> Emergencies                  |  |
| <input type="checkbox"/> Precautions when travelling with a chronic medical condition | <input type="checkbox"/> Water purification           |  |
| <input type="checkbox"/> Precautions when travelling with medications                 | <input type="checkbox"/> Others? List:                |  |

**Resources for Client Information**

- Essential information for Canadian Travellers - <https://travel.gc.ca/docs/publications/bybrev-eng.pdf>
- A Canadian's Guide to healthy Travel Abroad - [https://travel.gc.ca/docs/publications/bon\\_depart-on\\_your\\_way-eng.pdf](https://travel.gc.ca/docs/publications/bon_depart-on_your_way-eng.pdf)
- Tip Sheets IAMAT's e-library <https://www.iamat.org/elibrary>
- CDC Resources for Travelers <https://wwwnc.cdc.gov/travel/page/traveler-information-center>
- CDC Mobile Apps <https://wwwnc.cdc.gov/travel/page/apps-about>

**Rx Issued:**

**Other:**

**PRESCRIPTION  
PRIMARY HEALTHCARE PROVIDER NOTIFICATION**

Name of Primary Healthcare Provider:		Fax:	
<b>After assessment of immunization status, health status and travel risks, prescription(s) for the following vaccines and / or medications were issued for:</b>			
Name:		Provincial Health Services Number:	
Address:		Date of Birth:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Telephone:		Email:	
Parent/Guardian (if applicable):		Pregnant/Breastfeeding:	
Vaccine/Medication	Rationale	Dosage (Only check one)	Route (Only check one)
		<input type="checkbox"/> 0.5mL <input type="checkbox"/> 1.0 mL <input type="checkbox"/> Other:	<input type="checkbox"/> IM <input type="checkbox"/> ID <input type="checkbox"/> PO <input type="checkbox"/> SC <input type="checkbox"/> Other:
		<input type="checkbox"/> 0.5 mL <input type="checkbox"/> 1.0 mL <input type="checkbox"/> Other:	<input type="checkbox"/> IM <input type="checkbox"/> SC <input type="checkbox"/> PO <input type="checkbox"/> ID <input type="checkbox"/> Other:
		<input type="checkbox"/> 0.5 mL <input type="checkbox"/> 1.0 mL <input type="checkbox"/> Other:	<input type="checkbox"/> IM <input type="checkbox"/> SC <input type="checkbox"/> PO <input type="checkbox"/> ID <input type="checkbox"/> Other:
		<input type="checkbox"/> 0.5mL <input type="checkbox"/> 1.0 mL <input type="checkbox"/> Other:	<input type="checkbox"/> IM <input type="checkbox"/> SC <input type="checkbox"/> PO <input type="checkbox"/> ID <input type="checkbox"/> Other:
<b>Prescribing Pharmacist:</b>			
Name:		Signature:	
Pharmacy:		Telephone:	Fax:
Email:		Date:	