



<b>Facility Name:</b>	<b>Year:</b>
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To be completed **monthly** by the **pharmacist**. Please indicate which of the below pharmaceuticals are currently in stock (mark with a 1 - actual numbers are not required) either in pharmacy or the children's ward. The final score for pharmaceuticals is based on availability of medications in pharmacy and the ward. Calculate required monthly stock levels and record in stock column.

Pharmacy stock	Stock	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Antimicrobials</b>													
1	Aciclovir												
2	Cefotaxime												
3	Ceftriaxone												
4	Cloxacillin												
5	Fluconazole												
6	Metronidazole												
<b>Sedation and Anticonvulsants</b>													
7	Sodium valproate												
<b>Cardiac/Anti-inflammatory</b>													
8	Captopril												
9	Ibuprofen syrup												
10	Dexamethasone												
11	Digoxin												
12	Dopamine												
13	Hydrocortisone												
<b>Diuretics</b>													
14	Hydrochlorothiazide												
<b>General</b>													
15	Activated charcoal												
16	Glucagon												
17	Insulin (Actrapid)												
18	Lactulose												
19	Liquid paraffin												
20	Mebendazole												
21	Zinc												
<b>Pharmacy stock Total:</b>													





