



Facility Name:	Year:
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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
Antimicrobials													
1	Ceftriaxone or equivalent												
2	Albendazole 400 mg												
Respiratory													
3	Ipratropium Bromide (Atrovent)												
4	Fenoterol (Berotec)												
Sedation and Anticonvulsants													
5	Midazolam or Diazepam												
Antipyretic/analgesic													
6	Paracetamol												
7	Emla Cream												
Supplements													
8	Vit A												
Spray bottles													
9	Chlorhexidine hand wash												
10	Chlorhexidine tincture 70%												
Vacolitres													
11	PMS 200 ml												
12	½ DD 500 ml, 200 ml												
13	Normal Saline 200 ml												
14	Ringers 200 ml												
15	Water for irrigation 1000 ml												
16	Aqueous cream 50 ml												
17	Dextrostix (for unit glucometer)												
18	Hibiscrub liquid soap												
Ward stock A Total:													

