

LEHIGH UNIVERSITY HEALTH CENTER

MENINGITIS EXPOSURE WORKSHEET AND INFORMED CONSENT

DATE / DATE OF BIRTH PRINT NAME LIN #

LOCAL ADDRESS LOCAL PHONE

Describe Your Contact With The Person Diagnosed With Meningitis (WHERE & WHEN Did Contact Occur?)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. Are you taking any medications, including birth control pills, vitamins, or antacids? YES ___ NO ___ If YES, which medication?
2. Allergy/adverse reaction to drugs? YES ___ NO ___ If YES, which drug? Reaction
3. Do you have a history of liver or kidney problems? YES ___ NO ___ If YES, describe problem:
4. Are you pregnant or is there a possibility you could be pregnant? YES ___ NO ___
5. Do you have epilepsy? YES ___ NO ___
6. Do you have other medical problems? YES ___ NO ___ If YES, describe problem:

PATIENT SIGNATURE DATE

ASSESSMENT:

- o Asymptomatic
o Meningitis Contact

PLAN: Cipro 500mg po with full glass of water or Rifampin 600mg Q12 x 2 days (Azithromycin 600mg if Allergy to cipro).

Patient information on Cipro given to individual
Handout on Meningitis discussed with individual
Return PRN

CLINICAL SIGNATURE DATE

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PATIENT INFORMATION

How to take this medication: Cipro may be taken without regard to food, however, best absorption occurs if taken two hours after a meal. Take with a full glass of water. Drink plenty of fluids while taking this medication.

Side Effects: This medication may cause GI upset, skin rash, or drowsiness. These symptoms should be infrequent. If symptoms do persist, inform your clinician.

INFORMED CONSENT TO RECEIVE CIPRO DUE TO POSSIBLE MENINGITIS EXPOSURE

I have read the meningitis informational brochure and possible drug reactions/interactions, other potential side effects and their probabilities have been explained to me by a University Health Center provider (see below for detailed explanation). My potential exposure as well as the treatment alternatives, based on my level of contact with the person who contracted meningitis, have also been explained to me.

I understand that Cipro:

1. Is used to treat bacterial infections by killing bacteria or preventing their growth;
2. Is recommended to be given only to persons having had intimate or direct contact with individuals with meningitis;
3. Has been prescribed to me for this present situation only and should not be shared or given to other people or used for other infections;
4. Provides no guarantee or assurance of complete protection from meningitis and that such assurance or guarantee has not been given by University Health Center staff.

I have been instructed on the proper dosing of Cipro and understand that for it to be effective I must take the prescribed dosage accurately. I have had the opportunity to ask questions concerning this medications, alternatives and risks and all questions have been answered to my satisfaction.