附件

**处方点评工作表**

医疗机构名称：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 处方日期（年月日） | 年龄（岁） | 诊断 | 药品品种 | 抗菌药（0/1) | 注射剂（0/1) | 国家基本药物品种数 | 药品通用名数 | 处方金额 | 处方医师 | 审核、调配药师 | 核对，发药药师 | 是否合理（0/1) | 存在问题（代码） |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| .......... |
| 总计 |  | A= | C= | E= | G= | I= | K= |  |  |  | O= |  |
| 平均 | B= |  | L= |  | P= |  |
| % |  | D= | F= | H= | J= |  |  |

点 评 人： 填报日期：