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：