Synchronised National Communication in Health (SyNCH)



Health Facility SyNCH Interface User Guide

Health Systems Trust





Department: Health REPUBLIC OF SOUTH AFRICA



SyNCH URLs



<u>https://ccmdd.org.za/</u> - Live site <u>https://reports.ccmdd.org.za</u> - Reporting site





SyNCH - Login Screen





HOME DOCUMENTS

Welcome to SyNCH

Synchronised National Communication in Health

Keep username and password confidential





Over the past decade, South Africa has experienced an unprecedented growth in patients requiring access to long-term therapies. Not only has South Africa introduced universal access to antiretroviral therapy (ART) for patients living with HIV and AIDS, but there has also been a steady increase in the number of patients with non-communicable disease. (NCOS), requiring dronic therapy.

South Africa's changing epidemiological profile has led to an over-extension of public sector healthcare facilities including primary health care (PHC) dinics. This has placed enormous strain on available resources and has contributed towards medicine shortages and declining quality of care.

Typically, a patient with a chronic disease is issued with a repeat prescription for six months. Between six-monthy clinical assessments, the patient needs to visit the healthcare facility merely to collect medication. On a daily basis, as much as 70% of a facility's prescription load will be devoted to servicing repeat prescriptions.

The patient experience tends to be one of long wailing times and, occasionally, nepeat visits to facilities in order to collect medicines that were not available during the routine visit. This poses potential adherence barriers which may lead to poor health outcomes, and places strain on the patient in terms of transport costs and loss of income.

Private sector pharmacies and health facilities are able to offer tonger hours of operation than do public sector facilities, including weekends. In addition, private sector cutels are often me accessible from patients' places of employment which, when coupled with shorter waiting times, allows for the collection of medicines without the need to taking a day's leave or froging a day's income.











SyNCH - Login Screen



HOME DOCUMENTS



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Synchronised National Communication in Health

	Account does not exist	
Lo	gin	
er_n	nanual	
4SSI	NORD	

Recover Lost Password

Over the past decade, South Africa has experienced an unprecedented growth in patients requiring access to long-term therapies. Not only has South Africintroduced universal access to antiretroviral therapy (ART) for patients living with HIV and AIDS, but there has also been a steady increase in the number of patience with non-communicable diseases (NCDs), requiring chronic therapy.

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Private sector pharmacies and health facilities are able to offer longer hours of operation than do public sector facilities, in sector outlets are often more accessible from patients' places of employment which, when ooupled with shorter waiting times without the need to taking a day's leave or forging a day's income.

If you forget your password, click on "Recover Lost Password" link









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Private sector cutles are without the need to taking a da

SyNCH - Login Screen



HOME DOCUMENTS





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SyNCH - Landing Page



SyNCH - Landing Page



SyNCH – Creating a Prescription





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SyNCH – Creating a Prescription





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SyNCH – Creating a Prescription

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REPUBLIC OF SOUTH AF	FRICA			
Home Prescriptions -	Patient Reports - Data Manager	ment		Help v Logout
/our details	Uncollected Patient	t Medicine Parcels		System Changes
	enconcerca i aden			eystem enanges
Name		Wasi	oank Clinic	Prescription View: Prescription Date Field
User Manual	Uncollected after 48 hours of collect	ion date 20		11 November 2019 If for any reason a prescription is captured on SVNCH after the
PERSAL No.	Uncollected after 7 days of collection	n date (13)		patient clinic review, the date of the actual review can be selected
123456	Uncollected / Returned parcels	26		under the "Prescription date" field in the prescription tab. Collection dates are based on the Prescription date.
MP No. 625242	All uncollected medicine parcels	25		New Eastern Cape formulary - Free State &
Qualifications	Prescriptions: Reje	cted by CCMDD Service P	rovider	18 July 2019 The 2019 formulary for the Eastern Cape is now available. Free State & Moumalance is now live with the 2019 formulary
		Wasbank Clinic		
Signature	Rejected in last day	0		New KwaZulu-Natal Formulary
11 1.	Rejected in last week	0		The 2019 formulary for KwaZulu-Natal is now available.
User Manual	Rejected in last month	0		Prescriptions rejected by Service Provider
	All rejected prescriptions	0		11 February 2019
Drescribing Eacility				A list of prescriptions rejected by the Service Provider is available on the home screen as well as the prescriptions menu.
Wasbank Clinic				
	Saved Prescription	s - Wasbank Clinic		Prescription view. Save button
		Wesherek Olisis		The 'Save' button for the prescription view has been moved to the
our account	Saved in last day			let of parter
	Saved in last week			
Name	Saved in last month	0		Patient Search
User Manual	All saved prescriptions			
Email				Patient ID / Passport:
vishenj@gmail.com		Click on "Create	N	ID Number / Passport / Asylum Number O Search
Last Login	Patient Decanting			S State
2020-01-10 14:57 from vc- nat-gp-n-41-13-72- 123 umts vodacom co za	Wasbank Clinic	New Prescription"		Create New Prescription
120.0.12.0000000.00.22	Pickup Point Type	button	Patients	
	Internal Pick-up Point		94	
	External Pick-up Point		32	
	Adherence Club	20	20	
	Outreach Point	14	14	

SyNCH - Patient Consent Tab

New Prescription

Save				Submit	Close
Patient Consent Patient Details	Next of Kin Nominated Collector	Pick-up Point Pres	cription Details Prescription History		
Patient Consent					
I acknowledge that the CCMDD proprovided regarding the programme. I have discussed it with my prescribe I hereby agree to participate in the predicine. Patient has acknowledged CCMDD registration * Patient previously registered on old paper based system *	ramme has been explained to me and user and all of my questions have been and rogramme for alternative distribution Yes	understand the information	Patient must provide verbal consent (select "Yes")		
save •: Required Field	Yes			Submit	Close
HEALTH SYSTEMS TRUST	No	<u> </u>		powered by	.

To prevent "double-counting" of patients and track how many patients have converted from "paper-based" to SyNCH (select "Yes" if patient was previously enrolled on the CCMDD programme on paper prescription)





SyNCH – Patient Details Tab





Close

SyNCH – Next of Kin Tab



Save	_			1	Submit	Close
Patient Consent Patient Details	Next of Kin	Non-compulsory but sho availabl	ould be captured if	story		
Next of Kin						
Next of Kin: First Name	NOK FName	Next of Kin: Surname	NOK Sname	Next of Kin: Relati	wife Wife	
Next of Kin: Contact number	1234567890					
Save *: Required Field					Submit	Close





SyNCH – Nominated Collector (Proxy) Tab



Save					Submit Close
Patient Consent Patient Details	Next of Kin Nominated Col	lector Pick-up Point Prescripti	on Details Prescription History		
Nominated Collecto	or: 1				
Collector: Relationship	Wife	Collector: First Name	Wife Name	Collector: Surname	Wife Sname
Collector: ID Number		Collector: Passport / Asylum Number		Collector: Contact Number	1234567890
Nominated Collecto	or: 2				
Collector: Relationship		Collector: First Name		Collector: Surname	
Collector: ID Number		Collector: Passport / Asylum Number		Collector: Contact Number	
Save *: Required Field			2		Submit Close
These field details	s can be partia to the health fa	lly completed, h acility/PuP befor	owever, the pate the proxy can	tient must provi collect any PMI	de all Ps

SyNCH – PuP Selection Tab













	Name	Facility	Active Patients
es		Wasbank Clinic	0
		Wasbank Clinic	0
	Louise's AC01	Wasbank Clinic	0
	max test ac	Wasbank Clinic	0
nsent	Name AC1	Wasbank Clinic	0
rib	 Nimbro 	Wasbank Clinic	0
	PHILAMNTWANA CENTRE	Wasbank Clinic	0
g Fac	philanikahle	Wasbank Clinic	0
	philanikahle club	Wasbank Clinic	0
	Comuiro		Submit







🛛 💥 he	alth			
Depa	Select Close	Search	h Records 1 to 10 of 26 >	
	Name	Facility	Active Patients	- Logout
	 Banana club 	Wasbank Clinic	0	
lew Pres	DUDUZA CARE CENTRE	Wasbank Clinic	0	
	 lion 	Wasbank Clinic	0	
Save	Louise's AC01	Wasbank Clinic	0	Close
	 max test ac 	Wasbank Clinic	0	
Patient Conser	nt 💿 hame AC1	Wasbank Clinic	0	
Drosoril	Nimbro	Wasbank Clinic	0	
Freschi		Wasbank Clinic	0	
Prescribing Fa	philanikahle	Wasbank Clinic	0	
	philanikahle club	Wasbank Clinic	0	
Save	• Rec Field		Submit	Close
	Click on the selection			
	button next to the			
	correct AC			
	Ihen			
	Click "Select"			
	nealth			2030
Real Provide P				











Save						Submit	Close
Patient Consent Patient Details	Next of Kin Nominated	Collector Pick-up Point	Prescription Details	Prescription History			
Prescribing Facility	& Pick-up Point						
Prescribing Facility	Wasbank Clinic						
Pick-up Point 🔹	Wasbank Clinic						
Adherence Club	Name AC1						
Next Collection Date *	YYYY-MM-DD		I he nex	scheduled a	adherence c	lub date m	nust be
	Internal Pick-up Point	Adherence Club	EE	entered on th	ne calendar	provided.	
Save *: Required Field						Submit	Close







Save	Close
Patient Consent Patient Details Next of Kin Nominated Collector Pick-up Point Prescription Details Prescription History	
Prescribing Facility & Pick-up Point	
Prescribing Facility Wasbank Clinic	
Pick-up Point Wasbank Clinic	
Adherence Club Name AC1 Note: Meeting dates ≤ 21 days or ≥ 56 day	vs from
Next Collection Date * Improvement the profile/prescription submission date	cannot
February 2020 » Su Mo Tu We Th Fr Sa dherence Club	
26 27 28 29 30 31 1	
Save •: Required Field 2 3 4 5 6 7 8	Close
9 10 11 12 13 14 15	
health 16 17 18 19 20 21 22	
SYSTEMS 23 24 25 26 27 28 29	Jowered by
1 2 3 4 5 6 7	







Save					Submit	Close
Patient Consent Patient Deta	ils Next of Kin Nominate	d Collector Pick-up Point	Prescription Details	Prescription History		
Prescribing Facili	ty & Pick-up Point					
Prescribing Facility	Wasbank Clinic					
Pick-up Point 🔹	Wasbank Clinic					
Adherence Club	Name AC1		Thomas	t AC monting data (collecti	on data)	:11
Next Collection Date *	2020-02-26	\mathbf{K}	dete	ermine subsequent collection	on dates	WIII
	Internal Pick-up Point	Adherence Club				
Save *: Required Field	d				Submit	Close







Save						Submit Close
Patient Consent Patient Details	Next of Kin Nominated	Collector Pick-up Point	Prescription Details	Prescription History		
Prescribing Facility	& Pick-up Point					
Prescribing Facility	Wasbank Clinic					
Pick-up Point *						
	Internal Pick-up Point	Adherence Club	Outreach Point	External Pick-up Point		
Save *: Required Field						Submit Close
					_	
	S	elect OP if	patient cho	ooses to		
	С	ollect PMP	from OP.			
	N	ote: These	options wi	ll only be		
	vi	sible if the	OP have be	een captured		
bealth	0	n SyNCH us	ing the AC,	/OP		
Department:	a	dministratio	on tool.			2030
Health REPUBLIC OF So	OUTH AFRICA				-	NDP



Depart Health REPU Select Close	Search	Records 1 to 10 of 19
e Name	Facility	Active Patients
CENTRAL OUTREACH	Wasbank Clinic	0
GABELA W	Wasbank Clinic	0
IBUSELIHLE	Wasbank Clinic	0
	Wasbank Clinic	0
KAMEELKOP	Wasbank Clinic	0
t Consent 💿 KWA-VIERA	Wasbank Clinic	0
O Max ORP	Wasbank Clinic	0
max outreach	Wasbank Clinic	0
bing Fac OMOOISPRUIT FARM	Wasbank Clinic	0
 Philantwana 	Wasbank Clinic	0
ave Required All data appeari	ing in these pop-up boxes reflects o	data
captured o	on the AC/OP administration tool	







h De He RE		Outreach Points	Search	Records 1 to 10 of 19	
Hor		Name	Facility	Active Patients	- Logout
		CENTRAL OUTREACH	Wasbank Clinic	0	
Nr Pre	s	GABELA W	Wasbank Clinic	0	
	- 4	BUSELIHLE	Wasbank Clinic	0	
Save		IKUSASALEBUSI	Wasbank Clinic	0	Close
		KAMEELKOP	Wasbank Clinic	0	
Patient Cons	ent	KWA-VIERA	Wasbank Clinic	0	
Dreser	ile	Max ORP	Wasbank Clinic	0	
Prescri	D	max outreach	Wasbank Clinic	0	
Prescribing	Fac	MOOISPRUIT FARM	Wasbank Clinic	0	
		Philantwana	Wasbank Clinic	0	
, ion up i on					
Save		Click on the selection		Submit	Close
		Then Click "Select"			





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SyNCH – PuP Selection Tab (External PuP Selection)



Save						Submit	Close
Patient Consent Patient Details	Next of Kin Nominated C	ollector Pick-up Point	Prescription Details	Prescription History			
Prescribing Facility	& Pick-up Point						
Prescribing Facility	Wasbank Clinic						
Pick-up Point 🔹							
	Internal Pick-up Point	Adherence Club	Outreach Point	External Pick-up Point			
_						_	
Save *: Required Field						Submit	Close
		Se	elect exter	nal PuP if patie	ent		
		ch	ooses to c	collect PMP fro	m external		
		Pu	IP.				























FICK	up Points						-
Area:	District: Umzinyathi DM	Province: KwaZulu-Natal					
Filter	Province All	▼ Dis	strict All 🔻 C	Category All	•		
16001	Company All	•					
Se	lect Close		hst	Search	Clear Records 1 to	10 of 11 >	
N	ame	Category	Address	Locati	on Active Patient	s Status New	
• H	ST Pelebox : Prince Cyril Zul	u CDC Non-governmental org	ganization c/o Warwick & Univers	ity Avenue	0	Active New	
○ H	ST Pelebox : Umlanzi N Clini	ic Non-governmental org	ganization Lot 253 N Section		0	Active New	
○ H ²	ST Pelebox : Savannah Park	Clinic Non-governmental org	ganization Grass Road		0	Active New	
○ H	ST Pelebox : Chesterville Clir	nic Non-governmental org	ganization c/o Booth & Road 3		0	Active New	
⊖ H	ST Pelebox : Mzamo Clinic	Non-governmental org	ganization St Wendolin's Road		0	Active New	
○ H	ST Van : Tshelimnyama Libra	ary Non-governmental org	ganization 1 Maryvale Road		4	Active	
○ H	ST Van : Dassenhoek Library	/ Non-governmental org	ganization 1 Maryvale Road		0	Active	
O H	ST Van : Mpola Library	Non-governmental org	ganization 1 Maryvale Road		0	Active	
○ H	ST Van : Marianridge Library	Non-governmental org	ganization 1 Maryvale Road		0	Active	
	ST Van : Klaarwater Library	Non-governmental org	nanization 1 Marvvale Road		0	Active	

Possible PuPs that can be chosen based upon search box entry. Confirm which PuP the patient would like to collect their PMP from.







	healt	-h											
	Depart	Pickup P	oints										
	REPU	Area: Di	strict: Umzinyathi	DM Province	: KwaZulu-Na	tal							
Hom	ie	Filter	Province A	JI ▼		District Al	II v	Category All		•			- Logout
		records.	Company A	JI		•							
Nev		Select	Close				hst	Search	Clear	Records 1 to	10 of 11 >		
		Name			Category		Address		Location	Active Patients	Status New	1.1	
Save		A PST P	elebox : Prince Cyr	ril Zulu CDC	Non-governn	nental organization	c/o Warwick & Univ	versity Avenue		0	Active New		Close
Detient C			elebox : Umlanzi N	Clinic	Non-governn	nental organization	Lot 253 N Section	-		0	Active New		
Patient Co		HST P	elebox : Savannah	Park Clinic	Non-governn	nental organization	Grass Road			0	Active New		
Preso	crib	HST P	elebox : Chestervil	le Clinic	Non-governn	nental organization	c/o Booth & Road 3	3		0	Active New		
Dressribi		HST P	elebox : Mzamo Cl	inic	Non-governn	nental organization	St Wendolin's Road	t		0	Active New		
Prescribi	ng Fac	HST V	an : Tshelimnyama	Library	Non-governn	nental organization	1 Maryvale Road			4	Active		
Pick-up P	Point +	HST V	an : Dassenhoek L	ibrary	Non-governn	nental organization	1 Maryvale Road			0	Active		
		HST Va	an : Mpola Library		Non-governn	nental organization	1 Maryvale Road			0	Active		
		HST V	an : Marianridge Li	brary	Non-governn	nental organization	1 Maryvale Road			0	Active		
		HST V	an : Klaarwater Lib	rary	Non-governn	nental organization	1 Maryvale Road			0	Active		
		Clic	k on the	e select	ion							-	
Save		bı	utton ne	ext to th	ne 🛛						S	ubmit	Close
			correc	t PuP									
			Th	en									
$\langle \rangle$													
			Click "S	select"									















Save Pi Patient Consent F	rescription solution and late cannot l	ubmission be edited	Prescription Details	Prescription History		Submi	Close
Prescription Det	tails	7					
Prescription Submission Dat	2020-02-04	Prescription Date	2020-02	-04	Clinic File Reference		
Level of Care	Primary Health Ca	are v					
Indication	Ma	ledication	Dosage		ADD s	elected dosage	
	•		· · · · · · · · · · · · · · · · · · ·		•		
	Pr	rotocol	T		ADD s	elected protocol	
# Indication	n Dr	losage			Quantity To Dispense	o Cost	First Medicine Supply Dispensed From: *
1							







New Prescription		Ducco				
Save Prescri Datient Consent F	ption submiss annot be edit	ion ed k-up Point Prescrip	scription date is	nission date	Subr	nit Close
Prescription Details						
Prescription Submission Date 202	20-02-04	Prescription Date	2020-02-04	Clinic File Reference		
Level of Care	rimary Health Care 🔹			_		
Indication	Medication		Dosage	ADD s	elected dosage	
	Protocol					
		v		ADD s	elected protocol	
# Indication	Dosage			Quantity T Dispense	o Cost	First Medicine Supply Dispensed From: *
1						







New Prescri	ption	Prescription date can be captured							red				
Save Patient Consent Prescriptio	Prescription date cannon Details	on submission ot be edited	up to 14	up to 14 days prior to prescription submission date						ion	Subr	nit Close	
Prescription Submis	ssion Date 2020-02-04	Prescription	Date	202	0-01-3	22				Clinic File Ref	erence		
Level of Care	Primary H	ealth Care 🔹		« Su	Мо	Januar Tu W	y 202 e Th	0 Fr	» Sa				
Indication		Medication		29	30	31 1	2	3	4			tad dagage	
	Ŧ		•	5	6	78	9	10	11	•	ADD selec	leu uosage	
		Protocol		12	13	14 1	5 16	17	18				
			•	19	20	21 22	2 23	24	25		ADD selec	ted protocol	
#	ndication	Dosage		26	27 3	28 29 4 5	9 30 6	31 7	1 8		Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1													







New Pres	cription		Prescription date can be captured												
Save Patient Consen Prescrip	Preso date otion Details	ited ^{k-u}	up to 14 days prior to prescription submission date							otion		Subm	it Close		
Prescription S	ubmission Date	2020-02-04		Prescription [Date	202	20-01-2	22	~		Clinic File F	eference			
Level of Care		Primary Healt	h Care 🔻			« Su	Мо	January Tu We	2020 Th	» Fr Sa					
Indication			Medication			29	30	31 1	2	34			soloct	one cob bot	
		•			▼	5	6	7 8	9	10 11			301001	led dosage	
			Protocol		•	12 19 26	13 20 27	14 15 21 22 28 29	16 23 2 30 3	17 18 24 25 31 1		ADD	select	ted protocol	
#	Indication		Dosage		[2	3	4		7 8		Quantity Dispense	То	Cost	First Medicine Supply Dispensed
					PM	Ρc	col	ecti	on	dat	es are				From: *
1					calcu	lat	ed	bas	ed	on	the da	te			
					С	ар	tur	ed i	n tł	nis f	field				







Save									Sub	Close
Patient Consent Patient Details	Next of Kin	Nominated Collector	Pick-up Point	Prescripti	on Details	Prescription History				
Prescription Details										
Prescription Submission Date	2020-02-04	Pr	escription Date		2020-02-0)4	Clinic File Refer	ence	Insert C	linic File Ref No. Here
Level of Care	Primary Health	h Care 🔻						_	3	
Indication		Medication			Dosage			Ente	or natio	ent's clinic
	•			•			•	LIILE		
		Protocol						-	file nu	mber
				•						
# Indication		Dosage						Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1										





SyNCH – Prescription Tab (Indication Selection)



Prescription Details

ł	Prescription Submission Date	2020-02-04		Prescription Date	2020-02-04	Clinic File Reference	Insert Clinic File Ref No. Her	re
I	Level of Care	Primary Health	Care 🔻					
I	ndication		Medication		Dosage			
		•		▼		▼ ADD s	selected dosage	
					^	ADD s	selected protocol	
	Diabetic nephropatity					Sele	ect the Condition	
	Dry skin					(Ind	ication) from the	
	Dyslipidaemia in Diabetes					dror	n down list Only	
	Eczema: Atopic						J-UOWIT IISt. Offiy	
	Epilepsy					Condi	tions approved to	ir
	Gout: Chronic					CCIVID	D will appear ner	e
	Sour onionic							
	HIV/AIDS Adults							
	Hormone therapy							
	Hormone therapy Uterus present ((no hysterectomy)						
	Hypertension in adults							



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SyNCH – Prescription Tab (Medication Selection)



Prescription Submission Date 2020-02-04		2020-02-04	Prescription Date		2020-02-04	Clinic File Ref	erence	Insert Clinic File Ref No. Here	
Level of Care		Primary Health	Care 🔻						
Indication			Medication		Dosage				
HIV/AIDS Adult	ts	•		•		•	ADD selected do	sage	
#	Indication		Tenofovir, emtricitabine and efavirenz	-		Select the	ADD selected pro	otocol First Medicine	
			Tenofovir, lamivudine and dolutegravir Tenofovir			associated	with the	Supply Dispensed From: *	
1 2			Tenofovir and emtricitabine	1	\langle	condition fro down lis	m the dro st. Only	p-	
3			Lamivudine			medicines a	oproved fo	or 🚽	
5			Efavirenz			CCMDD will a	appear he	re	
7			Nevirapine						
8 9			Abacavir						
10			Lamivudine and abacavir						
11 12			Zidovudine						
			Zidovudine and Lamivudine	-					







SyNCH – Prescription Tab (Dosage Selection)



Prescription Submis	2020-02-04	Prescription Date	2020-02-04 Clinic File Reference	Insert Clinic File Ref No. Here
Level of Care	Primary Healt	h Care 🔻		
Indication		Medication	Dosage	
HIV/AIDS Adults	¥	Tenofovir, lamivudine and dolutegravir	ADD selected d	osage
		Protocol	d p	rotocol
# Ir	ndication	Dosage	Dispense Co	ost First Medicine Supply Dispensed From: *
1			Select the appropriate dose for	or 🛛
2			the medicine from the drop-	
3			down list.	
4				
5				
6				







SyNCH – Prescription Tab (Adding Regimen to Prescription)



Prescription Subr	nission Date	2020-02-04	Prescription Date		2020-02-04	Clinic File Reference	Insert Clinic File	Ref No. Here
Level of Care		Primary Healt	th Care 🔻					
Indication			Medication		Dosage			
HIV/AIDS Adult	ts	•	Tenofovir, lamivudine and dolutegravir	▼	Tenofovir, lamivudine an	nd dolutegravir 301 🔻		
			Protocol			Δ		
				•	[
#	Indication		Dosage			Click on "Add add the med	selected dosa	ge" to to the
1						pro	escription	
2								
3								
4								
5								
6								









Prescription Details

Prescription Submission Date	2020-02-04	Prescription Date	2020-02-04	Clinic File Reference	Insert Clinic File Ref No. Here
Level of Care	Primary Health Care				
Indication	Medication	¥	Dosage	▼ ADD selected	dosage
	Protocol	v		ADD selected	protocol

#	Indication	Dosage	Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 X Remove	HIV/AIDS Adults	Tenofovir, lamivudine and dolutegravir 300/300/50 mg po 24 hourly Dosage Instructions: Take 1 tablet (300/300/50mg) 24 hourly	28 tablets	91.82	•
2 × Remove	Hypertension in adults	Hydrochlorothiazide 25 mg po 24 hourly Dosage Instructions: Take 25mg daily	28 x 25mg	3.74	•
3 × Remove	Hypertension in adults	Enalapril 10 mg po 24 hourly Dosage Instructions: Take 10mg daily	28 x 10mg	4.38	•
4 × Remove	Type 2 diabetes mellitus, adults	Metformin 500 mg po 24 hourly Dosage Instructions: Take 500mg daily	28 x 500mg	4.10	T
5 X Remove	Type 2 diabetes mellitus, adults	Glibenclamide 7.5 mg po 24 hourly Dosage Instructions: Take 5mg in the morning and 2.5m at night	42 x 5mg	3.41	¥
6 🗶 Remove	Chronic asthma	Beclometasone 200 mcg inhaled 12 hourly Dosage Instructions: Inhale one puff (200mcg)	1 x 200mcg	59.56	•
7					

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Repeat the process outlined in the previous slides to add more medicines to the prescription





Prescription Details

Prescription Submi	ission Date	2020-02-04		Prescription Date		2020-02-04	Clinic Fi	ile Reference	Insert	Clinic File Ref No. Here
Level of Care		Primary Healt	th Care 🔻							
Indication			Medication			Dosage		ADD	selected dosage	
▼					•					
			Protocol					ADD	selected protocol	
					•				· · · · · · · · · · · · · · · · · · ·	
# Indication			Dosage					Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 × Remove	We HIV/AIDS Adults Tenofovir, lamivudine and dolutegravir 300/300/ Dosage Instructions: Take 1 tablet (300/300/50			00/50 mg po /50mg) 24 hou	24 hourly Irly		28 tablets	91.82		
2 × Remove	Hypertension in ad	ults	Hydrochlorothiazide 25 mg po 24 hourly Dosage Instructions: Take 25mg daily			28 x 25mg	3.74	Weighted		
3 × Remove	Hypertension in ad	ults	Enalapril 10 mg Dosage Instruct	po 24 hourly tions: Take 10mg daily				28 x 10mg	4.38	estimate
4 X Remove	Type 2 diabetes me	ellitus, adults	 Metformin Dosage Instruct 	500 mg po 24 hourly tions: Take 500mg daily	Qu	licing to be		28 x 500mg	4.10	of
5 X Remove	move Type 2 diabetes mellitus, adults Gibenclamide 7.5 mg po 24 hou Dosage Instructions: Take 5mg in the		nide 7.5 mg po 24 hourly tions: Take 5mg in the mornin	di	spensed	_/	42 x 5mg	3.41	medicines	
6 × Remove	Chronic asthma		Beclometasone Dosage Instruct	200 mcg inhaled 12 hourly tions: Inhale one puff (200mc	×			1 x 200mcg	59.56	,,
7										



He

Medicines regimens for all indications



REPUBLIC OF SOUTH AFRICA



Prescription Details

Prescription Sub	Prescription Submission Date 2020-02-04 Prescrip		Prescription Date		2020-02-04	Clinic Fil	e Reference			
Level of Care		Primary Heal	th Care 🔻							
Indication			Medication			Dosage				
		•			•			▼ ADL	D selected dosage	•
			Protocol) selected protoco	
					•					
#	Indication		Dosage					Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 × Remove	HIV/AIDS Adults		Tenofovir, lamivu Dosage Instructi	ıdine and dolutegravir 30 ons: Take 1 tablet (300/3	Se	elect "Consultin	g	28 tablets	91.82	Consulting Room V
2 × Remove	Hypertension in a	dults	Hydrochlorothia: Dosage Instructi	zide 12.5 mg po 24 hourly ons: Take 12.5mg daily	Ro	om" if medicine ed from consult	e is ting	28 x 12,5mg	3186	Consulting Room V
3 × Remove	Hypertension in a	dults	Amlodipine 5 mg Dosage Instructi	g po 24 hourly ons: Take 5mg daily	roon	n. If medicine is	not			Not Dispensed 🔻
4					issu	ed from consult	ting			
5					rc	oom, select "No	t		V	
						Dispensed"				





health



SyNCH – Prescription Tab (Record of Medicine/s Issued)



Prescription Subr	nission Date 2020-02-04	Prescription Date	2020-0	02-04	Clinic File Reference		
Level of Care	Primary Hea	Ith Care 🔹					
Indication	Ţ	Medication	Dosage)	ADD) selected dosage	
		Protocol			ADI) selected protocol	
#	Indication	Dosage			Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 X Remove	HIV/AIDS Adults	Tenofovir, lamivudine and dolutegravir 300/300/50 mg p Dosage Instructions: Take 1 tablet (300/300/50mg) 24 h	o 24 hour ourly	This must	be done for	91.82	Consulting Room V
2 X Remove	Hypertension in adults	Hydrochlorothiazide 12.5 mg po 24 hourly Dosage Instructions: Take 12.5mg daily		each med	icine on the		Consulting Room V
3 X Remove	Hypertension in adults	Amlodipine 5 mg po 24 hourly Dosage Instructions: Take 5mg daily		presc	cription	3.27	Not Dispensed v
4			_			-	
5							







SyNCH – Prescription Tab (Record of Medicine/s Issued)



#	Indication	Dosage		Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 × Remove	HIV/AIDS Adults	Tenofovir, lamivudine and dolut Dosage Instructions: Take 1 tal	egravir 300/300/50 mg po 24 hourly olet (300/300/50mg) 24 hourly	28 tablets	91.82	Consulting Room ▼
2 × Remove	Hypertension in adults	Hydrochlorothiazide 12.5 mg p Dosage Instructions: Take 12.5	o 24 hourly mg daily	28 x 12,5mg	3.86	Consulting Room V
3 × Remove	Hypertension in adults	Amlodipine 5 mg po 24 hourly Dosage Instructions: Take 5mg	daily	28 x 5mg	3.27	Consulting Room ▼
4						
5						
6						
7						
8						
9						
10						
11		[
12			If all medicines are issued from	n the		
The dispenser ma	y substitute the strength and/or pack	size according to the pharmace	consulting room, the prescribe	er can		
Collection Cycle	* 2 Months	v # Repeat	click on the "First Issue: Mark	k all"		First Issue: Mark all





SyNCH – Prescription Tab (Record of Medicine/s Issued)



Prescription Details

Prescription Sub	omission Date	2019-11-21		Prescription Date		2019-11-13	Clinic Fi	le Reference		
Level of Care		Primary Hea	th Care 🔻							
Indication			Medication			Dosage		400		
		▼			•			▼ ADL	selected dosage	
			Protocol							
					•			ADD	selected protoco	
#	Indication		Dosage					Quantity To Dispense	Cost	First Issue Dispensed
1 X Remove	HIV/AIDS Adults Tenofovir, emtricitabine and efavirenz 300/200/600 m Dosage Instructions: Take 1 tablet (300/200/600mg)				200/600 mg po D/600mg) 24 ho	24 hourly ourly		28 tablets	91.55	Consulting Roo 🔻
2 × Remove	Hypertension in ad	Hypertension in adults Hydrochlorothiazide 12.5 mg po 24 hourly Dosage Instructions: Take 12.5mg daily						28 x 12,5mg	3.86	Consulting Roo 🔻
3 × Remove	Hypertension in ad	lults	Amlodipine 5 mg Dosage Instructi	g po 24 hourly ons: Take 5mg daily				28 x 5mg	3.27	Consulting Roo 🔻
4 X Remove	Chronic asthma		Salbutamol mete Dosage Instructi	ered dose inhaler 100 mcg ons: Inhale 1 puff (100mcg	inhaled 8 hour) 8 hourly whe	ly n needed		1 x 100mcg	15.84	Consulting Roo 🔻
5 × Remove	Type 2 diabetes m	ellitus, adults	Glibenclam Dosage Instructi	ide 10 mg po 24 hourly ons: Take 7.5mg in the mo	rning and 2.5m	ng at night		56 x 5mg	5.69	Consulting Roo 🔻
6 × Remove	Congestive cardiad	c failure, Adults	Spironolact Dosage Instruction	one 25 mg po 24 hourly ons: Take 25mg daily				28 x 25mg	12.81	Not Dispensed
7										
8										
9	Ploas	0 0 2 2 2	ttontior	to notes						
10	Please pay attention to notes									
11	for the dispenser									
12										

The dispenser may substitute the strength and/or pack size according to the pharmaceutical product(s) available.

Total cost

133.02



New Prescription

Save										S	ubmit Close
Patient Consent	Patient Details	Next of Kin	Nominated Collector	Pick-up Point	Prescriptio	n Details	Prescription History				
Prescript	ion Details										
Prescription Sub	mission Date	2020-02-04	Pres	cription Date		2020-02-0)4	Clinic Fi	le Reference		
Level of Care		Primary Hea	Ith Care 🔻								
Indication			Medication			Dosage) selected dosage	
		•			•				T T	Sciected dosage	
			Protocol		•				ADD) selected protocol	
#	Indication		Dosage						Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 × Remove	HIV/AIDS Adults		Lopinavir and ritonavir 40 Dosage Instructions: Take	0/100 mg po 12 hourl 2 tablets (400/100m	ly g) 12 hourly				112 x 200/50mg	209.72	•
2											
3											
4					_						

1st medicine added to prescription that will interact with the 2nd medicine: lopinavir/ritonavir







Save									Su	ıbmit	Close
Patient Consent	Patient Details	Next of Kin	Nominated Collector	Pick-up Point P	rescription [Details Prescription His	story				
Prescripti	on Details										
Prescription Subm	nission Date	2020-02-04	Pres	cription Date		2020-02-04	Clinic File Refe	rence			
Level of Care		Primary Healt	h Care 🔻								
Indication			Medication		D	osage			plactad dasaga		
Prevention of ischaemic heart disease anc		Simvastatin		•	Simvastatin 10 mg po 24	hourly •	ADD SE	elected dosage			
			Protocol		•		_	ADD se	elected protocol		
				[•						
#	Indication		Dosage		/	Adding a m	edicine tha	it	lost	First Medicine Dispensed Fro	Supply m: *
1 × Remove	HIV/AIDS Adults		Lopinavir and ritonavir 40 Dosage Instructions: Take	0/100 mg po 12 hourly 2 tablets (400/100mg)		interacts v	vith the 1 st		09.72		Ŧ
2			5			med	icine				
3											
4											







New Presc	ription	Drug Inte	raction with Lopina	avir and ritonavir 400/100 mg po 12 hourly		×	
Save		The selected	l dosage 'Simvastatin 10 vels of simvastatin when	mg po 24 hourly' interacts with an existing dose: 'Lopinavir and ritonavir 400 // used concomitantly. Risk of myopathy and rhabdomyolosis. Recommend use of	1 00 mg po 12 hourly' atorvastatin 10mg.		Submit Close
Patient Consent	Patient Details	Suggestion:	: Substitute with Atorvas	tatin 10 mg po 24 hourly			
Prescript	ion Details	Substitute					
Prescription Sub	omission Date			Overr	ide & Continue	Cancel	
Level of Care		Primary Hea	Ith Care 🔻				
Indication			Medication) selected dosad	<u>م</u>
		T		Medicine interaction		o solocioù uosug	
			Protocol	notification	ADD) selected protoc	ol
#	Indication		Dosage		Quantity To	Cost	First Medicine Supply
					Dispense		Dispensed From: *
1 × Remove	HIV/AIDS Adults		Lopinavir and ritonavir Dosage Instructions: T	400/100 mg po 12 hourly ake 2 tablets (400/100mg) 12 hourly	112 x 200/50mg	209.72	Y
2							
3							
4							



New Pres	Drug Interaction with Lopinavir and ritonavir 400/100 mg po 12 hourly										
Save Patient Consent Prescription Su Level of	r' Cancel	Submit Close									
Indicatic	Indicatic accept the suggestion ADD selected do										
		Protocol	AL	D selected protoc	ol						
#	Indication	Dosage	Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *						
1 X Remove	HIV/AIDS Adults	Lopinavir and ritonavir 400/100 mg po 12 hourly Dosage Instructions: Take 2 tablets (400/100mg) 12 hourly	112 x 200/50mg	209.72							
2											
3											



Prescription Sub	pmission Date 2020-02-04	Prescription Date	2020-02-04	linic File Reference		
Level of Care	Primary H	ealth Care				
Indication	Ţ	Medication	Dosage	▼ ADD) selected dosage]
		Protocol		ADD	elected protocol	
#	Indication	Dosage		Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 × Remove	HIV/AIDS Adults	Lopinavir and ritonavir 400/100 mg po 12 hourly Dosage Instructions: Take 2 tablets (400/100mg) 12 hour	rly	112 x 200/50mg	209.72	Y
2 X Remove	Prevention of ischaemic heart disease and atherosclerosis: Primary prevention - no existing CVD (Patient taking protease inhibitor)	Atorvastatin 10 mg po 24 hourly Dosage Instructions: Take 10mg at night		28 x 10mg	25.30	T
3	Recommen prescript medicir	ded medicine now added ion. The originally prescrib ie is automatically remove	to the bed ed			2030



New Presc	V Prescription Drug Interaction with Lopinavir and ritonavir 400/100 mg po 12 hourly Save The selected dosage 'Simvastatin 10 mg po 24 hourly' interacts with an existing dose: 'Lopinavir and ritonavir 400/100 mg po 12 hourly' Increased levels of simvastatin when used concomitantly. Risk of myopathy and rhabdomyolosis. Recommend use of atorvastatin 10 mg. Suggestion: Substitute with Atorvastatin 10 mg po 24 hourly Substitute										
Save		The selected Increased lev	dosage 'Simvastatin 10 mg po 24 hourly' interace els of simvastatin when used concomitantly. Ris	cts with an existing dose: k of myopathy and rhabd	Lopinavir and ritonavir 400/100 m	ng po 12 hourly' vastatin 10mg.		Submit Close			
Patient Consent	Patient Details	Suggestion:	Substitute with Atorvastatin 10 mg po 24 hou	rly							
Prescript	ion Details	Substitute									
Prescription Sub	omission Date				Override &	Continue	Cancel				
Level of Care		Primary Heal	th Care 🔻								
Indication			Medication	Dosage	OR Click or	ט "Over	ride &				
		•			Continue" to	contin	ue with				
			Protocol		the origina	al medi	cine				
							0				
					5						
#	Indication		Dosage			Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *			
# 1 X Remove	Indication HIV/AIDS Adults		Dosage Lopinavir and ritonavir 400/100 mg po 12 hour Dosage Instructions: Take 2 tablets (400/100m	ty ng) 12 hourly		Quantity To Dispense 112 x 200/50mg	Cost 209.72	First Medicine Supply Dispensed From: *			
# 1 X Remove 2	Indication HIV/AIDS Adults		Dosage Lopinavir and ritonavir 400/100 mg po 12 hour Dosage Instructions: Take 2 tablets (400/100m	ty ng) 12 hourly		Quantity To Dispense 112 x 200/50mg	Cost 209.72	First Medicine Supply Dispensed From: *			
# 1 × Remove 2 3	Indication HIV/AIDS Adults		Dosage Lopinavir and ritonavir 400/100 mg po 12 hour Dosage Instructions: Take 2 tablets (400/100m	ty ng) 12 hourly		Quantity To Dispense 112 x 200/50mg	Cost 209.72	First Medicine Supply Dispensed From: *			



Prescription Sul	bmission Date 20	020-02-04		Prescription Date	2020-02-0	4	Clinic File	e Reference		
Level of Care		Primary Healt	h Care 🔻							
Indication			Medication		Dosage				selected dosage	
		•		▼					Soluciou uosugu	
			Protocol					ADD	selected protoco	
#	Indication		Dosage					Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 X Remove	HIV/AIDS Adults		Lopinavir and ritor Dosage Instructior	navir 400/100 mg po 12 hourly ns: Take 2 tablets (400/100mg) 12 ho	ourly			112 x 200/50mg	209.72	T
2 X Remove	Prevention of ischaen disease and atherosc Primary prevention - r CVD	mic heart clerosis no existing	Simvastatin 10 mg Dosage Instructior	g po 24 hourly ns: Take 10mg at night				28 x 10mg	6.02	Y
3	Department: Health REPUBLIC OF SC		Original th	l medicine adde	ed to					2030

SyNCH – Notes for dispenser on PDF prescription



No:	Medicine and Dosage	Quantity to dispense	ICD 10
1	Lopinavir and ritonavir 400/100 mg po 12 hourly Dosage Instructions: Take 2 tablets (400/100mg) 12 hourly	112 x 200/50mg	B20
2	Simvastatin 10 mg po 24 hourly Dosage Instructions: Take 10mg at night	28 x 10mg	120.0-1/120.8-9/121.0-4/121.9/122.0-1/122.8-9/12 4.0-1/124.8-9/125.0-6/125.8-9/163.0-6/163.8-9/16 4/165.0-3/165.8-9/173.8-9/C45.0-2/C45.8-9



SyNCH – Prescription Tab (Protocols)



Prescription Sub	mission Date	2020-02-04		Prescription Date	2020-02-04		Clinic File	Reference	Ins	ert Clinic File Ref No.	Here
Level of Care		Primary Hea	Ith Care 🔻								
Indication			Medication		Dosage						
Hypertension i	in adults	•		▼							
			Protocol		1	Allows	multip	ole med	dicine r	regimens	
				▼		tok	be chos	sen for	a parti	icular	
#	Indication		D		/	indi	cation	in a sin	gle sel	ection	oly
1 × Remove	HIV/AIDS Adults		Step 2	pc	24	Note:	Depen	nds on d	compo	sition of	T
2			Step 3a	nc	buriy	Pro	vincial	CCMD	D form	ulary	
3			Step 3b			110	v interal	comp		i anar y	
4			Step 4a								
5			Step 4b								
6											
7			Step 5a								
8			Step 5b								
9			Step 5c								
10											
11			Step 6								
12			Step 7								







SyNCH – Prescription Tab (Protocols)



Prescript	ion Details								
Prescription Sub	mission Date	2020-02-04		Prescription Date	2020-02-04	Clinic File	Reference	Ins	ert Clinic File Ref No. Here
Level of Care		Primary Hea	Ith Care 🔻						
Indication			Medication		Dosage		ADI	D selected dosag	je
Hypertension i	in adults	▼		•			V		
			Protocol Step 3a	Ţ	Dosages for protocol: Hydrochlorothiazide 12.5 m Amlodipine 5 mg po 24 hou	g po 24 hourly rly	ADI	D selected protoc	col
#	Indication		Dosage				Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 X Remove	HIV/AIDS Adults		Tenofovir lamiv	udine and doluteoravir 300/300/50 m	ourly		28 tablets	91.82	•
2			Review	selected protoc	col for correct	ness befo	ore		
3				adding to	prescription				
4									
5									
6									





SyNCH – Prescription Tab (Protocols)



Prescription Details

Prescription Sub	mission Date	2020-02-04		Prescription Date		2020-02-04	Clinic Fi	le <mark>R</mark> eference	Inse	t Clinic File Ref No. Here
Level of Care		Primary Healt	th Care 🔻							
Indication		¥	Medication		V	Dosage		ADD) selected dosage	
			Protocol		V			ADD	elected protoco	
#	Indication		Dosage					Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 × Remove	HIV/AIDS Adults		Tenofovir, lamivud Dosage Instructior	ine and dolutegravir 300/300 ns: Take 1 tablet (300/300/50	0/50 mg po 2 0mg) 24 hou	24 hourly rly		28 tablets	91.82	•
2 × Remove	Hypertension in adu	ılts	Hydrochlorothiazic Dosage Instructior	le 12.5 mg po 24 hourly ns: Take 12.5mg daily				28 x 12,5mg	3.86	
3 × Remove	Hypertension in adu	ılts	Amlodipine 5 mg p Dosage Instructior	oo 24 hourly ns: Take 5mg daily				28 x 5mg	3.27	•
4					\wedge					

After clicking on "Add selected protocol" button, all the medicines and dosages in the protocol are added to the prescription







New Prescription

REPUBLIC OF SOUTH AFRICA

Save						s	ubmit Close
Patient Consent	Patient Details Next of Kin	Nominated Collector Pick-up Point	Prescription Details	Prescription History			
Prescripti	ion Details						
Prescription Sub	mission Date 2020-02-04	Prescription Date	2020-02-	04	Clinic File Reference		
Level of Care	Primary Hea	alth Care V					
Indication		Medication	Dosage				
	•		•		ADL) selected dosage	
		Protocol					
			•		ADL) selected protoco	
#	Indication	Dosage			Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 × Remove	Congestive cardiac failure, Adults	Hydrochlorothiazide 25 mg po 24 hourly Dosage Instructions: Take 25mg daily			28 x 25mg	3.74	Consulting Room ▼
2 × Remove	STEMI: ST Elevation Myocardial Infarction	Aspirin 150 mg po 24 hourly Dosage Instructions: Take half a tablet (150mg)	daily after a meal		14 x 300mg	3.41	Consulting Room ▼
3 × Remove	Chronic asthma	Salbutamol metered dose inhaler 100 mcg inhal Dosage Instructions: Inhale one p 1100mcg) 8	led 8 hourly 3 hourly as needed		1 x 100mcg	15.84	Consulting Room ▼
4							
	neal epartmer ealth	es highlighted above "Doctor initiat	are desig ed"	nated as			2030



New Presc	cription		ſ						
Save				After clickin	g on the '	"Submit" b	utton		Submit
Patient Consent	Patient Details	Next of Kin	Nominated Co	леско пск-ир гола п	rescription Details	гтезсприон нізюгу			
Prescript	tion Details								
Prescription Sul	bmission Date	2020-02-04		Prescription Date	2020-02-04	4	Clinic File Reference		
Level of Care		Primary Hea	th Care 🔻						
Indication			Medication		Dosage			D selected dos	200
		•			•		v AD	D Selected dos	age
			Protocol		•		AD	D selected prot	tocol
#	Indication		Dosage				Quantity To Dispense	Cost	First Medicine Supply Dispensed From: *
1 × Remove	Congestive cardiac f	failure, Adults	Hydrochlorothiaz Dosage Instructio	ide 25 mg po 24 hourly ons: Take 25mg daily			28 x 25mg	3.74	Consulting Room V
2 × Remove	STEMI: ST Elevation Infarction	n Myocardial	Aspirin 150 mg p Dosage Instructio	o 24 hourly ons: Take half a tablet (150mg) d	aily after a meal		14 x 300mg	3.41	Consulting Room V
3 X Remove	Chronic asthma		Salbutamol mete Dosage Instruction	rred dose inhaler 100 mcg inhale ons: Inhale one p (100mcg) 8	d 8 hourly hourly as needed		1 x 100mcg	15.84	Consulting Room V
4									
	heal	edicin	es highl "	ighted above	are desig	nated as			

"Doctor initiated"



REPUBLIC OF SOUTH AFRICA

Departme Health



New Prescription	Doctor I	nitiated Dosages:		×		
Save	These dosa By clicking	ages can only be initiated by a doctor. "Accept", I acknowledge that the dosage has been initiated by a doctor and	a record of this initiation is pres	ent in the patient's clinic file.	Submit	Close
Patient Consent Patient Details	ltem	Dosage	Actio	ons		
	1	Hydrochlorothiazide 25 mg po 24 hourly,, Take 25mg daily	Accepted	Reject		
Prescription Details	2	Aspirin 150 mg po 24 hourly,,Take half a tablet (150mg) daily after a meal	Accept	Rejected		
Prescription Submission Date						
Level of Care				Continue		
Indication		Medication Dosage		nee suisetee	d dosage	

Pop-up notification appears for nurse to acknowledge that these medicines and doses were initiated by a doctor (and a record of this initiation is present in the patient's clinic file) By clicking "Accept", the nurse acknowledges that there is a record in the patient's clinic file of such initiation of the medicine by a doctor.

By clicking "Reject", the nurse acknowledges that there is no record in the patient's clinic file/folder of such initiation of the medicine by a doctor.



No	: Medicine and Dosage	Quantity to dispense	ICD 10
1	Hydrochlorothiazide 25 mg po 24 hourly Dosage Instructions: Take 25mg daily	28 x 25mg	150.0
2	Salbutamol metered dose inhaler 100 mcg inhaled 8 hourly Dosage Instructions: Inhale one puff (100mcg) 8 hourly as needed	1 x 100mcg	J45.9



Notes to dispensers: - REPEAT MEDICINES 1 TO 2 X 6 MONTHS

- Please dispense 2 month's medicine per dispensing cycle
- Repeats number 1 and 2 were issued from the consulting room at Hlathi Dam Clinic
- The dispenser may substitute the strength and/or pack size according to the pharmaceutical product(s) available

- The nurse has declared that item: 1 have been initiated by the Doctor

SyNCH – Prescription Tab (Approximate Collection Dates)







SyNCH – Data Validation



Patient Consent

Patient Details Next of Kin Nominated Collector Pick-up Point Prescription Details Prescription History







SyNCH – Prescription Cancellation



- If the prescriber wants to cancel (recall) a prescription for any reason, following submission and transmission to the CCMDD SP, he/she has 24 hours to **CANCEL** the prescription.
- To cancel a prescription, Click on "Deactivate/Deregister" tab, then the "Cancel Prescription" tab

Ten Trese	npuon									
Status: Auto Approved	•								L Download	Close
Patient Consent	Patient Details	Next of Kin	Nominated Collector	Pick-up Point	Prescription Details	Prescriber	Package History	Prescription History	Deactivate / Deregister	
Deactivate	e / Deregist	ter								
Cancel Prescript	ion Patient Dea	activation Pa	atient Deregistration							
Reason					•					
Comments										
Cancel Prescrip	tion									
*: Required Fie	ld								L Download	Close

• A new prescription **must not be captured** unless the incorrect prescription has been cancelled.





SyNCH – Prescription Cancellation







SyNCH – Patient Deactivation

Status: Auto Approved			L Download Close
Patient Consent Patient Details	Next of Kin Nominated Collector Pick-up Point	Prescription Details Prescriber	Package History Prescription History Deactivate / Deregister
Deactivate / Deregister			
Cancel Prescription Patient Deactivation Patient Deregistration			"Deactivate/Deregister" tab >
Reason		•	
Comments			"Patient Deactivation" tab >
Deastivate Dationt	Patient no longer stable, e.g. virological failure		Reason for patient deactivation
Deacuvate Patient	Patient Adverse Drug Reaction		must be selected, then click on
*: Required Field	Transferred out (Patient Relocated)		"Deactivate Patient". Comments
	Patient defaulted		
W HEALTH SYSTEMS TRUST	Change in treatment / regimen		can be provided.
	Social circumstances		
	Patient became pregnant		
	Medication side effects		
	Patient's choice		
	Active TB	-	







SyNCH – Patient Deregistration

View Prescription



*If a patient is deregistered in error, please contact the Provincial SyNCH helpdesk for assistance.



