### AS REQUIRED MEDICINES

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>INHALATION</th>
<th>INJECTION</th>
<th>DINE</th>
<th>SUPPLY</th>
<th>ROUTE</th>
<th>FREQUENCY</th>
</tr>
</thead>
</table>

**Prescriber's Signature authorising TTO** Bleep No. Date Pharmacy Date

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### WHEN A PATIENT DOES NOT RECEIVE A PRESCRIBED DOSE

- **Patient not on ward**
- **Patient refused medicine**
- **See Notes**

When a patient does not receive a prescribed dose, the nurse should enter one of the code numbers given below in the administration section.

<table>
<thead>
<tr>
<th>Code Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Patient not on ward</td>
</tr>
<tr>
<td>3</td>
<td>Patient refused medicine</td>
</tr>
<tr>
<td>4</td>
<td>Patient unable to receive medicines/or no access</td>
</tr>
<tr>
<td>5</td>
<td>Medicine unavailable</td>
</tr>
<tr>
<td>6</td>
<td>See Notes</td>
</tr>
</tbody>
</table>

### MEDICATIONS MANAGEMENT

**IN-PATIENT MEDICATION ADMINISTRATION RECORD**

**MEDICATIONS HISTORY OBTAINED FROM:**

- **GP DETAILS**
- **COMMUNITY PHARMACY**
- **OTHER (PLEASE SPECIFY)**

**DATE OF ADMISSION:**

**HOSPITAL**

**WARD**

**CONSULTANT**

**Date of Admission**

**Details of Supplementary Charts**

**Prescription for Once-Only and Pre-Anaesthetic Medication**

**Drugs / Allergens:**

- **Drug / Allergen:** Description of Reaction:

**SIGNED DATE**

**Medicines Recognized**

**Initials**

**Date**

**Discharge Prescription Written**

**Initials**

**Date**

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**Non-Administration of Medicines**

When a patient does not receive a prescribed dose, the nurse should enter one of the code numbers given below in the administration box. To explain the reason for non-administration, nurses should not omit any available medications.

- **Code Number**
- **Description**

**DEVICE No.**

**MEDICATIONS RECONCILED**

**INITIALS**

**DATE**

**Medication History**

**Comments / Notes**

**IN-PATIENT MEDICATION ADMINISTRATION RECORD**

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**SAMPLE**
<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Medication</th>
<th>Special Instructions</th>
<th>Prescriber's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedtime</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Non-Administration of Medicines**

- 1. Prescriber’s request
- 2. Patient unable to receive medication
- 3. Prescription change
- 4. Patient refusing medication
- 5. Other instructions

**Drug Administration and Handling**

When a patient does not receive a prescribed dose, the nurse should enter one of the code numbers given below in the administration box, to explain the reason for non-administration. Please attempt to obtain any unavailable medicines.

**Supplementary Instructions**

- **Limited Duration**
- **Continuous**

**Re-Writing Requirement**

CHART MUST BE RE-WRITTEN BEFORE FURTHER DOSES ARE ADMINISTERED