

MORNING (around 0800); MIDDAY (between 1200 & 1400); EVENING (around 1800); BEDTIME (around 2200)

AS REQUIRED MEDICINES			DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY
DATE	MEDICINE (Approved Name)	PHARMACIST												
		SUPPLY												
DOSE	ROUTE	FREQUENCY	MAXIMUM DOSE IN 24 HRS											
PRESCRIBER'S SIGNATURE bleep No.		INDICATION												
DATE	MEDICINE (Approved Name)	PHARMACIST												
		SUPPLY												
DOSE	ROUTE	FREQUENCY	MAXIMUM DOSE IN 24 HRS											
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PRESCRIBER'S SIGNATURE bleep No.		INDICATION												

INTRAVENOUS AND SUBCUTANEOUS INFUSIONS
INFUSIONS TO BE ADMINISTERED ONCE ONLY, UNLESS THE PRESCRIBER SPECIFIES THEY ARE TO BE CONTINUOUS*

DATE & START	INFUSION FLUID TYPE / STRENGTH	VOLUME	ROUTE	MEDICINE ADDED APPROVED NAME	DOSE	INFUSION RATE OR DURATION	PRESCRIBER'S SIGNATURE	PHARM	DATE	TIME START	TIME STOP	VOL GIVEN	GIVEN BY	CHKD BY
		Device No.		*Prescriber to initial if continuous										
		Device No.		*Prescriber to initial if continuous										
		Device No.		*Prescriber to initial if continuous										
		Device No.		*Prescriber to initial if continuous										
		Device No.		*Prescriber to initial if continuous										
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		Device No.		*Prescriber to initial if continuous										



PLEASE CIRCLE AS APPROPRIATE:
DRUG ALLERGIES & SENSITIVITIES
 NONE KNOWN YES
 SIGNED..... DATE.....
 NAME.....
 Drug / Allergen: _____ Description of Reaction: _____
 HOSPITAL No: _____
 SURNAME: _____
 FIRST NAME: _____
 ADDRESS: _____
 DATE OF BIRTH: _____
 Height (m) _____ Weight (kg) _____ Surface Area (m²) _____
 Date Height Sign Date Weight Sign Date Weight Sign
This section must usually be completed prior to administration of any medicine. Refer to local policies for further guidance.

DATE OF ADMISSION _____ HOSPITAL _____ WARD _____ CONSULTANT _____
 MULTIPLE MEDICATION CHARTS CHART OF
MEDICATION ON SUPPLEMENTARY CHARTS SHOULD ALSO BE RECORDED ON THIS DRUG CHART.
DETAILS OF SUPPLEMENTARY CHARTS TICK APPROPRIATE BOX
 ANTICOAGULANT PATIENT CONTROLLED ANALGESIA/EPIDURAL
 SUPPLEMENTARY INFUSION CHART
 INSULIN SYRINGE DRIVER
 OTHER (PLEASE SPECIFY) _____

Venous Thromboembolism Risk Assessment

	(Y/N)	Signature	Date
Does the patient need thromboprophylaxis?			
(Refer to local policy)			
If YES , please prescribe appropriate thromboprophylaxis on the prescription chart			
If thromboprophylaxis contraindicated, please state reason: _____			
(N.B. Reassess risk of bleeding and venous thromboembolism within 24 hours and if clinical situation changes)			

PRESCRIPTIONS FOR ONCE ONLY and PRE-ANAESTHETIC MEDICATION

DATE	MEDICINE (APPROVED NAME)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBERS SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY	CHECKED BY
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					

MEDICINES MANAGEMENT

MEDICATION HISTORY OBTAINED FROM:
 PATIENT GP NH/RH CARER
 PODS MDS OTHER
 COMPLIANCE ISSUES
 INITIALS DATE

COMMENTS / NOTES

MEDICINES RECONCILED
 INITIALS DATE

GP COMMUNITY PHARMACY DETAILS DISCHARGE PRESCRIPTION WRITTEN
 INITIALS DATE

IN-PATIENT MEDICATION ADMINISTRATION RECORD

MORNING (around 0800); MIDDAY (between 1200 & 1400); EVENING (around 1800); BEDTIME (around 2200)

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY	REGULAR MEDICINES			MONTH	YEAR	
	DATE					
MEDICINE (Approved Name) OXYGEN	SPECIAL INSTRUCTIONS Sign in box to indicate that specified target saturations have been checked and achieved. Adjust flow rate and/or delivery device as necessary. Refer to Local Policy for further details.			PRESCRIBER'S SIGNATURE bleep No.	DATE	PHARMACY
Circle Saturation target						REWRITE CHART
88-92%	MORNING					
	MIDDAY					
94-98%	EVENING					
Other	BEDTIME					

DATE	ROUTE	DOSE	SIGN	MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST
SPECIFY TIME IF REQUIRED			DOSE CHANGE			bleep No.	SUPPLY
Morning							
Midday							
Evening							
Bedtime							

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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. Please attempt to obtain any unavailable medicines.

- X. Prescriber's request
- 2. Patient not on ward
- 3. Patient unable to receive medicines/or no access
- 4. Patient refused medicine
- 5. Medicine unavailable
- 6. See Notes

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CHART MUST BE RE-WITTEN BEFORE FURTHER DOSES ARE ADMINISTERED

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