PATIENT'S NAME .... HEALTH RECORD NUMBER ....

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		

DATE ➨			MEDICINE (Approved Name)	PRESCRIBER'S SIGNATURE	PHARMACIST	SPECIAL INSTRUCTIONS / ADDITIONAL INFORMATION
ROUTE ➨				bleep No.	SUPPLY	
SPECIFY TIME IF REQUIRED	DOSE	SIGN DOSE CHANGE				
Morning						
Midday						
Evening						RE-WRITE CHART
Bedtime						

DATE ➨			MEDICINE (Approved Name)	PRESCRIBER'S SIGNATURE	PHARMACIST	SPECIAL INSTRUCTIONS / ADDITIONAL INFORMATION
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Morning						
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Bedtime						

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.

1. 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

PATIENT'S NAME .... HEALTH RECORD NUMBER ....

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

DISCHARGE PRESCRIPTION

To be reviewed by GP	Continuous
Limited Duration	days
Other Instructions	

To be reviewed by GP	Continuous
Limited Duration	days
Other Instructions	

To be reviewed by GP	Continuous
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Prescriber's Signature authorising TTO	Bleep No.	Date	Pharmacy Date

Royal College of Physicians

LONG STAY IN-PATIENT MEDICATION ADMINISTRATION RECORD

Developed in collaboration with the All Wales Chief Pharmacists Committee

GIG CYMRU NHS WALES

DRUG ALLERGIES & SENSITIVITIES

PLEASE CIRCLE AS APPROPRIATE:

NONE KNOWN YES

SIGNED........................ DATE...............

NAME..

Drug / Allergen:	Description of Reaction:

This section must usually be completed prior to administration of any medicine. Refer to local policies for further guidance.

HOSPITAL No:

SURNAME:

FIRST NAME:

ADDRESS:

DATE OF BIRTH:

ADDRESSOGRAPH

Height (m)			Weight (kg)			Surface Area (m^2)
Date	Height	Sign	Date	Weight	Sign	
			Date	Weight	Sign	

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 ☐
- SUPPLEMENTARY INFUSION CHART ☐
- INSULIN ☐
- PATIENT CONTROLLED ANALGESIA/EPIDURAL ☐
- 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					
					bleep No					

MEDICINES MANAGEMENT

MEDICATION HISTORY OBTAINED FROM:

PATIENT ☐ GP ☐ NH/RH ☐ CARER ☐

PODS ☐ MDS ☐ OTHER ....

COMPLIANCE ISSUES ....

INITIALS .... DATE ....

MEDICINES RECONCILED

INITIALS .... DATE ....

COMMENTS / NOTES

GP	COMMUNITY PHARMACY DETAILS	DISCHARGE PRESCRIPTION WRITTEN INITIALS .... DATE ....

L O N G S T A Y I N - P A T I E N T M E D I C A T I O N A D M I N I S T R A T I O N R E C O R D

AWMR07.13

PATIENT'S NAME .... HEALTH RECORD NUMBER ....

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)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	DATE	PHARMACY
OXYGEN	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.	bleep No.		

Circle Saturation target	
88-92%	MORNING
94-98%	MIDDAY
Other	EVENING
	BEDTIME

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

DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST
ROUTE →						SUPPLY
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE ↓			bleep No.	
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CONTINUE HERE

CONTINUE HERE

CONTINUE HERE

CONTINUE HERE

CONTINUE HERE

PATIENT'S NAME .... HEALTH RECORD NUMBER ....

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

SPECIAL INSTRUCTIONS / ADDITIONAL INFORMATION	DISCHARGE PRESCRIPTION
RE-WRITE CHART	To be reviewed by GP / Continuous
	Limited Duration ... days
	Other Instructions

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

PATIENT'S NAME .... HEALTH RECORD NUMBER ....

AS REQUIRED MEDICINES				DATE	TIME GIVEN	DOSE / ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE / ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE / ROUTE	GIVEN BY	DISCHARGE PRESCRIPTION
DATE	MEDICINE (Approved Name)	PHARMACIST														To be reviewed by GP / Continuous
		SUPPLY														
DOSE	ROUTE	FREQUENCY	MAXIMUM DOSE IN 24 HRS													Limited Duration ... days
PRESCRIBER'S SIGNATURE bleep No.	INDICATION															Other Instructions
DATE	MEDICINE (Approved Name)	PHARMACIST														To be reviewed by GP / Continuous
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