

DRUG ALLERGIES & SENSITIVITIES	PLEASE CIRCLE AS APPROPRIATE: NONE KNOWN YES		HOSPITAL No: _____	Consider patient confidentiality: use only fabricated names or record only sex and age	
	SIGNED..... DATE.....		SURNAME: _____		
NAME.....		FIRST NAME: _____		DATE OF BIRTH: _____	
Drug / Allergen:		ADDRESS: _____			
Description of Reaction:		DATE OF BIRTH: _____			
This section must usually be completed prior to administration of any medicine. Refer to local policies for further guidance.		Height (m)		Weight (kg)	Surface Area (m ²)
		Date	Height	Sign	Date
		Date	Weight	Sign	

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

Venous Thromboembolism Risk Assessment			
Does the patient need thromboprophylaxis?	(Y/N)	Signature	Date
(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					
					bleep No					

MEDICINES MANAGEMENT		
MEDICATION HISTORY OBTAINED FROM: PATIENT <input type="checkbox"/> GP <input type="checkbox"/> NH/RH <input type="checkbox"/> CARER <input type="checkbox"/> PODS <input type="checkbox"/> MDS <input type="checkbox"/> OTHER	COMMENTS / NOTES	
COMPLIANCE ISSUES		
INITIALS DATE		
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		DATE	PHARMACY
											bleep No.			
Circle Saturation target 88-92% 94-98% Other													RE-WRITE CHART	
	MORNING													
	MIDDAY													
	EVENING													
	BEDTIME													

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

DATE →			MEDICINE (Approved Name)										SPECIAL INSTRUCTIONS										PRESCRIBER'S SIGNATURE		PHARMACIST	
ROUTE →																										
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Evening																									RE-WRITE CHART	
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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.

- | | | |
|-------------------------|---|-------------------------|
| 1. Prescriber's request | 3. Patient unable to receive medicines/or no access | 5. Medicine unavailable |
| 2. Patient not on ward | 4. Patient refused medicine | 6. See Notes |

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

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CHART MUST BE RE-WRITTEN BEFORE FURTHER DOSES ARE ADMINISTERED

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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													
PRESCRIBER'S SIGNATURE bleep No.		INDICATION														
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DOSE	ROUTE	FREQUENCY	MAXIMUM DOSE IN 24 HRS													
PRESCRIBER'S SIGNATURE bleep No.		INDICATION														

DATE & START	INFUSION FLUID		ROUTE	MEDICINE ADDED		INFUSION RATE OR DURATION	PRESCRIBER'S SIGNATURE	PHARM	DATE	TIME		VOL GIVEN	GIVEN BY	CH'KD BY
	TYPE / STRENGTH	VOLUME		APPROVED NAME	DOSE					START	STOP			
Batch No.	Device No.			*Prescriber to initial if continuous	→		bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous	→		bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous	→		bleep No.							
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Provided to health professionals in training to promote and encourage best prescribing practice.

This chart has been endorsed by the All Wales Medicines Strategy Group (AWMSG) at www.awmsg.org which advises Welsh Government on issues relating to prescribing and medicines management. Production of the chart has been funded by the All Wales Therapeutics and Toxicology Centre (AWTTC), which involves the following organisations:

- The Section of Pharmacology, Therapeutics and Toxicology, Cardiff University School of Medicine at <http://medicine.cf.ac.uk/en/departments/pharmacology-oncology-radiology-palliative-care/pharmacology-therapeutics-toxicology>, which contributes to undergraduate and postgraduate training programmes for health professionals.
- The Welsh Medicines Resource Centre (WeMeReC) at www.wemerec.org which provides educational resources for prescribers (including those in training) in Wales.
- The Yellow Card Centre Wales (YCC Wales) at www.yellowcardwales.org which has an educational role in encouraging reporting of suspected adverse drug reactions via the Yellow Card Scheme.
- The Welsh Medicines Information Centre (WMIC) at www.wmic.wales.nhs.uk which provides an information service for healthcare professionals on the therapeutic use of medicines.

Visit their websites for more information.

Learn more about the safe and appropriate use of this chart by completing the e-learning pack at www.mle.wales.nhs.uk