IN-PATIENT MEDICATION ADMINISTRATION RECORD Developed in collaboration with the All Wales Chief Pharmacists' Group



	PLEASE (CIRCLE	AS APPRO	OPRIATE:	ЦОСВІ	TAL No.:			•	- 1	
DRUG ALLERGIES	NONE KI	NOWN	Y	'ES	SURNA	TAL No.: AME: NAME: ESS:			cP	VbH	
& SENSITIVITIES	SIGNED		DATE	Ξ	FIRST	NAMF:			⁶ 800,		
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Drug / Allergen:			otion of Rea				B	V -			
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COMMENTS / NOT	ES										

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PATIENT'S NAME HEALTH RECORD NUMBER

MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

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		for allerg				pproved N		Indicati			<u> </u>	PRESCRIBER'S SIGNATURE	PHARMACIST	Discharge Prescription	
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PATIENT'S NAME HEALTH RECORD NUMBER MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

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PATIENT'S NAME HEALTH RECORD NUMBER

MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

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MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00) ENTER DOSE AGAINST TIME MONTH DISCHARGE YEAR **REGULAR MEDICINES** REQUIRED. USE ONE ROUTE ONLY **PRESCRIPTION** FOR FACH ENTRY Date PRESCRIBER'S SIGNATURE Patient DOES NOT require prophylaxis. Continuous All patients Document reasons on chart and in case notes - sign and date VTE should have VTE risk Bleep No. **PROPHYLAXIS** Patient **DOES** require prophylaxis. Prescribe below. Refer to local VTE Guidelines. reviewed completed Prescribe on ONE CHART only - strike out duplicates if multiple charts in use by GP NAME OF VTE PROPHYLAXIS PHARMACIST DATE -SPECIAL INSTRUCTIONS PRESCRIBER'S Limited (Approved Name) duration ROUTE -SUPPLY SPECIFY TIME DOSE SIGN Medicines Reconciliation (circle) IF REQUIRED 1 DOSE CHANGE Bleep No. Morning Midday Evening **Bedtime** DATE -MEDICINE (Approved Name) PRESCRIBER'S PHARMACIST DISCHARGE SPECIAL INSTRUCTIONS SIGNATURE PRESCRIPTION ROUTE -SIGN SUPPL Continuous DOSE Medicines Reconciliation (circle) IF REQUIRED 1 Bleep No. OOSE CHANGE To be reviewed by GP Morning Midday Limited Evening **Bedtime** MEDICINE (Approved Name) PRESCRIBER'S PHARMACIST DISCHARGE DATE SPECIAL INSTRUCTIONS SIGNATURE PRESCRIPTION ROUTE -SPECIFY TIME DOSE SIGN Medicines Reconciliation (circle SUPPLY Continuous IF REQUIRED 1 Bleep No. OOSE CHANGE To be reviewed by GP Morning Midday Limited Evenina Bedtime DATE MEDICINE (Approved Name) SPECIAL INSTRUCTIONS PRESCRIBER'S **PHARMACIST** SIGNATURE PRESCRIPTION ROUTE -SPECIFY TIME DOSE Medicines Reconciliation (circle) SUPPLY Continuous IF REQUIRED 1 Bleep No. To be reviewed by GP Morning Midday Limited duration Evenina Bedtime DATE MEDICINE (Approved Name) SPECIAL INSTRUCTIONS PRESCRIBER'S SIGNATURE PRESCRIPTION ROUTE -SPECIFY TIME SIGN Medicines Reconciliation (circle) SUPPLY Continuous IF REQUIRED OOSE CHANGE Bleep No. Continued Dose Changed To be reviewed by GP Morning Midday Limited duration Evenina **Bedtime** Days Prescriber's Signature authorising TTO Bleep No. Date Pharmacist/Date **NON-ADMINISTRATION CODES** 3. Patient unable to receive medicines/no access 4. Patient refused medicine 2. Patient not on ward 6. Other (please document on page 12) 5. Medicine unavailable X. Signifies prescribers intent

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PATIENT'S NAME HEALTH RECORD NUMBER MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

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PATIENT'S NAME HEALTH RECORD NUMBER MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

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

INTRAVENOUS AND SUBCUTANEOUS INFUSIONS

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

	IENT	r'S NAM	1E ··	 	 	 		· HE	ALT	HR	ECC	RD	NUI	MBEF	₹		 		
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	VOLUME		Device No.	Device No.	Device No.		Device No.			Device No.			Device No.			Device No.		Device No.	Device No
INFUSION FLUID	TYPE / STRENGTH		Dev	Dev	Dev		Dev			Dev			Dev			Dev		Dev	A CONTRACTOR OF THE CONTRACTOR
DATE &	TIME		Batch No.	Batch No.	Batch No.		Batch No.			Batch No.			Batch No.			Batch No.		Batch No.	Ratch No

Omitted or Delayed Doses

If a patient does not receive a prescribed dose, a non-administration code (see below) must be placed in the administration box. Additional information to explain the reason for the non-administration can be detailed in the table below. Always document additional information for code '6'.

Non-Administration Codes:

- 2. Patient not on ward
 - 3. Patient unable to receive medicines/no access

- 4. Patient refused medicine

5. Medi	cine unavailable	6.	. Other (document below)	X. Signifies prescribers	intent
Date & Time	Medicine	Code No.	Reason for Omission	Action Taken S	Signature

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