

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

MORNING (around 0800); MIDDAY (between 1200 & 1400); EVENING (around 1800); BEDTIME (around 2200) 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	ROUTE	SPECIFY TIME IF REQUIRED	DOSE	SIGN DOSE CHANGE	MEDICINE (Approved Name)	PRESCRIBER'S SIGNATURE	PHARMACIST
Morning							
Midday							
Evening							
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.

X. 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

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

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY			REGULAR MEDICINES	MONTH	YEAR		
DATE	ROUTE	SPECIFY TIME IF REQUIRED	DOSE	SIGN DOSE CHANGE	MEDICINE (Approved Name)	PRESCRIBER'S SIGNATURE	PHARMACIST
Morning							
Midday							
Evening							
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.

X. 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

CHART MUST BE RE-WITTEN BEFORE FURTHER DOSES ARE ADMINISTERED

<b>DRUG ALLERGIES &amp; SENSITIVITIES</b>	PLEASE CIRCLE AS APPROPRIATE: <b>NONE KNOWN</b> <b>YES</b>	HOSPITAL No: _____																		
	SIGNED..... DATE..... NAME.....	SURNAME: _____ FIRST NAME: _____ ADDRESS: _____ DATE OF BIRTH: _____																		
Drug / Allergen:	Description of Reaction:	Height (m) _____ Weight (kg) _____ Surface Area (m <sup>2</sup> ) _____																		
This section must usually be completed prior to administration of any medicine. Refer to local policies for further guidance.		<table border="1"> <tr> <th>Date</th> <th>Height</th> <th>Sign</th> <th>Date</th> <th>Weight</th> <th>Sign</th> <th>Date</th> <th>Weight</th> <th>Sign</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Date	Height	Sign	Date	Weight	Sign	Date	Weight	Sign									
Date	Height	Sign	Date	Weight	Sign	Date	Weight	Sign												

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

Venous Thromboembolism Risk Assessment			
	(Y/N)	Signature	Date
Does the patient need thromboprophylaxis?			
(Refer to local policy)			
If <b>YES</b> , 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 <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 .....

LONG STAY IN-PATIENT MEDICATION ADMINISTRATION RECORD

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

SAMP

CONTINUE HERE

CONTINUE HERE

CONTINUE HERE

CONTINUE HERE

CONTINUE HERE

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

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

SAMP

RE-WRITE CHART

RE-WRITE CHART

RE-WRITE CHART

RE-WRITE CHART

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

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

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		INDICATION			bleep No.														
DATE	MEDICINE (Approved Name)	PHARMACIST																	
		SUPPLY																	
DOSE	ROUTE	FREQUENCY	MAXIMUM DOSE IN 24 HRS																
PRESCRIBER'S SIGNATURE		INDICATION			bleep No.														

CHART MUST BE RE-WITTEN BEFORE FURTHER DOSES ARE ADMINISTERED