

# STUDENT IN-PATIENT MEDICATION ADMINISTRATION RECORD

<b>DRUG ALLERGIES &amp; SENSITIVITIES</b>  <b>THIS SECTION MUST BE COMPLETED</b>	<b>NONE KNOWN</b>		HOSPITAL No: _____ SURNAME: _____ FIRST NAME: _____ ADDRESS: _____ DATE OF BIRTH: _____		
	SIGNED ..... DATE .....		ADDRESSOGRAPH		
	<b>YES</b>				
SIGNED ..... DATE .....		Drug / Allergen: _____	Description of Reaction: _____		
		Height (m) _____	Weight (kgs) _____	Surface Area (m <sup>2</sup> ) _____	Age (if under 12) _____

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

## PRESCRIPTION FOR ONCE-ONLY and PRE-ANAESTHETIC MEDICATION

DATE	MEDICINE (APPROVED NAME)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBER'S 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.					
					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"/> OTHER ..... COMPLIANCE ISSUES ..... INITIALS ..... DATE .....	COMMENTS / NOTES
MEDICINES RECONCILED INITIALS ..... DATE .....	
GP _____ COMMUNITY PHARMACY _____	DISCHARGE PRESCRIPTION WRITTEN INITIALS ..... DATE .....

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

SAMPLE

CHART MUST BE RE-WRITTEN BEFORE FURTHER DOSES ARE ADMINISTERED

**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



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

SAMPLE

CHART MUST BE RE-WITTEN BEFORE FURTHER DOSES ARE ADMINISTERED

**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

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

CHART MUST BE RE-WRITTEN BEFORE FURTHER DOSES ARE ADMINISTERED

**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												
PRESCRIBER'S SIGNATURE		INDICATION												
bleep No.														
DATE	MEDICINE(Approved Name)	PHARMACIST												
		SUPPLY												
DOSE	ROUTE	FREQUENCY												
PRESCRIBER'S SIGNATURE		INDICATION												
bleep No.														
DATE	MEDICINE(Approved Name)	PHARMACIST												
		SUPPLY												
DOSE	ROUTE	FREQUENCY												
PRESCRIBER'S SIGNATURE		INDICATION												
bleep No.														
DATE	MEDICINE(Approved Name)	PHARMACIST												
		SUPPLY												
DOSE	ROUTE	FREQUENCY												
PRESCRIBER'S SIGNATURE		INDICATION												
bleep No.														
DATE	MEDICINE(Approved Name)	PHARMACIST												
		SUPPLY												
DOSE	ROUTE	FREQUENCY												
PRESCRIBER'S SIGNATURE		INDICATION												
bleep No.														

NOT FOR PRESENT USE





INTRAVENOUS AND SUBCUTANEOUS INFUSIONS

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

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

DATE & START	INFUSION FLUID		ROUTE	MEDICINE ADDED		INFUSION RATE OR DURATION	PRESCRIBER'S SIGNATURE	PHARM	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.						
Batch No.	Device No.			* Prescriber to initial if continuous	→		bleep No.						
Batch No.	Device No.			* Prescriber to initial if continuous	→		bleep No.						

**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.wales.nhs.uk/awmsg](http://www.wales.nhs.uk/awmsg) which advises Welsh Government on issues relating to prescribing and medicines management. Production of the chart has been funded by the Welsh Medicines Partnership (WMP), 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](http://www.wemerec.org) which provides educational resources for prescribers
- The Welsh Medicines Information Centre (WMIC) at [www.wmic.wales.nhs.uk](http://www.wmic.wales.nhs.uk) which provides an information service for healthcare professionals on the therapeutic use of medicines.
- The Yellow Card Centre Wales (YCC Wales) at [www.yellowcardwales.org](http://www.yellowcardwales.org) which has an educational role in encouraging reporting of suspected adverse drug reactions via the Yellow Card Scheme.

**Visit their websites for more information.**

