TRA

1 0 N

R E C O R



ARK-HOSPITAL MEDICATION ADMINISTRATION RECORD

000	GIG CYMRU NHS
0	WALES

												_	WALES
		PLEASE	CIRCL	E AS A	APPROPRI		HOSPI	TAL No.:					
	RUG ERGIES	NONE K	NOWN	I	YES		SURNA	MF·			-0	APM	
	& ITIVITIES	SIGNED			. DATE		FIRST	VAME:			~ COGT		
SENS	IIIVIIILS	NAME					ADDRE	:SS:		nRF	2		
Drug /	Allergen:		Desc	cription	of Reaction	:	7100112		A	Do	SSOGR		
		• • • • • • • • • • • • • • • • • • • •						F BIRTH:_					
							Date	Height (m)	Sign	Date	Weight (kg)	Sign	Surface area (m²)
This s		be complete administratio			gy status p	rior to				Date	Weight (kg)	Sign	area (III-)
DATE O	F ADMISSIO	DN_		CHAF	TIPLE MEDIC RTS RT		TICK	AILS OF S		IENTARY	CHARTS		
							ANT	ICOAGULA	NT		PATIENT ©	ONTROL	LED
					CATION ON		SUF	PLEMENTA JSION CHA			ANALGESIA	VEPIDU	RAL 🗆
WAITE					PLEMENTAR RTS SHOUL		INS	JLIN			SYRINGE D	RIVER	
CONSU	ILTANT				ECORDED O	ON THIS	OTH	IER (PLEAS	E SPECI	FY)			
		OXYGEN	DDE	SCDI	DTION			Adjust	flow rate a	nd/or deliv	ery dévice as	necessary	to achieve
		ection MUST				ents		Record	and sign for	or administ	ons. Refer to lo ration, delivery arning Score C	y device a	lines. nd flow rate
		С	Circle tar	get O ₂ s	aturation				P	rescriber	's signature)	Date
	94-9	3%	88-9	92%	Ot	ther					Bleep No.		
PRE	SCRIPTIO	NS FOR ONC	E-ONLY	Y MEDIC	CATION, PR	E-ANAE	STHETIC	C MEDICAT	TION AN	D ONCE	-ONLY AN	TIMICRO	DBIALS
DATE	MEDI (APPROVE		DOSE	ROUTE	TIME TO BE GIVEN		CRIBER'S	PHAF	RMACY	DATE	TIME	GIVEN BY	CHECKED BY
		,					Bleep No				-		
							Bleep No						
							Bleep No						
							Bleep No						
							Bleep No						
		\					Bleep No						
							Bleep No						
							Bleep No						
							Bleep No						
			M	EDICI	NES MAN	AGEME	NT & F	ECONCI	LIATIO	N			
		ORY OBTAINE						EDICINES					
PATIENT		P RECORDS			H/RH 🗆	CARER		N ADMISSI			WRITTEN C DA		
PODS/M INITIALS		ommunity Ph			THER						DA		
GP				OMMUN ETAILS	NITY PHARM	IACY					COMPLETE		HARMACY:
COMME	ENTS / NOTI	=Q									DATE		
COIVIIVIE	LIVIO / INOTI	_0											

AWMRBA06ARK





INITIAL ANTIMICROBIAL PRESCRIBING SECTION (For surgical prophylaxis, use the once only section on the front of the chart) Long-term prophylaxis should be prescribed in the appropriate section on page 4

Review need for all Proton Pump Inhibitors/ H2 antagonists (increased C. difficile risk) – discontinue if appropriate

									isional prescription but diagnosi atient unstable/clinical concern			
INITI	AL P	RESCRIF	PTION	Antimic	crobial – I	nitial Pres	cription		Category of Initial Prescription	PRESCRIBER'S	PHARMACIST	Discharge
Ch	eck 1	for allerg	jies						(Circle) PROBABLE / POSSIBLE	SIGNATURE		Prescription
DATE —	-			Indicati	ion/diagn	osis			Rationale for Choice (circle)	Bleep No.	SUPPLY	TOTAL duration
ROUTE -	-								Guidelines/Micro advice/C&S	,		uurauon
SPECIFY IF REQUIR	TIME RED ↓	DOSE	SIGN	DATE					n will stop here unless nd re-prescribed if	NURSES: Administ	te line	
	•	'	DOSE CHANGE	DAY 1	2	3 review	4	necessary		provided for EACH prescription	separate	
								24-72 hour F	Review and Revise:	If prescription is er review section not contact team for u	completed	
Morning								•	eview any C&S):	Contact team for u	gent review	
Midday								IV to oral st	witch 🗆	Special Instruction	s	
Evening									ame antimicrobial			
Bedtime								Outpatient	Parenteral Antimicrobial			
								therapy	blees	Final Prescriptio	n ng 3 or 4	
IMITI	AL DI	RESCRIF	HOLES	Antimic	probial – I	nitial Pres	cription	Signature and	Category of Initial Prescription	PRESCRIBER'S	PHARMACIST	Discharge
		for allerg		Antimic	Jobiai – II	illiai F165	воприон		(Circle) PROBABLE / POSSIBLE	SIGNATURE	THAIWAGGT	Prescription
DATE —	-			Indicati	ion/diagn	osis			Rationale for Choice (circle)	Diagn No.	SUPPLY	TOTAL
ROUTE -	→								Guidelines/Micro advice/C&S	Bleep No.		duration
SPECIFY IF REQUIR	TIME RED ↓	DOSE	SIGN	DATE					n will stop here unless nd re-prescribed if	NURSES: Administrated for FACILITY	te line	
		Y	DOSE CHANGE	DAY 1	2	3 review	4	necessary	Review and Revise:	provided for EACH prescription		
								STOP	neview and nevise.	If prescription is er review section not	completed	
Morning								CONTINUE (re	eview any C&S):	contact team for u	rgent review	
Midday								IV to oral su	witch	Special Instruction	S	1
Evening							-		ame antimicrobial			
Bedtime								Outpatient	Parenteral Antimicrobial			
					1			therapy				
							ļ	Signature and		Final Prescriptio		
	_	RÉSCRIF for allerg		Antimid	probial – I	nitial Pres	scription		Category of Initial Prescription (Circle) PROBABLE / POSSIBLE	PRESCRIBER'S SIGNATURE	PHARMACIST	Discharge Prescription
DATE —				Indicati	ion/diagn	osis			Rationale for Choice (circle)		SUPPLY	TOTAL
ROUTE -	→								Guidelines/Micro advice/C&S	Bleep No.		duration
SPECIFY IF REQUIR		DOSE	SIGN	DATE					n will stop here unless nd re-prescribed if	NURSES: Administ must follow the da	te line	
	•	'	DOSE CHANGE	DAY 1	2	3 review	4	necessary		provided for EACH prescription		
								STOP	Review and Revise:	If prescription is er review section not contact team for u	completed	
Morning								CONTINUE (re	eview any C&S):		J	
Midday									imicrobial	Special Instruction	S	
Evening									ame antimicrobial			
Bedtime									Parenteral Antimicrobial			
								therapy Signature and	bleep:	Final Prescriptio	n pg. 3 or 4	
Prescribe	er's Si	anature a	thorising 1	TO	ļ	<u> </u>	R	leep No.	Date	Pharmacist/Date		
	5 01	ى	orionig i			NON		•	F MEDICINES	aiaoloi/Date	•	

NON-ADMINISTRATION OF MEDICINES

If a patient does not receive a prescribed dose, a non-administration code (see page 12) must be placed in the administration box. Additional information to explain the reason for the non-administration can be detailed in the table on page 12. Always document additional information for code '6'.

2









FINALISED ACUTE ANTIMICROBIAL PRESCRIBING SECTION (For surgical prophylaxis, use the once only section on the front of the cha

Long-term prophylaxis should be prescribed in the appropriate section on page 4

Review need for all Proton Pump Inhibitors/ H2 antagonists (increased C. difficile risk) – discontinue if appropriate

FINALISED PRESCRIPTION = After observation, review of cultures and investigation and senior (ST3+) / specialist input a final choice of antimicrobial, route and

FINALI	SED	PRESCF	RIPTION	Antimic	robial – F	inalised I	Prescription	on	Duration OR review date:	PRESCRIBER'S	PHARMACIST	Discharg
Ch	eck f	or allerg	jies							SIGNATURE		Prescript
DATE -	•			Indication	on				Rationale for Choice (circle)		SUPPLY	TOTAL
ROUTE -	→								Guidelines/Micro advice/C&S	Bleep No.		duration
SPECIFY F REQUIF		DOSE	SIGN	DATE						Administration mu date line provided separate prescript	for EACH	
ı			DOSE CHANGE	DAY								1
									Prescription will	Special Instruction	s	
Morning									stop here unless			
Midday									you prescribe			
Evening									again			
Bedtime												
FINALI	SED	PRESCF	IPTION	Antimic	robial – F	inalised I	Prescription	on	Duration OR review date:	PRESCRIBER'S	PHARMACIST	Dischar
Ch	eck f	or allerg	ies							SIGNATURE		Prescrip
DATE —	•			Indication	on				Rationale for Choice (circle)	Bleep No.	SUPPLY	TOTAI durati
ROUTE -	→								Guidelines/Micro advice/C&S			uurau
SPECIFY F F REQUIF		DOSE	SIGN	DATE						Administration mu date line provided separate prescript	for EACH	
	Ť		DOSE CHANGE	DAY						ooparato procompt		
				•					Prescription will	Special Instruction	IS	
Morning									stop here unless			
Midday									you prescribe			
Evening									again			
Bedtime					>		•					
							1					
FINALI	SED	PRESCE	IPTION	Antimiç	robial – F	inalised I	Prescription	on	Duration OR review date:	PRESCRIBER'S	PHARMACIST	Dischar
		or allerg								SIGNATURE		Prescri
DATE -				Indication	on				Rationale for Choice (circle)		SUPPLY	TOTA
ROUTE -									Guidelines/Micro advice/C&S	Bleep No.		durati
SPECIFY THE REQUIRE	TIME RED ↓	DOSE	SIGN	DATE						Administration mu date line provided	for EACH	
	V		DOSE CHANGE	DAY						separate prescript	ion	
									Prescription will	Special Instruction	ıs	1
Morning									stop here unless			
Midday									you prescribe			
Evening								+	again			
Bedtime												
								+				
						1	1	1				1

NON-ADMINISTRATION CODES

3. Patient unable to receive medicines/no access

4. Patient refused medicine

6. Other (please document on page 12)



X. Signifies prescribers intent





PATIENT'S NAME HEALTH RECORD NUMBER

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

FINALISED PROLONGED ANTIMICROBIAL PRESCRIBING SECTION / LONG-TERM PROPHYLAXIS

e.g. abscess, endocarditis, septic arthritis, prosthetic joint infections, spinal infections, meningitis, long-term prophylaxis Review need for all Proton Pump Inhibitors / H₂ antagonists (increased C.difficile risk) – discontinue if appropriate

FINALISED PRESCRIPTION = After observation, review of cultures and investigation and senior (ST3+) / specialist input a final choice of antimicrobial, route and

FINALISED	PRESCR	IPTION	Antimi	crobial -	- Finalis	sed Pres	cription	Durati	ion OR i	review d	ate:		CRIBER	R'S	PHARM	MACIST	Discha Prescr	arge
Check	for allerg	ies										Joich	TOTIL				1 16301	iption
DATE			Indica	ition				Ration	ale for c	hoice (cir	cle)	Bleep	No.		SUPPL	Y	Review by GP	Continuous
ROUTE -			_					Guideli	nes/Micr	o advice/	C&S							
SPECIFY TIME IF	DOSE	SIGN	DATE														TOTA durati	
REQUIRED	+	DOSE CHANGE	DAY												R	R	durati	011
															F			
Morning															V	V		
Midday																		
Evening															Е	E		
Bedtime															W	w	1	
																	İ	
FINALISED	PRESCR	IPTION	Antimi	crobial -	- Finalis	sed Pres	cription	Durati	ion OR	eview d	ate:	PRES	CRIBER	R'S	PHARM	MACIST	Discha Prescr	
Check	for allerg	ies										J Crait	10112				1 10001	iption
DATE -			Indica	ition				Ration	ale for c	hoice (cír	cle)	Bleep	No.		SUPPL	Y	Review by GP	Continuou
ROUTE -								Guideli	nes/Micr	advice/	C&S							
SPECIFY TIME IF REQUIRED 1	DOSE	SIGN	DATE														TOTA durati	
*	*	DOSE CHANGE	DAY												R	R		
															Е	Е		
Morning															٧	V		
Midday															1	1		
Evening															Е	Е		
Bedtime															w	w		
FINALISED	PRESCR	IPTION	Antimi	crobial -	- Finalis	sed Pres	cription	Durati	ion OR	eview d	ate:		CRIBER ATURE	R'S	PHARM	MACIST	Discha Prescr	
Check	for allerg	ies											01.12					
DATE -			Indica	ition				Ration	ale for c	hoice (cir	cle)	Bleep	No.		SUPPL	Y	Review by GP	Continuous
ROUTE -								Guideli	nes/Micr	o advice/	C&S							
SPECIFY TIME IF REQUIRED 1	DOSE	SIGN	DATE														TOTA durati	L ion
•	+	DOSE CHANGE	DAY												R	R		
															Е	Е		
Morning															٧	V		
Midday															1			
Evening															Е	Е		
Bedtime															W	w		

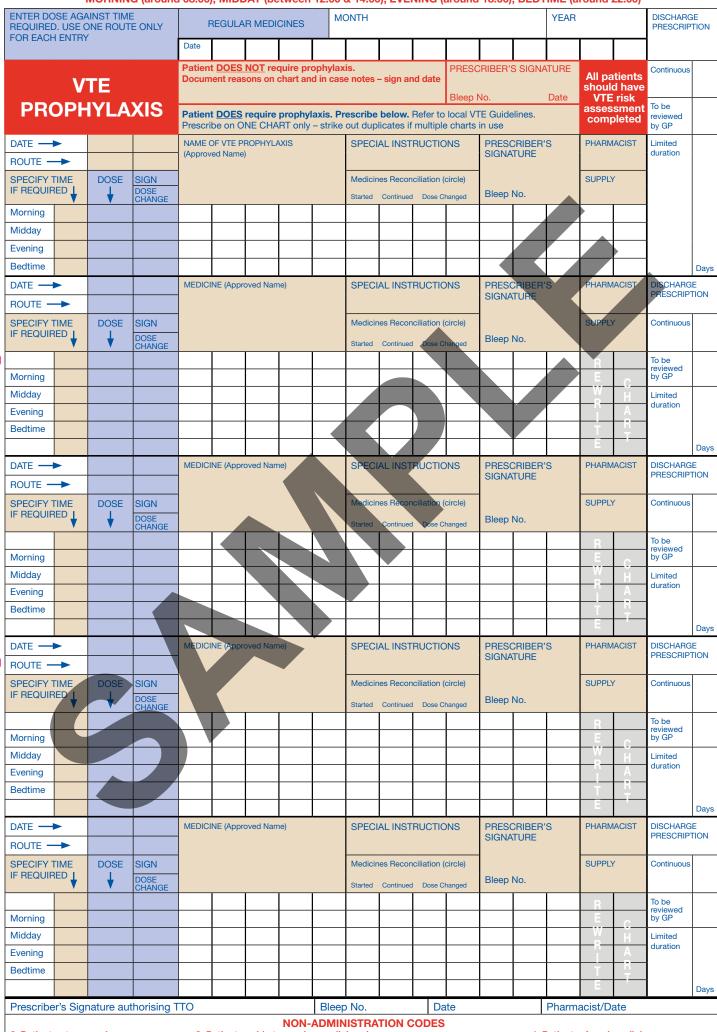
NON-ADMINISTRATION OF MEDICINES

If a patient does not receive a prescribed dose, a non-administration code (see page 12) must be placed in the administration box. Additional information to explain the reason for the non-administration can be detailed in the table on page 12. Always document additional information for code '6'.



PATIENT'S NAME HEALTH RECORD NUMBER

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



2. Patient not on ward 5. Medicine unavailable 3. Patient unable to receive medicines/no access

6. Other (please document on page 12)

(

4. Patient refused medicine

X. Signifies prescribers intent







ENTER DOSE AG REQUIRED. USE	ONE ROUT		F	REGULA	R MEDI	CINES	M	ONTH						YEAR			DISCHARG PRESCRIP	
FOR EACH ENTF	RY		Date															
DATE -			MEDICI	INE (Appr	oved Nan	ne)		SPECI	AL INST	RUCTIO	ONS	PRESC	CRIBER	'S	PHARM	MACIST	DISCHARG PRESCRIP	
ROUTE -												-						1
SPECIFY TIME IF REQUIRED 1	DOSE	SIGN						Medicir	ies Recor	ciliation	(circle)				SUPPLY	Y	Continuous	3
•	*	DOSE CHANGE		1	1	1	1	Started	Continued	Dose C	hanged	Bleep	No.					
															K		To be reviewed	
Morning															-W	С	by GP	
Midday															- R	Н	Limited duration	
Evening																A	4	
Bedtime														4		n T	4	
													L		E			Day
DATE -			MEDICI	INE (Appr	oved Nan	ne)		SPECI	AL INST	RUCTIO	ONS	PRESC SIGNA	CRIBER	'S	PHARM	ACIST	DISCHARG PRESCRIP	
ROUTE -												Sidiv	TOTIL					
SPECIFY TIME IF REQUIRED 1	DOSE	SIGN						Medicir	es Recor	ciliation	(circle)				SUPPLY	Y	Continuous	5
II REQUIRED	*	DOSE CHANGE						Started	Continued	Dose C	hanged	Bleep	No.					
														l `	R		To be reviewed	
Morning																0	by GP	
Midday																Н	Limited duration	
Evening																A	duration	
Bedtime															T	R	1	
															E		1	Day
DATE -			MEDICI	INE (Appr	oved Nan	ne)	<u> </u>	SPECI	AL INST	RUCTIO	ONS		CRIBER	'S	PHARM	ACIST	DISCHARG	
ROUTE -												SIGNA	TURE				PRESCRIP	MOIT
SPECIFY TIME	DOSE	SIGN						Medicir	es Recor	nciliation	(circle)				SUPPLY	Y	Continuous	s
IF REQUIRED	\ \	DOSE CHANGE						Started	Continued	Dose C	hanged	Bleep	No.					
	,	CHANGE													R		To be	
Morning															E	C	reviewed by GP	
Midday				—											W	Н	Limited	
Evening													_			Α	duration	
Bedtime																R	1	
															F		1	Dav
DATE -			MEDIC	NE (Appr	oved Nam	ne)		SPECI	L AL INST	RUCTIO	ONS	PRESC	L CRIBER	'S	PHARM	IACIST	DISCHARG	_
ROUTE -					- Tun			OI LOI	/ L II VO I	110011	3140	SIGNA		J			PRESCRIP	
SPECIFY TIME	DOSE	SIGN						Modicir	es Recor	ociliation	(circlo)	-			SUPPLY		Continuous	
IF REQUIRED	DOSE	DOSE		•								Bleep	No.		SOFFLI	'	Continuous	
<u> </u>	V	CHANGE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>	Π	ı	Started	Continued	Dose C	hanged		<u> </u>	Ι	R		To be	-
Morning															<u></u> _		reviewed by GP	
_										1					W	С		-
Midday				Ľ											R	Н	Limited duration	
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DATE -			MEDICI	INE (Appr	oved Nan	ne)		SPECI	AL INST	RUCTIO	ONS	PRESC SIGNA	CRIBER	S	PHARM	ACIST	DISCHARG PRESCRIP	
ROUTE												-						1
SPECIFY TIME IF REQUIRED	DOSE	SIGN						Medicir	ies Recor	nciliation	(circle)	DI-	Na		SUPPLY	Y	Continuous	8
*	*	DOSE CHANGE						Started	Continued	Dose C	hanged	Bleep	No.					
															R		To be reviewed	
Morning				<u> </u>											E VA/	С	by GP	
Midday															R	Н	Limited duration	
Evening																A		
Bedtime															T	R T		

NON-ADMINISTRATION OF MEDICINES

If a patient does not receive a prescribed dose, a non-administration code (see page 12) must be placed in the administration box. Additional information to explain the reason for the non-administration can be detailed in the table on page 12. Always document additional information for code '6'.





PATIENT'S NAME HEALTH RECORD NUMBER

ENTER DOS REQUIRED.	USE ONE R		ILY	REG	ULAR ME	DICINES	M	HTMC						YEAR			DISCHARG PRESCRIP	
FOR EACH E	NTRY		Dat	te														
DATE -			ME	DICINE (Approved N	lame)		SPECI	AL INST	RUCTIO	ONS	PRESC SIGNAT		3	PHARM	ACIST	DISCHARG PRESCRIP	
ROUTE -															OURRUN	,	0 "	_
SPECIFY TIN F REQUIRED		DOS	E						es Recon			Bleep N	lo		SUPPLY		Continuous	
	V	CHAI	NGE		T		T	Started	Continued	Dose C	Changed	D.00			В		To be	\vdash
Morning											<u> </u> 	\vdash			E		reviewed by GP	
Midday				-		+									W	H	Limited	\vdash
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Bedtime														4	T	R		
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DATE -			ME	DICINE (Approved N	lame)		SPECI	AL INST	RUCTIO	ONS	PRESC	RIBER"	3	PHARM	ACIST	DISCHARG	GE
ROUTE —	-											SIGNAT	URE				PRESCRIP*	TIO
SPECIFY TIN	ME DO:	DOS	E						es Recon			Bleep N	lo.		SUPPLY		Continuous	
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Norning				-	\dashv	_	+			4		+ +			E	С	reviewed by GP	
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edtime													4		T	R		
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ATE -			ME	DICINE (Approved N	lame)		SPECI	AL INST	RUCTIO	ONS	PRESC		3	PHARM	ACIST	DISCHARG PRESCRIP	
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PECIFY TIN								Medicir	es Recon	ciliation	(circle)				SUPPLY	(Continuous	
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															R		To be reviewed	
Morning				_	4										-w-	С	by GP	\perp
Midday								-							_R_	А	Limited duration	
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bedtime															F	-Τ		
DATE -			ME	DICINE (Approved N	Jame)		SPECI	AL INST	BUCTIO	ONS	PRESC	RIBER'S	S	PHARM	ACIST	DISCHARG	D. GE
ROUTE -				SIOII LE (pprovod	idino)		OI LOI	ALINOI	1100110	JIVO	SIGNAT		,		, (0,0)	PRESCRIP	
SPECIFY TIN		SE SIGN	N					Medicir	es Recon	ciliation	(circle)				SUPPLY		Continuous	<u></u>
F REQUIRE		DOSI						Started	Continued	Dose C	hanged	Bleep N	lo.					
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Morning				T											E	С	reviewed by GP	
Midday															W B	Н	Limited duration	T
evening																A	duration	
Bedtime		V													Т	K T		
															E			D
DATE -			ME	DICINE (Approved N	lame)		SPECI	AL INST	RUCTIO	ONS	PRESC SIGNAT		3	PHARM	ACIST	DISCHARG PRESCRIP	
OUTE -		05 0101						NA tr - tr		-101-41	(-il-)	_			OLIDDIA	,	0	Т
SPECIFY TIN		SE SIGN DOSI CHAI	E						es Recon			Bleep N	lo.		SUPPLY		Continuous	
lorning															R E	C	To be reviewed by GP	
lidday															-W-	Н	Limited	H
vening															R_	A	duration	
Bedtime															T	R		
											1	† †			Е			D
rescriber's	0:						Bleep	<u> </u>			ate			Pharma				_

2. Patient not on ward5. Medicine unavailable

NON-ADMINISTRATION CODES
3. Patient unable to receive medicines/no access
6. Other (please document on page 12)

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4. Patient refused medicine X. Signifies prescribers intent





PATIENT'S NAME HEALTH RECORD NUMBER

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

ENTER DOSE AGA REQUIRED. USE O			R	REGULA	R MEDI	CINES	M	HTMC						YEAR			DISCHARG PRESCRIP	
FOR EACH ENTRY			Date											<u>L</u>			<u></u>	
DATE -			MEDICIN	NE (Appro	oved Nan	ne)		SPECI	AL INST	RUCTIO	ONS		CRIBER	'S	PHARM	ACIST	DISCHARG PRESCRIP	
ROUTE -												SIGNA	NUNE				THEOONIF	. IOIN
SPECIFY TIME IF REQUIRED	DOSE	SIGN						Medicir	nes Recor	ciliation	(circle)				SUPPLY	′	Continuous	
II REQUIRED	\ \	DOSE CHANGE						Started	Continued	Dose C	hanged	Bleep	No.					
															R		To be reviewed	
Morning															E	С	by GP	
Midday															W	Н	Limited duration	
Evening																Α	duration	
Bedtime																R		
															E			Days
DATE -			MEDICIN	NE (Appro	oved Nan	ne)		SPECI	AL INST	RUCTIO	ONS		CRIBER	'S	PHARM	ACIST	DISCHARG PRESCRIP	
ROUTE -												SIGNA	ATURE				PRESCRIP	TION
SPECIFY TIME	DOSE	SIGN						Medicir	nes Recor	ciliation	(circle)				SUPPLY	,	Continuous	
IF REQUIRED	*	DOSE CHANGE						Started	Continued	d Dose C	hanged	Bleep	No.					
															R		To be reviewed	
Morning																9	by GP	
Midday																Н	Limited duration	
Evening																Α	duration	
Bedtime									4						T	R		
															Е			Day
DATE -			MEDICIN	NE (Appro	oved Nan	ne)		SPECI	AL INST	RUCTIO	ONS		CRIBER	'S	PHARM	ACIST	DISCHARG	
ROUTE -										V ,		SIGNA	ATURE				PRESCRIP	HON
SPECIFY TIME	DOSE	SIGN						Medicir	nes Recor	nciliation	(circle)	1			SUPPLY	/	Continuous	
IF REQUIRED		DOSE CHANGE				`		Started	Continued	Dose C	hanged	Bleep	No.					
															R		To be reviewed	
Morning															E	С	by GP	
Midday															VV D	Н	Limited	
Evening															i i	Α	duration	
Bedtime															Т	R		
		1													Е			Days
DATE -			MEDICI	VE (Appro	oved Nam	ne)		SPECI	AL INST	RUCTIO	ONS		CRIBER	'S	PHARM	ACIST	DISCHARG	
ROUTE -												SIGNA	ATURE				PRESCRIP	HON
SPECIFY TIME	DOSE	SIGN						Medicir	nes Recor	nciliation	(circle)	1			SUPPLY	,	Continuous	
IF REQUIRED	1	DOSE CHANGE						Started	Continued	d Dose C	hanged	Bleep	No.					
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Morning															E	С	reviewed by GP	
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DATE -			MEDICIN	NE (Appro	oved Nan	ne)		SPECI	AL INST	RUCTIO	ONS		CRIBER	'S	PHARM	ACIST	DISCHARG PRESCRIP	
ROUTE -												SIGNA	ATURE				FNEOURIP	TION
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NON-ADMINISTRATION OF MEDICINES

If a patient does not receive a prescribed dose, a non-administration code (see page 12) must be placed in the administration box. Additional information to explain the reason for the non-administration can be detailed in the table on page 12. Always document additional information for code '6'.



PATIENT'S NAME

HEALTH RECORD NUMBER

A	AS REQU	IIRED MEDICI	NES	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY		HARGE RIPTION
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			SUPPLY													by GP	
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Bleep No. DATE	ROUTE	Medicines Reconcilia Started Continued E (Approved Name)	PHARMACIST SUPPLY MAX DOSE IN 24 HRS													reviewed by GP	







PATIENT'S NAME HEALTH RECORD NUMBER

A	AS REQU	JIRED MEDICI	NES	DATE	TIME GIVEN	DOSE	GIVEN BY	DATE	TIME GIVEN	DOSE	GIVEN BY	DATE	TIME GIVEN	DOSE	GIVEN BY	DISCH PRESC	HARGE RIPTION
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			SUPPLY													by GP	
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			SUPPLY													by GP	
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			SUPPLY													by GP	
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			SUPPLY													by GP	
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			SUPPLY													reviewed by GP	
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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*

9 H L									ļ			
START	INFUSION FLUID	ROLITE	MEDICINE ADDED		RATEOR	PRESCRIBER'S	PHARM		IIME	VOL	GIVEN CH'KD	CH'KD
TIME	TYPE / STRENGTH VOLUME		APPROVED NAME	DOSE	DURATION	SIGNATURE		DATE STA	START STOP	GIVEN	ВУ	ВУ
		,	,									
Batch No.	Device No.	*Pre	*Prescriber to initial if continuous		A	Bleep No.						
Batch No.	Device No.	*Pre	*Prescriber to initial if continuous		A	Bleep No.						
Batch No.	Device No.	*Pre	*Prescriber to Initial if continuous		A	Bleep No.	'					
Batch No.	Device No.	*Pre	*Prescriber to initial if continuous			Bleep No.						
Batch No.	Device No.	*Pre	*Prescriber to initial if continuous			Bleep No.						
Batch No.	Device No.	*Pre	*Prescriber to initial if continuous		•	Bleep No.						
Batch No.	Device No.	*Pre	*Prescriber to initial if continuous		★	Bleep No.						
Batch No.	Device No.	*Pre	*Prescriber to initial if continuous		A	Bleep No.						
Batch No.	Device No.	*Pre	*Prescriber to initial if continuous	-	A	Bleep 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

	ent not on ward icine unavailable	3. 6.	Patient unable to receive medicines/no Other (document below)	access 4. Patient refused me X. Signifies prescribe	
Date & Time	Medicine	Code No.	Reason for Omission	Action Taken	Signature



