

ARK-HOSPITAL MEDICATION ADMINISTRATION RECORD



DRUG ALLERGIES & SENSITIVITIES	PLEASE CIRCLE AS APPROPRIATE:		HOSPITAL No.: _____															
	NONE KNOWN YES		SURNAME: _____															
	SIGNED..... DATE.....		FIRST NAME: _____															
	NAME.....		ADDRESS: _____															
Drug / Allergen:	Description of Reaction:																	
DATE OF BIRTH: _____																		
<table border="1"> <tr> <td>Date</td> <td>Height (m)</td> <td>Sign</td> <td>Date</td> <td>Weight (kg)</td> <td>Sign</td> <td>Surface area (m²)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Date	Height (m)	Sign	Date	Weight (kg)	Sign	Surface area (m²)							
Date	Height (m)	Sign	Date	Weight (kg)	Sign	Surface area (m²)												
This section must be completed. Check allergy status prior to administration of medicine																		

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

OXYGEN PRESCRIPTION			Adjust flow rate and/or delivery device as necessary to achieve target oxygen saturations. Refer to local guidelines. Record and sign for administration, delivery device and flow rate on Early Warning Score Chart	
This section MUST be completed for all patients				
Circle target O ₂ saturation			Prescriber's signature	Date
94-98%	88-92%	Other	Bleep No.	

PRESCRIPTIONS FOR ONCE-ONLY MEDICATION, PRE-ANAESTHETIC MEDICATION AND ONCE-ONLY ANTIMICROBIALS										
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.					

MEDICINES MANAGEMENT & RECONCILIATION			
MEDICATION HISTORY OBTAINED FROM: PATIENT <input type="checkbox"/> GP RECORDS <input type="checkbox"/> NH/RH <input type="checkbox"/> CARER <input type="checkbox"/> PODS/MDS <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> OTHER INITIALS DATE		MEDICINES RECONCILED ON ADMISSION <input type="checkbox"/> REWRITTEN CHART <input type="checkbox"/> SIGNATURE DATE COMPLIANCE ISSUES	
GP	COMMUNITY PHARMACY DETAILS	DISCHARGE PRESCRIPTION COMPLETED BY PHARMACY: INITIALS DATE	
COMMENTS / NOTES			

ARK
I - N - P A T I E N T M E D I C A T I O N A D M I N I S T R A T I O N R E C O R D

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

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

PROBABLE = Infection is the most likely diagnosis so antimicrobial prescribed as a provisional prescription but diagnosis and treatment still need to be reviewed

POSSIBLE = Infection is NOT the most likely diagnosis but antimicrobial prescribed as patient unstable/clinical concern pending further information and review

INITIAL PRESCRIPTION

Check for allergies

DATE →

ROUTE →

SPECIFY TIME IF REQUIRED ↓

DOSE ↓

SIGN

DATE

DAY 1

2

3 review

4

DOSE CHANGE ↓

Morning

Midday

Evening

Bedtime

Antimicrobial – Initial Prescription

Indication/diagnosis

Prescription will stop here unless reviewed and re-prescribed if necessary

24-72 hour Review and Revise:

STOP ☐

CONTINUE (review any C&S):

IV to oral switch ☐

Change antimicrobial ☐

Continue same antimicrobial ☐

Outpatient Parenteral Antimicrobial therapy ☐

Signature and bleep:

Category of Initial Prescription (Circle)

PROBABLE / POSSIBLE

Rationale for Choice (circle)

Guidelines/Micro advice/C&S

NURSES: Administration must follow the date line provided for EACH separate prescription

If prescription is ending and review section not completed contact team for urgent review

Special Instructions

Final Prescription pg. 3 or 4

PRESCRIBER'S SIGNATURE

PHARMACIST

DISCHARGE PRESCRIPTION

SUPPLY

TOTAL duration

Bleep No.

INITIAL PRESCRIPTION

Check for allergies

DATE →

ROUTE →

SPECIFY TIME IF REQUIRED ↓

DOSE ↓

SIGN

DATE

DAY 1

2

3 review

4

DOSE CHANGE ↓

Morning

Midday

Evening

Bedtime

Antimicrobial – Initial Prescription

Indication/diagnosis

Prescription will stop here unless reviewed and re-prescribed if necessary

24-72 hour Review and Revise:

STOP ☐

CONTINUE (review any C&S):

IV to oral switch ☐

Change antimicrobial ☐

Continue same antimicrobial ☐

Outpatient Parenteral Antimicrobial therapy ☐

Signature and bleep:

Category of Initial Prescription (Circle)

PROBABLE / POSSIBLE

Rationale for Choice (circle)

Guidelines/Micro advice/C&S

NURSES: Administration must follow the date line provided for EACH separate prescription

If prescription is ending and review section not completed contact team for urgent review

Special Instructions

Final Prescription pg. 3 or 4

PRESCRIBER'S SIGNATURE

PHARMACIST

DISCHARGE PRESCRIPTION

SUPPLY

TOTAL duration

Bleep No.

INITIAL PRESCRIPTION

Check for allergies

DATE →

ROUTE →

SPECIFY TIME IF REQUIRED ↓

DOSE ↓

SIGN

DATE

DAY 1

2

3 review

4

DOSE CHANGE ↓

Morning

Midday

Evening

Bedtime

Antimicrobial – Initial Prescription

Indication/diagnosis

Prescription will stop here unless reviewed and re-prescribed if necessary

24-72 hour Review and Revise:

STOP ☐

CONTINUE (review any C&S):

IV to oral switch ☐

Change antimicrobial ☐

Continue same antimicrobial ☐

Outpatient Parenteral Antimicrobial therapy ☐

Signature and bleep:

Category of Initial Prescription (Circle)

PROBABLE / POSSIBLE

Rationale for Choice (circle)

Guidelines/Micro advice/C&S

NURSES: Administration must follow the date line provided for EACH separate prescription

If prescription is ending and review section not completed contact team for urgent review

Special Instructions

Final Prescription pg. 3 or 4

PRESCRIBER'S SIGNATURE

PHARMACIST

DISCHARGE PRESCRIPTION

SUPPLY

TOTAL duration

Bleep No.

Prescriber's Signature authorising TTO

Bleep No.

Date

Pharmacist/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'.

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

FINALISED PRESCRIPTION			Antimicrobial – Finalised Prescription				Duration OR review date:		PRESCRIBER'S SIGNATURE		PHARMACIST		Discharge Prescription		
Check for allergies															
DATE →			Indication				Rationale for Choice (circle) Guidelines/Micro advice/C&S		Bleep No.		SUPPLY		TOTAL duration		
ROUTE →															
SPECIFY TIME IF REQUIRED ↓		DOSE ↓	SIGN	DATE				Prescription will stop here unless you prescribe again		Administration must follow the date line provided for EACH separate prescription		Special Instructions			
			DOSE CHANGE ↓	DAY											
Morning															
Midday															
Evening															
Bedtime															
FINALISED PRESCRIPTION			Antimicrobial – Finalised Prescription				Duration OR review date:		PRESCRIBER'S SIGNATURE		PHARMACIST		Discharge Prescription		
Check for allergies															
DATE →			Indication				Rationale for Choice (circle) Guidelines/Micro advice/C&S		Bleep No.		SUPPLY		TOTAL duration		
ROUTE →															
SPECIFY TIME IF REQUIRED ↓		DOSE ↓	SIGN	DATE				Prescription will stop here unless you prescribe again		Administration must follow the date line provided for EACH separate prescription		Special Instructions			
			DOSE CHANGE ↓	DAY											
Morning															
Midday															
Evening															
Bedtime															
FINALISED PRESCRIPTION			Antimicrobial – Finalised Prescription				Duration OR review date:		PRESCRIBER'S SIGNATURE		PHARMACIST		Discharge Prescription		
Check for allergies															
DATE →			Indication				Rationale for Choice (circle) Guidelines/Micro advice/C&S		Bleep No.		SUPPLY		TOTAL duration		
ROUTE →															
SPECIFY TIME IF REQUIRED ↓		DOSE ↓	SIGN	DATE				Prescription will stop here unless you prescribe again		Administration must follow the date line provided for EACH separate prescription		Special Instructions			
			DOSE CHANGE ↓	DAY											
Morning															
Midday															
Evening															
Bedtime															

Prescriber's Signature authorising TTO

Bleep No.

Date

Pharmacist/Date

NON-ADMINISTRATION CODES

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

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 duration is made

FINALISED PRESCRIPTION			Antimicrobial – Finalised Prescription										Duration OR review date:				PRESCRIBER'S SIGNATURE				PHARMACIST		Discharge Prescription							
Check for allergies																														
DATE →													Indication				Rationale for choice (circle)				Bleep No.				SUPPLY		Review by GP		Continuous	
ROUTE →																	Guidelines/Micro advice/C&S													
SPECIFY TIME IF REQUIRED ↓			DOSE ↓			SIGN			DATE																TOTAL duration					
						DOSE CHANGE ↓			DAY																					
Morning																														
Midday																														
Evening																														
Bedtime																														

FINALISED PRESCRIPTION			Antimicrobial – Finalised Prescription										Duration OR review date:				PRESCRIBER'S SIGNATURE				PHARMACIST		Discharge Prescription							
Check for allergies																														
DATE →													Indication				Rationale for choice (circle)				Bleep No.				SUPPLY		Review by GP		Continuous	
ROUTE →																	Guidelines/Micro advice/C&S													
SPECIFY TIME IF REQUIRED ↓			DOSE ↓			SIGN			DATE																TOTAL duration					
						DOSE CHANGE ↓			DAY																					
Morning																														
Midday																														
Evening																														
Bedtime																														

FINALISED PRESCRIPTION			Antimicrobial – Finalised Prescription										Duration OR review date:				PRESCRIBER'S SIGNATURE				PHARMACIST		Discharge Prescription							
Check for allergies																														
DATE →													Indication				Rationale for choice (circle)				Bleep No.				SUPPLY		Review by GP		Continuous	
ROUTE →																	Guidelines/Micro advice/C&S													
SPECIFY TIME IF REQUIRED ↓			DOSE ↓			SIGN			DATE																TOTAL duration					
						DOSE CHANGE ↓			DAY																					
Morning																														
Midday																														
Evening																														
Bedtime																														

Prescriber's Signature authorising TTO
Bleep No.
Date
Pharmacist/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'.

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 AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY				REGULAR MEDICINES				MONTH				YEAR				DISCHARGE PRESCRIPTION					
Date																					
VTE PROPHYLAXIS				Patient DOES NOT require prophylaxis. Document reasons on chart and in case notes – sign and date								PRESCRIBER'S SIGNATURE				All patients should have VTE risk assessment completed		Continuous			
				Patient DOES require prophylaxis. Prescribe below. Refer to local VTE Guidelines. Prescribe on ONE CHART only – strike out duplicates if multiple charts in use								Bleep No. Date						To be reviewed by GP			
				DATE →				NAME OF VTE PROPHYLAXIS (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST	
ROUTE →																					
SPECIFY TIME IF REQUIRED ↓				DOSE ↓				SIGN DOSE CHANGE				Medicines Reconciliation (circle)				SUPPLY					
								Started Continued Dose Changed				Bleep No.									
Morning																					
Midday																					
Evening																					
Bedtime																				Days	
DATE →				MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION			
ROUTE →																					
SPECIFY TIME IF REQUIRED ↓				DOSE ↓				SIGN DOSE CHANGE				Medicines Reconciliation (circle)				SUPPLY				Continuous	
								Started Continued Dose Changed				Bleep No.									
Morning																REWRITE				To be reviewed by GP	
Midday																CHART				Limited duration	
Evening																					
Bedtime																				Days	
DATE →				MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION			
ROUTE →																					
SPECIFY TIME IF REQUIRED ↓				DOSE ↓				SIGN DOSE CHANGE				Medicines Reconciliation (circle)				SUPPLY				Continuous	
								Started Continued Dose Changed				Bleep No.									
Morning																REWRITE				To be reviewed by GP	
Midday																CHART				Limited duration	
Evening																					
Bedtime																				Days	
DATE →				MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION			
ROUTE →																					
SPECIFY TIME IF REQUIRED ↓				DOSE ↓				SIGN DOSE CHANGE				Medicines Reconciliation (circle)				SUPPLY				Continuous	
								Started Continued Dose Changed				Bleep No.									
Morning																REWRITE				To be reviewed by GP	
Midday																CHART				Limited duration	
Evening																					
Bedtime																				Days	
DATE →				MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION			
ROUTE →																					
SPECIFY TIME IF REQUIRED ↓				DOSE ↓				SIGN DOSE CHANGE				Medicines Reconciliation (circle)				SUPPLY				Continuous	
								Started Continued Dose Changed				Bleep No.									
Morning																REWRITE				To be reviewed by GP	
Midday																CHART				Limited duration	
Evening																					
Bedtime																				Days	
DATE →				MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION			
ROUTE →																					
SPECIFY TIME IF REQUIRED ↓				DOSE ↓				SIGN DOSE CHANGE				Medicines Reconciliation (circle)				SUPPLY				Continuous	
								Started Continued Dose Changed				Bleep No.									
Morning																REWRITE				To be reviewed by GP	
Midday																CHART				Limited duration	
Evening																					
Bedtime																				Days	
Prescriber's Signature authorising TTO								Bleep No.				Date				Pharmacist/Date					
NON-ADMINISTRATION CODES 2. Patient not on ward 3. Patient unable to receive medicines/no access 4. Patient refused medicine 5. Medicine unavailable 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)

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY			REGULAR MEDICINES				MONTH				YEAR				DISCHARGE PRESCRIPTION			
Date																		
DATE →			MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION	
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SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE					Medicines Reconciliation (circle)				Bleep No.				SUPPLY		Continuous	
Morning																	To be reviewed by GP	
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Morning																	To be reviewed by GP	
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Morning																	To be reviewed by GP	
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Midday																	Limited duration	
Evening																		
Bedtime																		
																	Days	

Prescriber's Signature authorising TTO
Bleep No.
Date
Pharmacist/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'.

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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Date																	
DATE →				MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST	
ROUTE →																	
SPECIFY TIME IF REQUIRED ↓				DOSE ↓				SIGN DOSE CHANGE				Medicines Reconciliation (circle)				SUPPLY	
								Started Continued Dose Changed				Bleep No.				Continuous	
Morning																To be reviewed by GP	
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Bedtime																Days	
DATE →				MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST	
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ROUTE →																	
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								Started Continued Dose Changed				Bleep No.				Continuous	
Morning																To be reviewed by GP	
Midday																Limited duration	
Evening																	
Bedtime																Days	

Prescriber's Signature authorising TTO

Bleep No.

Date

Pharmacist/Date

NON-ADMINISTRATION CODES

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

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 AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY			REGULAR MEDICINES				MONTH				YEAR				DISCHARGE PRESCRIPTION			
Date																		
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ROUTE →																		
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE					Medicines Reconciliation (circle)				Bleep No.				SUPPLY		Continuous	
							Started Continued Dose Changed											
Morning															R E W R I T E		To be reviewed by GP	
Midday															C H A R T		Limited duration	
Evening																		
Bedtime																		Days
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Morning															R E W R I T E		To be reviewed by GP	
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DATE →			MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION	
ROUTE →																		
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE					Medicines Reconciliation (circle)				Bleep No.				SUPPLY		Continuous	
							Started Continued Dose Changed											
Morning															R E W R I T E		To be reviewed by GP	
Midday															C H A R T		Limited duration	
Evening																		
Bedtime																		Days

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

AS REQUIRED MEDICINES				DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DISCHARGE PRESCRIPTION		
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																

Prescriber's Signature authorising TTO

Bleep No.

Date

Pharmacist/Date

AS REQUIRED MEDICINES				DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DISCHARGE PRESCRIPTION	
DATE	MEDICINE (Approved Name)		PHARMACIST													To be reviewed by GP	Continuous
			SUPPLY														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION															
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed															
DATE	MEDICINE (Approved Name)		PHARMACIST													To be reviewed by GP	Continuous
			SUPPLY														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION															
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed															
DATE	MEDICINE (Approved Name)		PHARMACIST													To be reviewed by GP	Continuous
			SUPPLY														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION															
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed															
DATE	MEDICINE (Approved Name)		PHARMACIST													To be reviewed by GP	Continuous
			SUPPLY														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION															
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed															
DATE	MEDICINE (Approved Name)		PHARMACIST													To be reviewed by GP	Continuous
			SUPPLY														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION															
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed															
DATE	MEDICINE (Approved Name)		PHARMACIST													To be reviewed by GP	Continuous
			SUPPLY														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION															
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed															
DATE	MEDICINE (Approved Name)		PHARMACIST													To be reviewed by GP	Continuous
			SUPPLY														
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS													Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION															
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed															
Prescriber's Signature authorising TTO				Bleep No.				Date				Pharmacist/Date					

○ ○

INTRAVENOUS AND SUBCUTANEOUS INFUSIONS

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

DATE & START TIME		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.							
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.							
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.							
Batch No.		Device No.			*Prescriber to initial if continuous	→	→	Bleep No.							
Batch No.		Device No.			*Prescriber to initial if continuous	→	→	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
5. Medicine unavailable

3. Patient unable to receive medicines/no access
6. Other (document below)

4. Patient refused medicine
X. Signifies prescribers intent

[illegible]