AS REQUIRED "PRN" MEDICATIONS

Attach ADR Sticker

See front page for details

AFFIX PATIENT IDENTIFICATION LABEL HERE

UR No:

Family Name:

Given Names:

Address:

DOB:

Sex ☐ M ☐ F

1st Prescriber to Print Patient Name and Check Label Correct: ....

Year 20____

Date	Medication (Print Generic Name)	Route	Dose	Hourly frequency	PRN	Max dose/24 hrs	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact
on admission	Morphine	S/C	2.5mg		PRN	10mg.			[signature]	Dr. Wasemma	
on admission	Paracetamol	PO	1g	QID	PRN	4g.			[signature]	Dr. Wasemma	
on admission	Oxynorm	PO	5mg	QID	PRN	20mg			[signature]	Dr. Wasemma	
on admission	Ondansetron	IV	4mg	BD	PRN				[signature]	Dr. Wasemma	
on admission	Coloxyl + Senna	PO	II	BD	PRN				[signature]	Dr. Wasemma	
					PRN						
					PRN						

Administration record:

Medication		Administration 1	Administration 2	Administration 3
Morphine	Date	Yesterday	Today	Tomorrow
	Time	2130		
	Dose	2.5mg		
	Route	SC		
	Sign	[signature]		
Paracetamol	Date	yesterday	Today	
	Time	2150	0800	
	Dose	1g	1g	
	Route	PO	PO	
	Sign	[signature]	[signature]	
Oxynorm	Date	yesterday	Today	
	Time	22:10	08:30	
	Dose	5mg	5mg	
	Route	PO	PO	
	Sign	[signature]	[signature]	

Yes / No — Dispense?

Pharmaceutical Review:

The Australian Council for Safety and Quality in Health Care acknowledge the significant contribution of the Queensland Health Medication Management Services.

National Med Chart 12/12 Ref NMC - TYPE E

BINDING MARGIN - DO NOT WRITE

Facility/Service: ______________________

Ward/Unit: ....

MEDICATION Chart No. .... **of** ....

ADDITIONAL CHARTS

☐ IV Fluid ☐ BGL/Insulin ☐ Acute Pain ☐ Blood Products

☐ Palliative Care ☐ Chemotherapy ☐ IV Heparin ☐ Other

ONCE ONLY, PRE-MEDICATION & NURSE INITIATED MEDICINES

Date Prescribed	Medication (Print Generic Name)	Route	Dose	Date/Time of dose	Prescriber/Nurse Initiator (NI) Signature	Print Your Name	Given by	Time Given	Pharmacy
Today	Trimethoprim	PO	300mg	Stat	[signature]		[initials]	15 mins before	

TELEPHONE ORDERS (To be signed within 24 hrs of order)

Date Time	Medication (Print Generic Name)	Route	Dose	Frequency	Nurse Initials Nr 1/ Nr 2	Dr Name	Dr Sign.	Date	RECORD OF ADMINISTRATION Time/ Given by	Time/ Given by	Time/ Given by	Time/ Given by

Medicines taken Prior to Presentation to Hospital
(Prescribed, over the counter, complementary) Own medications brought in? ☐ Y ☐ N Administration Aid (specify) ....

Medication	Dose & frequency	Duration	Medication	Dose & frequency	Duration

NOT FOR ADMINISTRATION

GP:

Community Pharmacy:

Documented by: (Sign) (Date) Medicines usually administered by:

MEDICATION CHART

Attach ADR Sticker

ALLERGIES & ADVERSE REACTIONS (ADR)

☐ Nil known ☐ Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Date	Initials

Sign............ Print............ Date............

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVER LEAF

UR No:
Family Name:
Given Names:
Address:
DOB: Sex ☐ M ☐ F

1st Prescriber to Print Patient Name and Check Label Correct: ....

Patient Weight (kg)............
Height (cm)............

REGULAR MEDICATIONS

YEAR 20____ DATE & MONTH → Yesterday | Today | Tomorrow

VARIABLE DOSE MEDICATION

Date	Medication (Print Generic Name)	Drug level
		When level taken
Route	Frequency Dr to enter dose time and individual dose	**Dose** Time to be given
Indication	Pharmacy	Prescriber
Prescriber Signature	Print Your Name / Contact	Time given
		Nurse

Dispense? Yes / No

WARFARIN (Marevan/Coumadin) select brand

Date	On admission	DOSE TIME 1600 (4pm)	INR Result
Route	PO	Prescriber to enter individual doses	Target INR 2 - 3
Indication	AF	Pharmacy	
Prescriber Signature	Print Your Name: Dr. Wijesinha	Contact	

Dose: X mg | mg | mg | mg | mg | mg | mg | mg | mg | mg | mg
Prescriber
Nurse 1
Nurse 2

Dispense? Yes / No

DOCTORS MUST ENTER administration times

Date	Medication (Print Generic Name)	Route	Dose	Frequency & NOW enter times	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow release	Time	Yesterday
On Admission	Ramipril	PO	10mg	OD			[signature]	Dr. Wijesinha			0800	✓ [initials]
On Admission	FRUSEMIDE	PO	40mg	OD			[signature]	Dr. Wijesinha			08:00	✓ [initials]
On admission	Aspirin	PO	100mg	OD.			[signature]	Dr. Wijesinha			08:00	X [initials]
On admission	Warfarin		(See above)									✓

Dispense? Yes / No

Pharmaceutical Review:

WARFARIN EDUCATION RECORD

Patient Educated by: ....
Sign: ....
Date: ....
Given Warfarin Book: ....
Sign: ....
Date: ....

RECOMMENDED ADMINISTRATION TIMES
GUIDELINES ONLY

Morning	Mane	0800			
Night	Nocte			1800 or 2000	
Twice a day	BD	0800		2000	
Three times a day	TDS	0800	1400	2000	
Regular 6 hourly	6 hrly	0600	1200	1800	2400
Regular 8 hourly	8 hrly	0600	1400	2200	
Four times a day	QID	0600	1200	1800	2200

Tick if Slow release — SR= Sustained or modified release formulation. If scored tablet, then half can be given. Dose must be swallowed without crushing.

REASON FOR NURSE NOT ADMINISTERING
Codes MUST be circled

Reason	Code
Absent	A
Fasting	F
Refused - notify Dr	R
Vomiting	V
On leave	L
Not available - obtain supply or contact Dr	N
Withheld - Enter reason in Clinical Record	W
Self Administering	S

REGULAR MEDICATIONS

YEAR 20____ DATE & MONTH → Yesterday | Today | Tomorrow

DOCTORS MUST ENTER administration times

Date	Medication (Print Generic Name)	Route	Dose	Frequency & NOW enter times	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow release	Time	Yesterday
On admission	Lantus	SC	23 UNITS	NOCTE			[signature]	Dr. Wijesinha			20:00	X
On admission	Atorvastatin	PO	40mg	nocte				Dr. Wijesinha			20:00	✓
On admission	Digoxin	PO	62.5mcg	OD			[signature]	Dr. Wijesinha			08:00	✓ [initials]
Today	Trimethoprim	PO	300mg	OD				Dr. Wijesinha			08:00	[initials]
On admission	Clexane	SC	~~80~~ 20mg	OD			[signature]	Dr. Wijesinha			12:00	X [initials]

Dispense? Yes / No

Pharmaceutical Review: