

Every Chart Numbered



Medication chart number **I** of **II**

Print _____ Date _____

First prescriber to print patient name and check label correct: **J Bloggs** ←

Weight (kg): _____ Height (cm): _____

Regular medicines

Year 20 15 Date and month →

PRESCRIBER MUST ENTER administration times →

Date	Medicine (print generic name)	Tick if slow release	
8/09	ceftriaxone		1200
Route	Dose	Frequency and NOW enter times	
IV	1g	daily	
Indication	Pharmacy		
UTI			
Prescriber signature	Print your name	Contact	
J Bloggs	J Bloggs		

Continue on discharge? Yes/No
Dispense? Yes/No
Duration: _____ days Qty _____

Date: _____

Patient surname handwritten below patient label

Indication essential for antibiotics, anticoagulants and steroids

Date	Medicine (print generic name)	Tick if slow release	
8/09	ceftriaxone		
Route	Dose	Frequency and NOW enter times	
IV	1g	daily	
Indication	Pharmacy		
UTI			
Prescriber signature	Print your name	Contact	
J Bloggs	J Bloggs		

Continue on discharge? Yes/No
Dispense? Yes/No
Duration: _____ days Qty _____

Date: _____

Generic drug name

Every order signed and dated

Prescriber's printed surname only necessary once on page viewed

Date	Medicine (print generic name)	Date	
8/09	metoclopramide		
Route	Dose	Hourly frequency	Max PRN dose/24 hrs
O/SC	10mg	q6hr	40mg
Indication	Pharmacy	Dose	
nausea		Route	
Prescriber signature	Print your name	Contact	Sign
J Bloggs	Dr J Bloggs	101	

Continue on discharge? Yes/No
Dispense? Yes/No
Duration: _____ days Qty _____

Every PRN order needs a 'Max' dose and an indication