Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

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

Drug (or other)	Reaction/Type/Date	Initials

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

FAMILY NAME	BUTTERWORTH	MRN	0411817
GIVEN NAME	WENDY	☐ MALE	☒ FEMALE
D.O.B.	15 / 03 / 46	M.O.	EMERGENCY DR
ADDRESS			
LOCATION	EMERGENCY DEPARTMENT		

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber **to Print Patient Name and Check Label Correct:** Weight(kg):..... Height(cm):.....

SMR130001

REGULAR MEDICATIONS

YEAR 20..... DATE & MONTH →

VARIABLE DOSE MEDICATION

Date | Medication (Print Generic Name)

Route | Frequency

Prescriber to enter dose times and individual dose

Indication | Pharmacy

Prescriber Signature | Print Your Name | Contact

Drug level

Time level taken

Dose

Prescriber

Time to be given: .....

Time given & Sign

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

Date:.....

VTE risk assessed: Yes ☐ Prophylaxis not required ☐ Contraindicated ☐ Signature | Date

Date | Medication (Print Generic Name)

Route | Dose | Frequency & NOW Enter Times →

Indication | Pharmacy

VTE Prophylaxis

Prescriber Signature | Print Your Name | Contact

Mechanical Prophylaxis

Prescriber/NI Signature | Print Your Name | Contact

AM

PM

Date | *WARFARIN* (Marevan/Coumadin) select brand

Route | Prescriber to enter individual doses | Target INR Range

Indication | Pharmacy

Prescriber Signature | Print Your Name | Contact

INR Result

Dose mg mg mg mg mg mg mg mg

Prescriber

1600 (Nurse 1)

Nurse 2

DOCTORS MUST ENTER administration times

Date	Medication (Print Generic Name)	Tick if Slow Release	Dose	Frequency & NOW Enter Times	
11/06	Telmisartan		40mg	mane	08W
Route: PO	Indication:	Pharmacy:	Prescriber Signature: Gmg	Print Your Name: Goldberg	Contact:
Date	Medication (Print Generic Name)	Tick if Slow Release	Dose	Frequency & NOW Enter Times	
11/06	Atorvastatin		40mg	nocte	2000
Route: PO	Indication:	Pharmacy:	Prescriber Signature: Gmg	Print Your Name: Goldberg	Contact:
Date	Medication (Print Generic Name)	Tick if Slow Release	Dose	Frequency & NOW Enter Times	
11/6	Digoxin.		62.5 micrg	nocte	2000
Route: PO	Indication:	Pharmacy:	Prescriber Signature: Gmg	Print Your Name: Goldberg	Contact:

Pharmaceutical Review:

Check if patient has another Medication Chart

WP12_S1_CM11_MEDS

2

Pharmacist Date:

Prescriber's Signature: Print Name: Contact:

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

WARFARIN EDUCATION RECORD

Patient Educated by:.....

Sign:.....

Date:.....

Given Warfarin Book:.....

Sign:.....

Date:.....

Tick if Slow Release

SR = Sustained, modified or controlled 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

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 Administered	S

REGULAR MEDICATIONS

YEAR 20..... DATE & MONTH →

DOCTORS MUST ENTER administration times

Date	Medication (Print Generic Name)	Tick if Slow Release	Dose	Frequency & NOW Enter Times	
11/6	Metformin. XR		2g	nocte	2000
Route: PO	Indication: 6	Pharmacy:	Prescriber Signature: Gmg	Print Your Name: Goldberg	Contact:
Date	Medication (Print Generic Name)	Tick if Slow Release	Dose	Frequency & NOW Enter Times	
11/6	Pantoprazole.		40mg	mane	0800
Route: PO	Indication:	Pharmacy:	Prescriber Signature:	Print Your Name:	Contact:

Date | Medication (Print Generic Name) | Tick if Slow Release

Route | Dose | Frequency & NOW Enter Times →

Indication | Pharmacy

Prescriber Signature | Print Your Name | Contact

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

Date:.....

Pharmaceutical Review:

Check if patient has another Medication Chart

3

Pharmacist Date:

Prescriber's Signature: Print Name: Contact:

MEDICAL STUDENT USE ONLY NOT FOR ADMINISTRATION

NOT A VALID ORDER UNLESS LEGIBLE

Holes Punched as per AS2828.1: 2012 BINDING MARGIN - NO WRITING

NH606207 National Medication Chart - 04/2014 - © Commonwealth of Australia 2005 - As amended 2014