

Attach ADR Sticker

FAMILY NAME **FITZPATRICK** MRN **NOX 54**
 GIVEN NAME **MENRY** MALE FEMALE
 D.O.B. **14 / 09 / 38** M.O.
 ADDRESS
 LOCATION

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
 Nil known Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Type/Date	Initials

Sign: *[Signature]* Print: **M. COLLINS** Date: **30/09**

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
 First Prescriber to Print Patient Name and Check Label Correct: Weight(kg):..... Height(cm):.....

REGULAR MEDICATIONS

YEAR 20..... DATE & MONTH →

VARIABLE DOSE MEDICATION

Date	Medication (Print Generic Name)	Drug level	Time level taken	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:

VTE risk assessed: Yes Prophylaxis not required Contraindicated

VTE Prophylaxis

Date	Medication (Print Generic Name)	Time given & Sign	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:

WARFARIN (Marevan/Coumadin)

Date	Route	Dose	Frequency & NOW Enter Times	INR Result	Target INR Range	Dose mg	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:

DOCTORS MUST ENTER administration times

Date	Medication (Print Generic Name)	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:
30/9	METFORMIN	PO	800mg	MAWE 0800 → N			<i>[Signature]</i>	M. COLLINS				
30/9	LANTUS			Subcut 10UNITS NOCTE 2000 N			<i>[Signature]</i>	M. COLLINS				
30/9	ATORVASTATIN	PO	20mg	MAWE 0800 → N			<i>[Signature]</i>	M. COLLINS				

RECOMMENDED ADMINISTRATION TIMES GUIDELINES ONLY

Time	Frequency	Time	Time	Time	
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:.....

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)	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:
30/9	RAMIPRIL	PO	10mg	MAWE 0800 → N			<i>[Signature]</i>	M. COLLINS				
30/9	ASPIRIN	PO	100mg	MAWE 0800 → N			<i>[Signature]</i>	M. COLLINS				
30/9	METOPROLOL	PO	12.5mg	MAWE 0800 → N			<i>[Signature]</i>	M. COLLINS				
30/9	SPIRINOLACTON	PO	50mg	MAWE 0800 → N			<i>[Signature]</i>	M. COLLINS				
30/9	FUROSEMIDE	PO	20mg	MAWE 0800 → N			<i>[Signature]</i>	M. COLLINS				

SMR130001
 Holes Punched as per AS2828.1: 2012
 BINDING MARGIN - NO WRITING
 National Medication Chart - 04/2014 - © Commonwealth of Australia 2005 - As amended 2014
 NH606207

NOT A VALID ORDER UNLESS LEGIBLE

WP17-S2-CM... MEDS

Check if patient has another Medication Chart

Check if patient has another Medication Chart