

**Attach ADR Sticker**

FAMILY NAME HANSEN MRN 1707876  
 GIVEN NAME ROSE  MALE  FEMALE  
 D.O.B. 23/07/50 M.O. MILLS  
 ADDRESS \_\_\_\_\_  
 LOCATION SURGICAL WARD

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

Drug (or other)	Reaction/Type/Date	Initials
PENICILLIN	RASH	JH

Sign: H. d. Print: HANFORD Date: 27/5

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 18 DATE & MONTH → 27/5 28/5 29/5 30/5 31/5

**VARIABLE DOSE MEDICATION**

Date	Medication (Print Generic Name)	Drug level	Time level taken	Dose	Prescriber	Indication	Pharmacy	Time to be given:	Time given & Sign	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:

VTE risk assessed: Yes  Prophylaxis not required  Contraindicated  Signature \_\_\_\_\_ Date \_\_\_\_\_

Date 27/5 Medication (Print Generic Name) CLEXANE

Route SLC Dose 40mg Frequency & NOW Enter Times MANE 0800 → GR/LH GR/LH AP/BD AP/BD

Indication VTE Prophylaxis Pharmacy \_\_\_\_\_

Prescriber Signature H. d. Print Your Name HANFORD Contact \_\_\_\_\_

Mechanical Prophylaxis TEDS AM → GR GR AP AP PM CM CM CM RL

Prescriber/NI Signature H. d. Print Your Name HANFORD Contact \_\_\_\_\_

Date 27/5 Medication (Print Generic Name) WARFARIN (Marevan/Coumadin) INR Result \_\_\_\_\_

Route \_\_\_\_\_ Prescriber to enter individual doses \_\_\_\_\_ Target INR Range \_\_\_\_\_ Dose \_\_\_\_\_ mg \_\_\_\_\_ mg \_\_\_\_\_ mg \_\_\_\_\_ mg \_\_\_\_\_ mg \_\_\_\_\_ mg \_\_\_\_\_ mg

Indication \_\_\_\_\_ Pharmacy \_\_\_\_\_

Prescriber Signature \_\_\_\_\_ Print Your Name \_\_\_\_\_ Contact \_\_\_\_\_

1600 (Nurse 1)

Nurse 2 \_\_\_\_\_

**DOCTORS MUST ENTER administration times**

Date 27/5 Medication (Print Generic Name) PARACETAMOL Tick if Slow Release

Route PO Dose 1g Frequency & NOW Enter Times QID → 0600 → LG LG MF MF 1200 → GR GR AP AP 1800 CM CM CM RL 2200 LG LG MF MF

Indication \_\_\_\_\_ Pharmacy \_\_\_\_\_

Prescriber Signature H. d. Print Your Name HANFORD Contact \_\_\_\_\_

Date 27/5 Medication (Print Generic Name) TARGEN Tick if Slow Release

Route PO Dose 10/5mg Frequency & NOW Enter Times BD → 0800 → GR/LH GR/LH AP/BD AP/BD

Indication \_\_\_\_\_ Pharmacy \_\_\_\_\_

Prescriber Signature H. d. Print Your Name HANFORD Contact \_\_\_\_\_

Date \_\_\_\_\_ Medication (Print Generic Name) \_\_\_\_\_ Tick if Slow Release

Route \_\_\_\_\_ Dose \_\_\_\_\_ Frequency & NOW Enter Times \_\_\_\_\_

Indication \_\_\_\_\_ Pharmacy \_\_\_\_\_

Prescriber Signature \_\_\_\_\_ Print Your Name \_\_\_\_\_ Contact \_\_\_\_\_

Pharmaceutical Review: \_\_\_\_\_  
 Check if patient has another Medication Chart

**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: \_\_\_\_\_

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	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:

Pharmaceutical Review: \_\_\_\_\_  
 Check if patient has another Medication Chart

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

NOT A VALID ORDER UNLESS LEGIBLE

