

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

FAMILY NAME HUGHES MRN 0921543
GIVEN NAME KYLE MALE FEMALE
D.O.B. 19/12/1949 M.O. DR WEST
ADDRESS
LOCATION CARDIOTHORACIC WARD
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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

REGULAR MEDICATIONS

Table with columns for Date, Medication, Dose, Frequency, and administration times for 17/7, 18/7, 19/7. Includes sections for VTE risk, Warfarin, Aspirin, Clopidogrel, and Metoprolol.

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 hly 0600 1200 1800 2400
Regular 8 hourly 8 hly 0600 1400 2200
Four times a day QID 0600 1200 1800 2200

REGULAR MEDICATIONS

Table with columns for Date, Medication, Dose, Frequency, and administration times for 17/7, 18/7, 19/7. Includes sections for Atorvastatin, Ramipril, Pantoprazole, Paracetamol, Targin, and Cephalosolin.

WARFARIN EDUCATION RECORD
Patient Educated by:
Sign:
Date:
Given Warfarin Book:
Sign:
Date:

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)

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

