

Attach ADR Sticker

FAMILY NAME <u>NOLAN</u>	MRN <u>NOXXXXX</u>
GIVEN NAME <u>BILLOIE</u>	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
D.O.B. <u>18/03/94</u>	M.O. <u>NOT A VALID</u>
ADDRESS <u>PREScription UNLESS IDENTIFIERS PRESENT</u>	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)		
<input type="checkbox"/> Nil known	<input type="checkbox"/> Unknown (tick appropriate box or complete details below)	
Drug (or other)	Reaction/Type/Date	Initials
<u>ELASTOPLAST</u>	<u>RASH</u>	<u>B</u>

Sign: [Signature] Print: BLAUDEN Date: 17/9

### REGULAR MEDICATIONS

YEAR 20		DATE & MONTH	
<b>VARIABLE DOSE MEDICATION</b>			
Date	Medication (Print Generic Name)	Drug level	Time level taken
Route	Frequency	<b>Dose</b>	
Prescriber to enter dose times and individual dose		Prescriber	
Indication	Pharmacy	Time to be given:	
Prescriber Signature	Print Your Name	Contact	Time given & Sign
VTE risk assessed: Yes <input checked="" type="checkbox"/> Prophylaxis not required <input type="checkbox"/> Contraindicated <input type="checkbox"/>			
Date	Medication (Print Generic Name)		Date <u>17/9</u>
Route	Dose	Frequency & NOW Enter Times	
Indication	Pharmacy		
Prescriber Signature	Print Your Name	Contact	
<b>Mechanical Prophylaxis</b>			
<u>TEPS</u>		AM	PM
Prescriber/NI Signature	Print Your Name	Contact	
<b>WARFARIN (Marevan/Coumadin)</b>			
Date	Prescriber to enter individual doses	Target INR Range	Dose
Route			mg mg mg mg mg mg mg mg
Indication	Pharmacy	Prescriber	
Prescriber Signature	Print Your Name	Contact	1600 (Nurse 1)
<b>DOCTORS MUST ENTER administration times</b>			
Date	Medication (Print Generic Name)	Tick if Slow Release	
Route	Dose	Frequency & NOW Enter Times	0800
Indication	Pharmacy		1200
Prescriber Signature	Print Your Name	Contact	1600
<b>REASON FOR NURSE NOT ADMINISTERING</b>			
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)			
Date	Medication (Print Generic Name)	Tick if Slow Release	
Route	Dose	Frequency & NOW Enter Times	
Indication	Pharmacy		
Prescriber Signature	Print Your Name	Contact	
<b>Pharmaceutical Review:</b>			

Check if patient has another Medication Chart

WP20-SI-CMO9-DC 2

### 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

- 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	
<b>DOCTORS MUST ENTER administration times</b>			
Date	Medication (Print Generic Name)	Tick if Slow Release	
Route	Dose	Frequency & NOW Enter Times	
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	
Date	Medication (Print Generic Name)	Tick if Slow Release	
Route	Dose	Frequency & NOW Enter Times	
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	
Date	Medication (Print Generic Name)	Tick if Slow Release	
Route	Dose	Frequency & NOW Enter Times	
Indication	Pharmacy		
Prescriber Signature	Print Your Name	Contact	
<b>Pharmaceutical Review:</b>			

Check if patient has another Medication Chart

NOT A VALID ORDER UNLESS LEGIBLE



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

