

Attach ADR Sticker

FAMILY NAME PIERCE MRN
 GIVEN NAME REBECCA MALE FEMALE
 D.O.B. 18/04/1971 M.O.
 ADDRESS
 LOCATION SURGICAL WARD

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

Drug (or other)	Reaction/Type/Date	Initials

Sign: Print: Date:

REGULAR MEDICATIONS

YEAR 20 2014 DATE & MONTH 01/02/03/02

VARIABLE DOSE MEDICATION

Date	Medication (Print Generic Name)	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:

VTE Prophylaxis

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

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:

WARFARIN (Marevan/Coumadin)

Date	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:

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:
07/01	CARDIMAZOLE	PO	500	BID	THYROTOXIC							
01/01	ATENECOL		25mg	BID	HTN							
03/01	L. THYROXINE		100mg	once								

Pharmaceutical Review: CEASED POST OP

RECOMMENDED ADMINISTRATION TIMES GUIDELINES ONLY

Time	Frequency	0800	1400	1800	2400
Morning	Mane				
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

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Pharmaceutical Review: _____

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

Check if patient has another Medication Chart

Check if patient has another Medication Chart