

Attach ADR Sticker

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

Table with columns: Drug (or other), Reaction/Type/Date, Initials

Patient information form including FAMILY NAME (LAFUAN), GIVEN NAME (CHARLOTTE), D.O.B. (08/10/81), M.O. (NOXXYYXX)

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

Table for Regular Medications with columns for Date, Medication, Route, Dose, Frequency, etc.

VTE risk assessed: Yes [] Prophylaxis not required [X] Contraindicated []

Table for Mechanical Prophylaxis with columns for Date, Route, Dose, Frequency, etc.

Table for Warfarin with columns for Date, Route, Dose, Frequency, INR Result, etc.

Table for Regular Medications with entries for Tramadol, Pain, Metformin, PCOS.

Table with title 'RECOMMENDED ADMINISTRATION TIMES GUIDELINES ONLY' listing various dosing schedules.

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

SR = Sustained, modified or controlled release formulation. Tick if Slow Release If scored tablet, then half can be given. Dose must be swallowed without crushing.

REASON FOR NURSE NOT ADMINISTERING Codes MUST be circled

- List of reasons 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

Table for Regular Medications (Empty) with columns for Date, Medication, Route, Dose, Frequency, etc.

Table for Mechanical Prophylaxis (Empty) with columns for Date, Route, Dose, Frequency, etc.

Table for Warfarin (Empty) with columns for Date, Route, Dose, Frequency, INR Result, etc.

Table for Regular Medications (Empty) with columns for Date, Medication, Route, Dose, Frequency, etc.

Holes Punched as per AS2828.1: 2012 BINDING MARGIN - NO WRITING

NH606207 National Medication Chart - 04/2014 - © Commonwealth of Australia 2005 - As amended 2014 SMR130001

Check if patient has another Medication Chart

WP18-SR-CMO9-MEDS

Check if patient has another Medication Chart

NOT A VALID ORDER UNLESS LEGIBLE



NSW Government Health

Facility/Service: _____

Ward/Unit: _____

MEDICATION Chart No. _____ of _____

ADDITIONAL CHARTS

- IV Fluid
- BGL/Insulin
- Acute Pain
- Other
- Palliative Care
- Chemotherapy
- IV Heparin

ONCE ONLY, PRE-MEDICATION & NURSE INITIATED MEDICINES

Date Prescribed	Medication (Print Generic Name)	Route	Dose	Date/Time of dose	Prescriber/Nurse Initiator (NI) Signature Print Your Name	Given by	Time Given	Pharmacy
08/10	KETOROLAC	IM	60mg	8/10	[Signature] D. LAUS	[Signature]	2100	

TELEPHONE ORDERS (To be signed within 24 hours of order)

Date Time	Medication (Print Generic Name)	Route	Dose	Frequency	Nurse Initials Nr 1 / Nr 2	Dr Name	Dr Sign.	Date	RECORD OF ADMINISTRATION					
									Time/Given by	Time/Given by	Time/Given by	Time/Given by		

Medicines taken Prior to Presentation to Hospital (Prescribed, over the counter, complementary)

Medication	Dose & Frequency	Duration	Medication	Dose & Frequency	Duration

GP: _____ Community Pharmacy: _____

Documented by: _____ (Sign) _____ (Date) Medicines usually administered by: _____

Check if patient has another Medication Chart

WP18-SI-CMO9-MEDS

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See front page for details

AS REQUIRED "PRN" MEDICATIONS

Year 20 18

FAMILY NAME <u>RAEGAN</u>		MRN
GIVEN NAME <u>CHARLOTTE</u>		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
D.O.B. <u>08/07/81</u>	M.O. <u>NO AXX XX</u>	
ADDRESS		
LOCATION		

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber to Print Patient Name and Check Label Correct: _____

Date	Medication (Print Generic Name)	Date		Continue on discharge? Yes / No
08/10	PARACETAMOL			Yes / No
Route	Dose & Hourly Frequency <u>1g Q1D</u> PRN <u>4g</u> Max PRN dose/24 hrs	Time		Dispense? Yes / No
Indication	<u>PAIN</u>	Dose		Duration days/Qty
Pharmacy		Route		
Prescriber Signature	Print Your Name	Contact	Sign	
08/10	IBUPROFEN			Yes / No
Route	Dose & Hourly Frequency <u>400mg 6hrly</u> PRN <u>1200mg</u> Max PRN dose/24 hrs	Time		Dispense? Yes / No
Indication	<u>PAIN</u>	Dose		Duration days/Qty
Pharmacy		Route		
Prescriber Signature	Print Your Name	Contact	Sign	

NOT A VALID ORDER UNLESS LEGIBLE

MEDICATION CHART (MR71)

SMR130.001

Check if patient has another Medication Chart

Binding Margin - NO WRITING



SMR130001