

Attach ADR Sticker

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
ACEI.	COUGH	E.C.

FAMILY NAME RYAN MRN 0428971
 GIVEN NAME ARTHUR MALE FEMALE
 D.O.B. 08/10/53 M.O. DR FRANCESCA
 ADDRESS _____
 LOCATION VASCULAR 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

YEAR 20 <u>18</u> DATE & MONTH →		<u>15</u> <u>7</u>	<u>16</u> <u>7</u>	<u>17</u> <u>7</u>	<u>18</u> <u>7</u>	<u>19</u> <u>7</u>															
VARIABLE DOSE MEDICATION																					
Date	Medication (Print Generic Name)	Drug level																			
Route	Frequency	Time level taken																			
Dose		Dose																			
Prescriber to enter dose times and individual dose		Prescriber																			
Indication		Time to be given:																			
Pharmacy		Time given & Sign																			
Prescriber Signature		Print Your Name		Contact																	
VTE risk assessed: Yes <input type="checkbox"/> Prophylaxis not required <input type="checkbox"/> Contraindicated <input type="checkbox"/>																					
Date	Medication (Print Generic Name)	Signature																			
<u>15/7</u>	<u>CLEXANE</u>																				
Route	Dose	Frequency & NOW Enter Times																			
<u>SUBCUT</u>	<u>40mg</u>	<u>NOCTE</u>																			
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Mechanical Prophylaxis		AM																			
Prescriber/NI Signature		Print Your Name		Contact																	
PM																					
Date	WARFARIN (Marevan/Coumadin) select brand	INR Result																			
Route	Prescriber to enter individual doses	Dose																			
		mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg								
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Nurse 1																					
Nurse 2																					
DOCTORS MUST ENTER administration times																					
Date	Medication (Print Generic Name)	Frequency & NOW Enter Times																			
<u>15/7</u>	<u>CANDESARTAN</u>	<u>0800</u> → <u>(W)</u> <u>KT JH JH</u>																			
Route	Dose	Pharmacy																			
<u>PO</u>	<u>16mg</u>	<u>MANE</u>																			
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Nurse 1																					
Nurse 2																					
Date	Medication (Print Generic Name)	Frequency & NOW Enter Times																			
<u>15/7</u>	<u>HYDROCHLOROTHIAZIDE</u>	<u>0800</u> → <u>(W)</u> <u>KT JH JH</u>																			
Route	Dose	Pharmacy																			
<u>PO</u>	<u>12.5mg</u>	<u>MANE</u>																			
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Nurse 1																					
Nurse 2																					
Date	Medication (Print Generic Name)	Frequency & NOW Enter Times																			
<u>15/7</u>	<u>ATORVASTATIN</u>	<u>2000</u> <u>JS JS JS MH</u>																			
Route	Dose	Pharmacy																			
<u>PO</u>	<u>40mg</u>	<u>NOCTE</u>																			
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Nurse 1																					
Nurse 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**
 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 <u>18</u> DATE & MONTH →		<u>15</u> <u>7</u>	<u>16</u> <u>7</u>	<u>17</u> <u>7</u>	<u>18</u> <u>7</u>	<u>19</u> <u>7</u>															
DOCTORS MUST ENTER administration times																					
Date	Medication (Print Generic Name)	Frequency & NOW Enter Times																			
<u>15/7</u>	<u>ESOMEPRAZOLE</u>	<u>0800</u> → <u>KT KT JH JH</u>																			
Route	Dose	Pharmacy																			
<u>PO</u>	<u>40mg</u>	<u>MANE</u>																			
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Nurse 1																					
Nurse 2																					
Date	Medication (Print Generic Name)	Frequency & NOW Enter Times																			
<u>15/7</u>	<u>ASPIRIN</u>	<u>0800</u> → <u>KT KT JH JH</u>																			
Route	Dose	Pharmacy																			
<u>PO</u>	<u>100mg</u>	<u>MANE</u>																			
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Nurse 1																					
Nurse 2																					
Date	Medication (Print Generic Name)	Frequency & NOW Enter Times																			
<u>15/7</u>	<u>PARACETAMOL.</u>	<u>0600</u> → <u>RL RL LA LA</u>																			
Route	Dose	Pharmacy																			
<u>PO</u>	<u>1g</u>	<u>QID</u>																			
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Nurse 1																					
Nurse 2																					
Date	Medication (Print Generic Name)	Frequency & NOW Enter Times																			
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Nurse 1																					
Nurse 2																					
Date	Medication (Print Generic Name)	Frequency & NOW Enter Times																			
Indication		Pharmacy																			
Prescriber Signature		Print Your Name		Contact																	
Nurse 1																					
Nurse 2																					

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

Check if patient has another Medication Chart

WP11_S3_CM08_MEDS

Check if patient has another Medication Chart

