

Attach ADR Sticker

FAMILY NAME TUCKER MRN 1608846
 GIVEN NAME SIMON MALE FEMALE
 D.O.B. 24/08/61 M.O. EMERGENCY DR.
 ADDRESS _____
 LOCATION EMERGENCY

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: [Signature] Print: [Signature] Date: 17/5

REGULAR MEDICATIONS

YEAR 20 18 DATE & MONTH →

VARIABLE DOSE MEDICATION

Date	Medication (Print Generic Name)	Drug level	Time level taken	Dose	Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:

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:

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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:

Pharmaceutical Review: _____
 Check if patient has another Medication Chart

RECOMMENDED ADMINISTRATION TIMES GUIDELINES ONLY

Time	Code	0800	1400	1800 or 2000	
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 18 DATE & MONTH →

DOCTORS MUST ENTER administration times

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Pharmaceutical Review: _____
 Check if patient has another Medication Chart



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

