

**Attach ADR Sticker**

FAMILY NAME	TUCKER	MRN	1608846
GIVEN NAME	SIMON	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	24 / 08 / 61	M.O.	CROZIER
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: *[Signature]* Print: HUNT Date: 17/5

**REGULAR MEDICATIONS**

YEAR 20 18		DATE & MONTH				
		17/5	18/5	19/5	20/5	21/5
<b>VARIABLE DOSE MEDICATION</b>						
Date	Medication (Print Generic Name)					
Route	Frequency					
Prescriber to enter dose times and individual dose						
Indication	Pharmacy					
Prescriber Signature	Print Your Name					
Time given & Sign						

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					
Mechanical Prophylaxis						
Prescriber/NI Signature	Print Your Name					

Date	Medication (Print Generic Name)					
Route	Dose	Frequency & NOW Enter Times				
Indication	Pharmacy					
Prescriber Signature	Print Your Name					

**DOCTORS MUST ENTER administration times**

Date	Medication (Print Generic Name)					
Route	Dose	Frequency & NOW Enter Times				
Indication	Pharmacy					
Prescriber Signature	Print Your Name					

Date	Medication (Print Generic Name)					
Route	Dose	Frequency & NOW Enter Times				
Indication	Pharmacy					
Prescriber Signature	Print Your Name					

Date	Medication (Print Generic Name)					
Route	Dose	Frequency & NOW Enter Times				
Indication	Pharmacy					
Prescriber Signature	Print Your Name					

Pharmaceutical Review: \_\_\_\_\_  
 Check if patient has another Medication Chart

**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)

Pharmacist: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Prescriber's Signature: \_\_\_\_\_

**REGULAR MEDICATIONS**

YEAR 20 18		DATE & MONTH				
		17/5	18/5	19/5	20/5	21/5
<b>DOCTORS MUST ENTER administration times</b>						
Date	Medication (Print Generic Name)					
Route	Dose	Frequency & NOW Enter Times				
Indication	Pharmacy					
Prescriber Signature	Print Your Name					

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Route	Dose	Frequency & NOW Enter Times				
Indication	Pharmacy					
Prescriber Signature	Print Your Name					

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Route	Dose	Frequency & NOW Enter Times				
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Prescriber Signature	Print Your Name					

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Route	Dose	Frequency & NOW Enter Times				
Indication	Pharmacy					
Prescriber Signature	Print Your Name					

Pharmaceutical Review: \_\_\_\_\_  
 Check if patient has another Medication Chart

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 VALID UNLESS UNLESS LEGIBLE



NSW Health

Facility/Service: \_\_\_\_\_

Ward/Unit: \_\_\_\_\_

MEDICATION Chart No. 1 of 1

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
17/5	PARACETAMOL	PO	1g	STAT	[Signature] HUNT	TM	0945	
17/5	MORPHINE	IV	5mg	STAT	[Signature] HUNT	TM	0945	

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: \_\_\_\_\_

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Attach ADR Sticker

See front page for details

AS REQUIRED "PRN" MEDICATIONS

Year 20 18

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GIVEN NAME	SIMON	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	24/08/61	M.O.	CROZIER
ADDRESS			
LOCATION	SURGICAL WARD.		

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber to Print Patient Name and Check Label Correct: \_\_\_\_\_

Date	Medication (Print Generic Name)	Route	Dose & Hourly Frequency	PRN	Max PRN dose/24 hrs	Time	Indication	Pharmacy	Dose	Route	Prescriber Signature	Print Your Name	Contact	Sign	Continue on discharge? Yes / No	Dispense? Yes / No	Duration
17/5	SALBUTAMOL 100 MICROG	INH	T-T Q2H	PRN	12 PUFFS.		SOB.				[Signature]	JOHNSTONE					
17/5	ENDONE	PO	5-10mg Q4H	PRN	30mg	13 00, 15 00, 18 00, 21 00			10mg PO		[Signature]	JOHNSTONE					
17/5	ONDANSETRON	PO/IV	4-8mg Q4H	PRN	2mg	12 00			8mg IV		[Signature]	JOHNSTONE					

NOT A VALID ORDER UNLESS LEGIBLE

MEDICATION CHART (MR71)

SMR130.001

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



SMR130001