

Attach ADR Sticker

FAMILY NAME	WILLIAMS	MRN	4786621
GIVEN NAME	SIMON	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	21/02/41	M.O.	EMERGENCY DR.
ADDRESS	PRESCRIPTION UNLESS IDENTIFIERS PRESENT		
LOCATION	EMERGENCY DEPARTMENT		

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)		
<input checked="" type="checkbox"/> Nil known	<input type="checkbox"/> Unknown (tick appropriate box or complete details below)	
Drug (or other)	Reaction/Type/Date	Initials

Sign: [Signature] Print: F. COX Date: 28/5



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

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

REGULAR MEDICATIONS

YEAR 20	DATE & MONTH	
VARIABLE DOSE MEDICATION		
Date	Medication (Print Generic Name)	Drug level
Route	Frequency	Time level taken
Prescriber to enter dose times and individual dose		Dose
Indication	Pharmacy	Prescriber
Prescriber Signature	Print Your Name	Contact
VTE risk assessed: Yes <input type="checkbox"/> Prophylaxis not required <input type="checkbox"/> Contraindicated <input type="checkbox"/>		Signature
Date	Medication (Print Generic Name)	Date
Route	Dose	Frequency & NOW Enter Times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact
Mechanical Prophylaxis		AM
Prescriber/NI Signature	Print Your Name	Contact
PM		
Date	WARFARIN (Marevan/Coumadin)	INR Result
Route	Prescriber to enter individual doses	Target INR Range
Indication	Pharmacy	Dose
Prescriber Signature	Print Your Name	Contact
DOCTORS MUST ENTER administration times		1600 (Nurse 1)
Date	Medication (Print Generic Name)	
Route	Dose	Frequency & NOW Enter Times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact
Date	Medication (Print Generic Name)	
Route	Dose	Frequency & NOW Enter Times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact
Date	Medication (Print Generic Name)	
Route	Dose	Frequency & NOW Enter Times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact
Pharmaceutical Review:		

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	DATE & MONTH	
DOCTORS MUST ENTER administration times		
Date	Medication (Print Generic Name)	Tick if Slow Release
Route	Dose	Frequency & NOW Enter Times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact
Date	Medication (Print Generic Name)	Tick if Slow Release
Route	Dose	Frequency & NOW Enter Times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact
Date	Medication (Print Generic Name)	Tick if Slow Release
Route	Dose	Frequency & NOW Enter Times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact
Date	Medication (Print Generic Name)	Tick if Slow Release
Route	Dose	Frequency & NOW Enter Times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact
Date	Medication (Print Generic Name)	Tick if Slow Release
Route	Dose	Frequency & NOW Enter Times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact
Pharmaceutical Review:		

NOT VALID UNTIL 01/01/2014

