Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

☑ Nil known ☐ Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Type/Date	Initials

Sign. Cox Print. F. COX Date. 28/5

FAMILY NAME WILLIAMS	MRN 4786621
GIVEN NAME SIMON	☒ MALE ☐ FEMALE
D.O.B. 21/02/41	M.O. CROZIER
ADDRESS	
LOCATION HDU	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber **to Print Patient Name and Check Label Correct:** Weight(kg):..... Height(cm):.....

SMR130001

REGULAR MEDICATIONS

YEAR 20 18 DATE & MONTH → 28/5 | 29/5 | 30/5 | 31/5

VARIABLE DOSE MEDICATION

Date | Medication (Print Generic Name) | Drug level | Time level taken | **Dose** | Prescriber | Time to be given: ..... | Time given & Sign

Route | Frequency — Prescriber to enter dose times and individual dose

Indication | Pharmacy

Prescriber Signature | Print Your Name | Contact

Continue on discharge? Yes / No Dispense? Yes / No Duration:.....days Qty:.....

Date:..... Pharmacist

VTE risk assessed: Yes ☐ Prophylaxis not required ☐ Contraindicated ☐ Signature | Date

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact
28/5	CLEXANE	40mg	NOCTE	SC	VTE Prophylaxis			JOHNSTONE	

2000 TD/MY | TD/MY | TD/MY

Mechanical Prophylaxis TEDS

Prescriber/NI Signature | Print Your Name JOHNSTONE | Contact

AM → AT | AT | RH

PM TD | TD | TD

Date | WARFARIN (Marevan/Coumadin) select brand | Route | Prescriber to enter individual doses | Target INR Range | Indication | Pharmacy | Prescriber Signature | Print Your Name | Contact

INR Result | **Dose** mg | mg | mg | mg | mg | mg | mg | mg | Prescriber | 1600 (Nurse 1) | Nurse 2

DOCTORS MUST ENTER administration times

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow Release
28/5	METFORMIN XR	2g	MANE	PO				JOHNSTONE		

0800 → AT (W) (W)

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow Release
28/5	TELMISARTAN	80mg	MANE	PO				JOHNSTONE		

0800 → AT | AT | (W)

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow Release
28/5	HYDROCHLOROTHIAZIDE	12.5mg	MANE	PO				JOHNSTONE		

0800 → AT | AT | (W)

Pharmaceutical Review:

Check if patient has another Medication Chart

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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:.....

Tick if Slow Release

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

Prescriber's Signature: Print Name: Contact:

REGULAR MEDICATIONS

YEAR 20 18 DATE & MONTH → 28/5 | 29/5 | 30/5 | 31/5

DOCTORS MUST ENTER administration times

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow Release
28/5	ATORVASTATIN	40mg	NOCTE	PO				JOHNSTONE		

2000 TD | TD | TD | LS

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow Release
28/5	ASPIRIN	100mg	MANE	PO				JOHNSTONE		

0800 → AT | AT | RH

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow Release
28/5	METOPROLOL	25mg	BD	PO				JOHNSTONE		

0800 → AT | AT | RH

2000 TD | TD | TD

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow Release
29/5	CALCIUM	1200mg	BD	PO				JOHNSTONE		

0800 → AT | RH

2000 → TD | TD

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow Release
29/5	TARGIN	20/10 mg	BD	PO				JOHNSTONE		

0800 → AT/KF | RH/PL

2000 → TD/MY | TD/MY

Date	Medication (Print Generic Name)	Dose	Frequency & NOW Enter Times	Route	Indication	Pharmacy	Prescriber Signature	Print Your Name	Contact	Tick if Slow Release

Pharmaceutical Review:

Check if patient has another Medication Chart

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Prescriber's Signature: Print Name: Contact:

WP06_S2_CM18_MEDS

NI 608207 National Medication Chart - 04/2014 - © Commonwealth of Australia 2005 - As amended 2014

![NSW Government Health logo]

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
28/5	PARACETAMOL	PO	1g	STAT	[signature]	COX	TG/RC	1000	
28/5	MORPHINE	IV	5mg	STAT	[signature]	COX	TG/RC	1000	
28/5	ONDANSETRON	IV	8mg	STAT	[signature]	COX	TG/RC	1000	

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) Own medications brought in? ☐ Y ☐ N Administration Aid (Specify) ....

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

MEDICATION CHART (MR71)

SMR130.001

NOT A VALID ORDER UNLESS LEGIBLE

Attach ADR Sticker

See front page for details

AS REQUIRED "PRN" MEDICATIONS

Year 2018

FAMILY NAME	WILLIAMS	MRN	4786621
GIVEN NAME	SIMON	☒ MALE ☐ FEMALE	
D.O.B.	21 / 02 / 41	M.O.	CROZIER
ADDRESS			
LOCATION	HDU.		

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber **to Print Patient Name and Check Label Correct:** ....

Date: 28/5 **Medication (Print Generic Name):** ENDONE
Route: PO **Dose & Hourly Frequency:** 5-10mg Q4H **PRN** **Max PRN dose/24 hrs:** 40mg
Indication: PAIN **Pharmacy:**
Prescriber Signature: [signature] **Print Your Name:** JOHNSTONE **Contact:**

Date	28/5	28/5	28/5	28/5	29/5	29/5	29/5	30/5	30/5	30/5	30/5	31/5	31/5
Time	1200	1600	1800	2200	0600	1300	2200	0400	0900	1530	2340	0900	1600
Dose	5mg	5mg	5mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg
Route	PO	PO	PO	PO	PO	PO	PO	PO	PO	PO	PO	PO	PO
Sign	TD/MY	TD/MY	TD/MY	HS/NA	HS/NA	AT/KF	HS/NA	HS/NA	AT/KF	TD/MY	GB/OH	RH/PL	LS/JH

Continue on discharge? Yes / No Dispense? Yes / No Duration ....days/Qty

Date: 28/5 **Medication (Print Generic Name):** ONDANSETRON
Route: IV/SL **Dose & Hourly Frequency:** 4-8mg Q4H **PRN** **Max PRN dose/24 hrs:** 24mg
Indication: N + V **Pharmacy:**
Prescriber Signature: [signature] **Print Your Name:** JOHNSTONE **Contact:**

Date	29/5	30/5	30/5	31/5	31/5	31/5
Time	0600	1000	1900	0200	0700	1700
Dose	4mg	8mg	8mg	4mg	8mg	8mg
Route	IV	IV	IV	IV	IV	IV
Sign	HS/NA	AT/KF	TD/MY	GB/OH	RH/PL	LS/JH

Continue on discharge? Yes / No Dispense? Yes / No Duration ....days/Qty Pharmacist

Date: 29/5 **Medication (Print Generic Name):** MORPHINE
Route: S/C **Dose & Hourly Frequency:** 5mg Q4H **PRN** **Max PRN dose/24 hrs:** 30mg
Indication: PAIN **Pharmacy:**
Prescriber Signature: [signature] **Print Your Name:** JOHNSTONE **Contact:**

Date	29/5	29/5	30/5	30/5	30/5	31/5	31/5	31/5	31/5
Time	1000	1800	0600	1100	1600	0100	0700	1300	1900
Dose	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg
Route	S/C	S/C	S/C	S/C	S/C	S/C	S/C	S/C	S/C
Sign	AT/KF	TD/MY	HS/NA	AT/KF	TD/MY	GB/OH	RH/PL	RH/PL	LS/JH

Continue on discharge? Yes / No Dispense? Yes / No Duration ....days/Qty Date:

Date: 29/5 **Medication (Print Generic Name):** METOCLOPRAMIDE
Route: IV/PO **Dose & Hourly Frequency:** 10mg Q6H **PRN** **Max PRN dose/24 hrs:** 30mg
Indication: N + V **Pharmacy:**
Prescriber Signature: [signature] **Print Your Name:** JOHNSTONE **Contact:**

Date	29/5	29/5	30/5	30/5	31/5	31/5
Time	1100	1700	1300	2300	1030	1600
Dose	10mg	10mg	10mg	10mg	10mg	10mg
Route	IV	IV	IV	IV	IV	IV
Sign	AT/KF	TD/MY	TD/MY	GB/OH	RH/PL	LS/JH

Continue on discharge? Yes / No Dispense? Yes / No Duration ....days/Qty Contact:

Date: 29/5 **Medication (Print Generic Name):** NITROLINGUAL SPRAY
Route: S/L **Dose & Hourly Frequency:** I-II Q5MIN **PRN** **Max PRN dose/24 hrs:**
Indication: CHEST PAIN **Pharmacy:**
Prescriber Signature: [signature] **Print Your Name:** JOHNSTONE. **Contact:**

Date													
Time													
Dose													
Route													
Sign													

Continue on discharge? Yes / No Dispense? Yes / No Duration ....days/Qty Print Name:

Date: **Medication (Print Generic Name):**
Route: **Dose & Hourly Frequency:** **PRN** **Max PRN dose/24 hrs:**
Indication: **Pharmacy:**
Prescriber Signature: **Print Your Name:** **Contact:**

Date													
Time													
Dose													
Route													
Sign													

Continue on discharge? Yes / No Dispense? Yes / No Duration ....days/Qty

Date: **Medication (Print Generic Name):**
Route: **Dose & Hourly Frequency:** **PRN** **Max PRN dose/24 hrs:**
Indication: **Pharmacy:**
Prescriber Signature: **Print Your Name:** **Contact:**

Date													
Time													
Dose													
Route													
Sign													

Continue on discharge? Yes / No Dispense? Yes / No Duration ....days/Qty Prescriber's Signature:

Check if patient has another Medication Chart

BINDING MARGIN - NO WRITING

Holes Punched as per AS2828.1: 2012

SMR130001