

Attach ADR Sticker

FAMILY NAME	CUNNINGHAM	MRN	000 0000
GIVEN NAME	FREDRICK	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
D.O.B.	10 / 04 / 42	M.O.	CROZIER
ADDRESS			
LOCATION	SURGICAL WARD		

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
PENICILLIN		

Sign: *JTE* Print: HAMPTON Date: 15/05

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

REGULAR MEDICATIONS		YEAR 20 18	DATE & MONTH	15/5	16/5	17/5															
VARIABLE DOSE MEDICATION		Date	Medication (Print Generic Name)	Time level taken	Dose		Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:								
		Route	Frequency	Dose		Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:									
		Prescriber to enter dose times and individual dose		Dose		Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:									
		Prescriber Signature	Print Your Name	Contact	Time given & Sign																
VTE risk assessed: Yes <input type="checkbox"/> Prophylaxis not required <input type="checkbox"/> Contraindicated <input type="checkbox"/>		Date	Medication (Print Generic Name)	Time level taken	Dose		Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:								
		Route	Dose	Frequency & NOW Enter Times	Dose		Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:								
		Prescriber Signature	Print Your Name	Contact	Time given & Sign																
Mechanical Prophylaxis		TEDS		AM	SP	MJ	GF														
		PM	JB	GF																	
WARFARIN (Marevan/Coumadin)		Date	Medication (Print Generic Name)	Time level taken	Dose		Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:								
		Route	Dose	Frequency & NOW Enter Times	Dose		Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:								
		Prescriber Signature	Print Your Name	Contact	Time given & Sign																
DOCTORS MUST ENTER administration times		Date	Medication (Print Generic Name)	Time level taken	Dose		Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:								
		Route	Dose	Frequency & NOW Enter Times	Dose		Prescriber	Indication	Pharmacy	Time to be given:	Continue on discharge? Yes/No	Dispense? Yes/No	Duration: days Qty:								
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		Prescriber Signature	Print Your Name	Contact	Time given & Sign																
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)

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Pharmaceutical Review:																				

SMR130001  
Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING  
National Medication Chart - 04/2014 - © Commonwealth of Australia 2005 - As amended 2014

NOT A VALID ORDER UNLESS LEGIBLE