Adult Acute

Medicine Prescription and Administration Record

Rewritten on (date): _____

Record number of Kardexes in use: _____ of _____

Allergies / Medicine sensitivities

This section must be completed before prescribing and administration except in exceptional circumstances

Date of Reaction	Medicine/allergen	Type of reaction (eg. rash)	Signature/ designation/date

or

☐ No known allergies (Please tick)

Signature / Designation: Date:

Write in CAPITAL LETTERS or use addressograph

Surname: _____

First names: _____

Health and Care no: _____

DOB: _____

Hospital: _____ Ward: _____

Consultant: _____ Date of admission: _____

Date	Weight	Height	BSA

Risk factors that may require consideration for dose adjustment and medicine choice	☐ Renal impairment	☐ Hepatic impairment	☐ Pregnancy	☐ Breast feeding	☐ Other (please specify)
Signature:					
Date:					

Common abbreviations for routes of administration

Buccal	=	BUCC
Inhalations	=	INH
Intramuscular	=	IM
Intravenous	=	IV
Nasogastric	=	NG
Nebulised	=	NEB
Oral	=	PO
Per gastrostomy	=	PEG
Per rectum	=	PR
Subcutaneous	=	SC
Sublingual	=	SL
Topical	=	TOP
Transdermal	=	TD
Vaginal	=	PV

Additional charts in use (tick each chart)

Other prescription charts in use must be referenced on the main prescription record. Attach all additional A4 charts to the Medicines Prescription and Administration Record. If a chart is no longer in use, put a line through the selected box below and date and sign it.

☐ SC Insulin ☐ TDM (Therapeutic Drug Monitoring) eg. gentamicin, vancomycin ☐ Fluid balance ☐ PCA (Patient Controlled Analgaesia) ☐ TPN ☐ Dietetic

☐ IV Insulin ☐ Chemotherapy ☐ Other (please specify) _____

☐ Anticoagulant ☐ SC syringe pump ☐ Anaesthetic record ☐ Epidural

Medicines management section

☐ Medication history Source: _____ Signature: _____ Date: _____

☐ Patient's own drugs brought in ☐ Medication card required on discharge

☐ Monitored dosage system filled by: _____ Day of week: _____ Phone no: _____

☐ Medicines reconciled by pharmacist Signature: _____ Date: _____

Abbreviations for frequency

Once daily	=	od
Twice daily	=	bd
Three times daily	=	tds or tid
Four times daily	=	qds or qid
Every morning	=	mane
Every night	=	nocte

Codes for recording omitted doses

Review delayed or omitted doses at each medicine round

① = Nil by mouth ③ = Patient not available ⑤ = Vomiting ⑦ = Other (Record on pg.9)

② = Patient refused ④ = Route not available ⑥ = Drug not available ⑧ = Prescriber enters for each dose to be withheld

For guidelines on prescribing and administration refer to Trust Medicines Code

Additional notes on medicines

(For example, any medicines withheld on or during admission or discontinued must be specified here with medicine, dose, reason withheld and signature)

2

Venous Thromboembolism (VTE) Risk Assessment for Hospitalised Adults (excluding obstetric patients)

Patient Name: _____

H&C Number.: _____ DOB: _____

Step 1: Assess for level of mobility – All patients

	Tick		Tick		Tick
Surgical patient		Medical patient expected to have ongoing reduced mobility relative to normal state		Medical patient NOT expected to have significantly reduced mobility relative to normal state	
Assess for thrombosis and bleeding risk below (Complete steps 2 – 5)				Risk assessment complete (Go to step 5)	

Step 2: Review thrombosis risk

Any tick for thrombosis risk factors should prompt consideration for thromboprophylaxis

Patient related	Tick	Admission related	Tick
Active cancer or cancer treatment		Significantly reduced mobility for 3 days or more	
Age >60		Hip or knee replacement	
Dehydration		Hip fracture	
Known thrombophilias		Total anaesthetic + surgery time >90 minutes	
Personal history/first degree relative with history of VTE		Surgery involving pelvis or lower limb with anaesthetic + surgery time >60 minutes	
One or more significant medical comorbidities (eg. heart disease; metabolic, endocrine or respiratory pathologies; acute infectious diseases; inflammatory conditions)		Acute surgical admission with inflammatory or intra-abdominal condition	
Obesity (BMI >30kg/m^2)		Critical care admission	
Use of hormone replacement therapy		Surgery with significant reduction in mobility	
Use of oestrogen-containing oral contraceptive therapy		The above risk factors are not exhaustive, additional risks may be considered. Other:	
Varicose veins with phlebitis			
Pregnancy or <6 weeks post partum (see obstetric risk assessment for VTE)			

Step 3: Review bleeding risk

Any tick should prompt staff to consider if bleeding risk is sufficient to preclude pharmacological intervention

Patient related	Tick	Admission related	Tick
Active bleeding		Neurosurgery, spinal surgery or eye surgery	
Acquired bleeding disorder (such as acute liver failure)		Lumbar puncture/epidural/spinal anaesthesia expected in the next 12 hours	
Concurrent use of anticoagulants known to increase risk of bleeding (such as warfarin with INR >2)		Lumbar puncture/epidural/spinal anaesthesia within the previous 4 hours	
Acute stroke		Other procedure with high bleeding risk	
Thrombocytopaenia (Platelets <75x10^9/l)		The above risk factors are not exhaustive, additional risks may be considered. Other:	
Uncontrolled hypertension (>230/120mmHg)			
Untreated inherited bleeding disorder (such as haemophilia and von Willebrand's disease)			

Step 4: Tick the appropriate risk category

		Tick		Tick		Tick
Risk of VTE	High risk of VTE with low bleeding risk		High risk of VTE with significant bleeding risk		Low risk of VTE	
Thromboprophylaxis prescribed on kardex?	Yes		Type prescribed		Pharmacological eg. LMWH	
	No				Mechanical	

Step 5: Signature

VTE risk assessed on admission	Signature: _____ Print Name: _____ Date: _____ Time: _____

VTE risk should be re-assessed within 24 hours and whenever clinical condition changes

For further information on pharmacological and mechanical prophylaxis, refer to Trust Thromboprophylaxis Policy

Regular injectable medication

Check allergies/medicine sensitivities and patient identity

Patient Name: _____

H&C Number.: _____ DOB: _____

Year: | Day and month: →

Circle times or enter variable dose/time

Medicine: ENOXAPARIN

Dose | Route | Frequency

Special instructions/Indication

Medicines Reconciliation (circle): Pre-admission dose | Increased dose | Decreased dose | New

Sign | Prof. no.

Print | Bleep

Start date | Stop date | Signature | Supply | Pharmacist

06⁰⁰ | 10⁰⁰ | 18⁰⁰ | 22⁰⁰

Dosing must be based on the indication, patient's weight and renal function. For further advice consult Trust guidelines. Check is the patient prescribed other anticoagulants, eg. warfarin with an INR >2, Newer Oral Anticoagulants (NOACs).

Medicine

Dose | Route | Frequency

Special instructions/Indication

Medicines Reconciliation (circle): Pre-admission dose | Increased dose | Decreased dose | New

Sign | Prof. no.

Print | Bleep

Start date | Stop date | Signature | Supply | Pharmacist

06⁰⁰ | 10⁰⁰ | 12⁰⁰ | 14⁰⁰ | 18⁰⁰ | 22⁰⁰

Medicine

Dose | Route | Frequency

Special instructions/Indication

Medicines Reconciliation (circle): Pre-admission dose | Increased dose | Decreased dose | New

Sign | Prof. no.

Print | Bleep

Start date | Stop date | Signature | Supply | Pharmacist

06⁰⁰ | 10⁰⁰ | 12⁰⁰ | 14⁰⁰ | 18⁰⁰ | 22⁰⁰

Medicine

Dose | Route | Frequency

Special instructions/Indication

Medicines Reconciliation (circle): Pre-admission dose | Increased dose | Decreased dose | New

Sign | Prof. no.

Print | Bleep

Start date | Stop date | Signature | Supply | Pharmacist

06⁰⁰ | 10⁰⁰ | 12⁰⁰ | 14⁰⁰ | 18⁰⁰ | 22⁰⁰

Medicine

Dose | Route | Frequency

Special instructions/Indication

Medicines Reconciliation (circle): Pre-admission dose | Increased dose | Decreased dose | New

Sign | Prof. no.

Print | Bleep

Start date | Stop date | Signature | Supply | Pharmacist

06⁰⁰ | 10⁰⁰ | 12⁰⁰ | 14⁰⁰ | 18⁰⁰ | 22⁰⁰

Medicine

Dose | Route | Frequency

Special instructions/Indication

Medicines Reconciliation (circle): Pre-admission dose | Increased dose | Decreased dose | New

Sign | Prof. no.

Print | Bleep

Start date | Stop date | Signature | Supply | Pharmacist

06⁰⁰ | 10⁰⁰ | 12⁰⁰ | 14⁰⁰ | 18⁰⁰ | 22⁰⁰

Injectable antimicrobial medication

Check allergies/medicine sensitivities and patient identity

Patient Name: _____

H&C Number.: _____ DOB: _____

Year: | **Day and month:** →

Circle times or enter variable dose / time ▼ ▼

Medicine Check allergy | Start date | 06⁰⁰

Dose | Route | Frequency | Stop date | 10⁰⁰

Special instructions | Signature | 12⁰⁰

What infection are you treating? | Supply | 14⁰⁰

Cultures sent ☐ Yes ☐ No *Remember blood culture* | 18⁰⁰

Sign | Prof. no. | Pharmacist | 22⁰⁰

Print | Bleep

Monitoring information

REVIEW

Medicine Check allergy | Start date | 06⁰⁰

Dose | Route | Frequency | Stop date | 10⁰⁰

Special instructions | Signature | 12⁰⁰

What infection are you treating? | Supply | 14⁰⁰

Cultures sent ☐ Yes ☐ No *Remember blood culture* | 18⁰⁰

Sign | Prof. no. | Pharmacist | 22⁰⁰

Print | Bleep

Monitoring information

REVIEW

Medicine Check allergy | Start date | 06⁰⁰

Dose | Route | Frequency | Stop date | 10⁰⁰

Special instructions | Signature | 12⁰⁰

What infection are you treating? | Supply | 14⁰⁰

Cultures sent ☐ Yes ☐ No *Remember blood culture* | 18⁰⁰

Sign | Prof. no. | Pharmacist | 22⁰⁰

Print | Bleep

Monitoring information

REVIEW

Medicine Check allergy | Start date | 06⁰⁰

Dose | Route | Frequency | Stop date | 10⁰⁰

Special instructions | Signature | 12⁰⁰

What infection are you treating? | Supply | 14⁰⁰

Cultures sent ☐ Yes ☐ No *Remember blood culture* | 18⁰⁰

Sign | Prof. no. | Pharmacist | 22⁰⁰

Print | Bleep

Monitoring information

REVIEW

Medicine Check allergy | Start date | 06⁰⁰

Dose | Route | Frequency | Stop date | 10⁰⁰

Special instructions | Signature | 12⁰⁰

What infection are you treating? | Supply | 14⁰⁰

Cultures sent ☐ Yes ☐ No *Remember blood culture* | 18⁰⁰

Sign | Prof. no. | Pharmacist | 22⁰⁰

Print | Bleep

Monitoring information

REVIEW

Non Injectable antimicrobial medication

Check allergies/medicine sensitivities and patient identity

Patient Name: _____

H&C Number.: _____ DOB: _____

Year: | **Day and month:** →

Circle times or enter variable dose / time ▼ ▼

Medicine Check allergy			Start date	06⁰⁰													
Dose	Route	Frequency	Stop date	10⁰⁰			REVIEW					REVIEW			REVIEW		
Special instructions			Signature	12⁰⁰			REVIEW					REVIEW			REVIEW		
What infection are you treating?			Supply	14⁰⁰			REVIEW					REVIEW			REVIEW		
Cultures sent ☐ Yes ☐ No				18⁰⁰			REVIEW					REVIEW			REVIEW		
Sign	Prof. no.		Pharmacist	22⁰⁰			REVIEW					REVIEW			REVIEW		
Print	Bleep																
Monitoring information																	

Medicine Check allergy			Start date	06⁰⁰													
Dose	Route	Frequency	Stop date	10⁰⁰			REVIEW					REVIEW			REVIEW		
Special instructions			Signature	12⁰⁰			REVIEW					REVIEW			REVIEW		
What infection are you treating?			Supply	14⁰⁰			REVIEW					REVIEW			REVIEW		
Cultures sent ☐ Yes ☐ No				18⁰⁰			REVIEW					REVIEW			REVIEW		
Sign	Prof. no.		Pharmacist	22⁰⁰			REVIEW					REVIEW			REVIEW		
Print	Bleep																
Monitoring information																	

Medicine Check allergy			Start date	06⁰⁰													
Dose	Route	Frequency	Stop date	10⁰⁰			REVIEW					REVIEW			REVIEW		
Special instructions			Signature	12⁰⁰			REVIEW					REVIEW			REVIEW		
What infection are you treating?			Supply	14⁰⁰			REVIEW					REVIEW			REVIEW		
Cultures sent ☐ Yes ☐ No				18⁰⁰			REVIEW					REVIEW			REVIEW		
Sign	Prof. no.		Pharmacist	22⁰⁰			REVIEW					REVIEW			REVIEW		
Print	Bleep																
Monitoring information																	

Medicine Check allergy			Start date	06⁰⁰													
Dose	Route	Frequency	Stop date	10⁰⁰			REVIEW					REVIEW			REVIEW		
Special instructions			Signature	12⁰⁰			REVIEW					REVIEW			REVIEW		
What infection are you treating?			Supply	14⁰⁰			REVIEW					REVIEW			REVIEW		
Cultures sent ☐ Yes ☐ No				18⁰⁰			REVIEW					REVIEW			REVIEW		
Sign	Prof. no.		Pharmacist	22⁰⁰			REVIEW					REVIEW			REVIEW		
Print	Bleep																
Monitoring information																	

Medicine Check allergy			Start date	06⁰⁰													
Dose	Route	Frequency	Stop date	10⁰⁰			REVIEW					REVIEW			REVIEW		
Special instructions			Signature	12⁰⁰			REVIEW					REVIEW			REVIEW		
What infection are you treating?			Supply	14⁰⁰			REVIEW					REVIEW			REVIEW		
Cultures sent ☐ Yes ☐ No				18⁰⁰			REVIEW					REVIEW			REVIEW		
Sign	Prof. no.		Pharmacist	22⁰⁰			REVIEW					REVIEW			REVIEW		
Print	Bleep																
Monitoring information																	

Regular non-injectable medication

Check allergies/medicine sensitivities and patient identity

Patient Name: _____

H&C Number.: _____ DOB: _____

Year: | Day and month: →

Circle times or enter variable dose/time

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Regular non-injectable medication

Check allergies/medicine sensitivities and patient identity

Patient Name: _____

H&C Number.: _____ DOB: _____

Year: | Day and month: →

Circle times or enter variable dose/time

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Regular non-injectable medication

Check allergies/medicine sensitivities and patient identity

Patient Name: _____

H&C Number.: _____ DOB: _____

Year: | Day and month: →

Circle times or enter variable dose/time

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
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Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Medicine	Start date	06⁰⁰
Dose / Route / Frequency	Stop date	10⁰⁰
Special instructions/Indication	Signature	12⁰⁰
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	14⁰⁰
Sign / Prof. no.	Pharmacist	18⁰⁰
Print / Bleep		22⁰⁰

Oxygen section

For use in adult patients (16 and over)

Patient Name: _____

H&C Number.: _____ DOB: _____

A prescriber must prescribe the initial flow rate and device.
The method and rate of oxygen delivery should be altered by nurses or other healthcare professionals in order to achieve the prescribed saturation range.

NB. The initial prescription does NOT need to be rewritten if the device or flow rate is changed by the nurse or physiotherapist who must document the change in clinical notes. Remember, rapid changes in clinical condition require medical review.

Prescriber: For most chronic conditions, oxygen should be prescribed to achieve a target saturation of 94-98% (or 88-92% for those at risk of hypercapnic respiratory failure ie. CO_2 retainers).

Is the patient a known CO_2 retainer?

☐ Yes ☐ No

Prescription: OXYGEN

Administration: Check and record flow rate (FR)/device (D) at each medicine round or other times specified.

Year:

Day and month: →

Other times: ↓

☐ Continuous oxygen therapy

☐ Or 'When required' oxygen therapy

Target oxygen saturation ☐ 88-92% ☐ 94-98%

Other saturation range: _____

Tick here ☐ if saturation not indicated and state reason eg. end of life care

Starting device and flow rate:

Start date

Stop date

Signature

Signature

Prof. No.

Print name

Bleep

Pharmacist

06^{00}														
FR/D														
10^{00}														
FR/D														
12^{00}														
FR/D														
14^{00}														
FR/D														
18^{00}														
FR/D														
22^{00}														
FR/D														

Guidance on administering oxygen therapy Nurses: Sign this prescription chart on every drug round. Record flow rate and device (FR/D) at each drug round using the codes. Oxygen saturations should be recorded on the patient's observation chart.

A Air (not requiring O_2, weaning or on PRN O_2)	**CP** Patient on CPAP system	**SM** Simple mask	If a ward patient is requiring high flow oxygen via non rebreathe mask, consider medical review.
V24 Venturi 24% (change figure as appropriate for % in use)	**NIV** Patient on NIV system	**RM** Reservoir mask	If target saturations are 88-92%, nebulised drugs should not be driven by oxygen (unless specified by the doctor).
N Nasal cannulae (eg. 2 litres via nasal specs, prescribe as '2L/N')	**OTH** Other device (specify)	**TM** Tracheostomy mask	
H28 Humidified oxygen at 28% (change figure as appropriate for percentage in use)			

Omitted doses of medicines coded 7 and delayed doses

Date	Time	Medication, Dose, Route	Reason for omission coded 7/delay >2hrs	Signature

As required medication

Check allergies / medicine sensitivities and patient identity
Check regular medicines

Patient Name: _____

H&C Number.: _____ DOB: _____

Medicine	Start date	Date													
Dose / Route / Frequency	Stop date	Time 24 hr clock													
Special instructions/Indication / Max dose in 24hrs	Signature														
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	Dose / Route													
Sign / Prof. no.	Pharmacist	Given by													
Print / Bleep															

Medicine	Start date	Date													
Dose / Route / Frequency	Stop date	Time 24 hr clock													
Special instructions/Indication / Max dose in 24hrs	Signature														
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	Dose / Route													
Sign / Prof. no.	Pharmacist	Given by													
Print / Bleep															

Medicine	Start date	Date													
Dose / Route / Frequency	Stop date	Time 24 hr clock													
Special instructions/Indication / Max dose in 24hrs	Signature														
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	Dose / Route													
Sign / Prof. no.	Pharmacist	Given by													
Print / Bleep															

Medicine	Start date	Date													
Dose / Route / Frequency	Stop date	Time 24 hr clock													
Special instructions/Indication / Max dose in 24hrs	Signature														
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	Dose / Route													
Sign / Prof. no.	Pharmacist	Given by													
Print / Bleep															

Medicine	Start date	Date													
Dose / Route / Frequency	Stop date	Time 24 hr clock													
Special instructions/Indication / Max dose in 24hrs	Signature														
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	Dose / Route													
Sign / Prof. no.	Pharmacist	Given by													
Print / Bleep															

Medicine	Start date	Date													
Dose / Route / Frequency	Stop date	Time 24 hr clock													
Special instructions/Indication / Max dose in 24hrs	Signature														
Medicines Reconciliation (circle): Pre-admission dose / Increased dose / Decreased dose / New	Supply	Dose / Route													
Sign / Prof. no.	Pharmacist	Given by													
Print / Bleep															

As required medication

Check allergies / medicine sensitivities and patient identity
Check regular medicines

Patient Name: _____

H&C Number.: _____ DOB: _____

Medicine			Start date	Date											
Dose	Route	Frequency	Stop date	Time 24 hr clock											
Special instructions/Indication		Max dose in 24hrs	Signature												
Medicines Reconciliation (circle)			Supply	Dose / Route											
Pre-admission dose	Increased dose	Decreased dose / New													
Sign	Prof. no.		Pharmacist	Given by											
Print	Bleep														
Medicine			Start date	Date											
Dose	Route	Frequency	Stop date	Time 24 hr clock											
Special instructions/Indication		Max dose in 24hrs	Signature												
Medicines Reconciliation (circle)			Supply	Dose / Route											
Pre-admission dose	Increased dose	Decreased dose / New													
Sign	Prof. no.		Pharmacist	Given by											
Print	Bleep														
Medicine			Start date	Date											
Dose	Route	Frequency	Stop date	Time 24 hr clock											
Special instructions/Indication		Max dose in 24hrs	Signature												
Medicines Reconciliation (circle)			Supply	Dose / Route											
Pre-admission dose	Increased dose	Decreased dose / New													
Sign	Prof. no.		Pharmacist	Given by											
Print	Bleep														
Medicine			Start date	Date											
Dose	Route	Frequency	Stop date	Time 24 hr clock											
Special instructions/Indication		Max dose in 24hrs	Signature												
Medicines Reconciliation (circle)			Supply	Dose / Route											
Pre-admission dose	Increased dose	Decreased dose / New													
Sign	Prof. no.		Pharmacist	Given by											
Print	Bleep														
Medicine			Start date	Date											
Dose	Route	Frequency	Stop date	Time 24 hr clock											
Special instructions/Indication		Max dose in 24hrs	Signature												
Medicines Reconciliation (circle)			Supply	Dose / Route											
Pre-admission dose	Increased dose	Decreased dose / New													
Sign	Prof. no.		Pharmacist	Given by											
Print	Bleep														
Medicine			Start date	Date											
Dose	Route	Frequency	Stop date	Time 24 hr clock											
Special instructions/Indication		Max dose in 24hrs	Signature												
Medicines Reconciliation (circle)			Supply	Dose / Route											
Pre-admission dose	Increased dose	Decreased dose / New													
Sign	Prof. no.		Pharmacist	Given by											
Print	Bleep														

Once only medicines and pre-medications

Patient Name: _____

H&C Number.: _____ DOB: _____

Includes administration under Patient Group Direction (PGD)

If more than one Kardex in use, ensure 'once only' medicines are written on '1 of 2' Kardex, until once only section on that Kardex is complete

Prescription							Administration		
Date	Medicine	Dose	Route	Time to be given (24 hour clock)	Signature	Print name Prof. no.	Given by	Time given (24 hour clock)	Pharmacist