Outpatient Medicine Prescription and Administration Record

Outpatients

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: _____ Location/area: _____

Consultant: _____ Date commenced: _____

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:					

Abbreviations for frequency

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

Common abbreviations for routes of administration

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

Codes for recording omitted doses

① = Nil by mouth ② = Patient refused ③ = Patient not available ④ = Route not available ⑤ = Vomiting ⑥ = Drug not available ⑦ = Other ⑧ = Prescriber enters for each dose to be withheld

For guidelines on prescribing and administration refer to the Trust Medicines Code

Oxygen

Device codes: **N**=Nasal Cannulae, **F**=Face mask, **NEB**=Nebuliser

Oxygen section not applicable for use in paediatric patients

Is this patient a known CO_2 retainer? ☐ Yes ☐ No

Administration: Check and record flow rate (FR)/device (D) every four hourly or other times specified.

Target Oxygen saturation ≥94% Other: _____

Starting device and flow rate: _____

Prescribed by: _____

Start date	Start Signature
Stop date	Stop Signature

Date								
Other times ↓	Sign	FR/D	Sign	FR/D	Sign	FR/D	Sign	FR/D
06⁰⁰								
10⁰⁰								
12⁰⁰								
14⁰⁰								
18⁰⁰								
22⁰⁰								

Additional notes on medicines (Please sign and date)

Once only medicines and pre-medications

Includes administration under Patient Group Direction (PGD)

Patient Name: _____

H&C Number.: _____ DOB: _____

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)	Prescriber: Signature	Prescriber: Print name Prof. reg. no.	Given by	Time given (24 hour clock)

Outpatient medication prescriptions

Check allergies / medicine sensitivities and patient identity

Year: Day and month: →

Circle times or enter variable dose/time ▼▼

Medicine

Dose | Route | Frequency

Special instructions/Indication

Sign | Prof. no.

Print | Bleep

Start date

Stop date

Signature

Supply

Pharmacist

06^{00} 10^{00} 12^{00} 14^{00} 18^{00} 22^{00}

Medicine

Dose | Route | Frequency

Special instructions/Indication

Sign | Prof. no.

Print | Bleep

Start date

Stop date

Signature

Supply

Pharmacist

06^{00} 10^{00} 12^{00} 14^{00} 18^{00} 22^{00}

Medicine

Dose | Route | Frequency

Special instructions/Indication

Sign | Prof. no.

Print | Bleep

Start date

Stop date

Signature

Supply

Pharmacist

06^{00} 10^{00} 12^{00} 14^{00} 18^{00} 22^{00}