

Introduction to the Regional Outpatient Kardex

September 2016



Health and
Social Care



Introduction

HSC Outpatient Medicine Prescription and Administration Record (the 'Kardex').

Intended use :

- Outpatient areas
- Day Procedure Units
- For both adult & paediatric use



Introduction

- Patients 'regular' medications do not have to be written up on this kardex, BUT the prescriber must be aware of any medicines the patient is currently taking.
- Ensure adherence to Trusts policies and procedures
- Use **ONE** Kardex per speciality outpatient clinic, e.g. one patient may have two outpatient Kardexes running concurrently if attending two different clinics.



Design

- One page double sided A4 form
- Designed in line with other regional Kardexes
- **Page 1**
 - similar to other regional Kardexes
i.e. patient details, weight/ height, allergy, risk factors etc
 - Oxygen
 - Additional notes on medicines
- **Page 2**
 - Once only medication / pre-medication (includes PGDs)
 - Outpatient medication prescription section



How to use each section



Outpatient Medicine Prescription and Administration Record

Record number of Kardexes in use: _____ of _____

Outpatients

Allergies / Medicine sensitivities				Write in CAPITAL LETTERS or use addressograph			
This section must be completed before prescribing and administration except in exceptional circumstances				Surname: _____			
Date of Reaction	Medicine/allergen	Type of reaction (eg. rash)	Signature/designation/date	First names: _____			
				Health and Care no: _____			
				DOB: _____			
				Hospital: _____ Location/area: _____			
				Consultant: _____ Date commenced: _____			
OR				Date	Weight	Height	BSA
<input type="checkbox"/> No known allergies (Please tick) Signature / Designation: _____ Date: _____							
Risk factors that may require consideration for dose adjustment and medicine choice				<input type="checkbox"/> Renal impairment <input type="checkbox"/> Hepatic impairment <input type="checkbox"/> Pregnancy <input type="checkbox"/> Breast feeding <input type="checkbox"/> Other (please specify)			
Signature: _____							
Date: _____							
Abbreviations for frequency				Common abbreviations for routes of administration			
Once daily = od Four times daily = qds or qid Twice daily = bd Every morning = mane Three times daily = tds or tid Every night = nocte				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		③ = Patient not available		⑤ = Vomiting		⑦ = Other	
② = Patient refused		④ = Route not available		⑥ = Drug not available		⑧ = Prescriber enters for each dose to be withheld	

➔ **Allergy section / Patient details :**
same as regional Acute Kardex

➔ **Location / Area :**
Record clinic & date Kardex commenced

➔ **Risk factors :**
same as regional Acute Kardex

➔ **Omitted Doses :**
For use overleaf in outpatient medication prescription section



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Oxygen section

Ensure adherence to Trust policies & procedures.



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

Oxygen Device codes: N=Nasal Cannulae, F=Face mask, NEB=Nebuliser		Date								
Oxygen section not applicable for use in paediatric patients		Other times ↘	Sign	FR/D	Sign	FR/D	Sign	FR/D	Sign	FR/D
Is this patient a known CO ₂ retainer? <input type="checkbox"/> Yes <input type="checkbox"/> No		06 ⁰⁰								
Administration: Check and record flow rate (FR)/device (D) every four hourly or other times specified.		10 ⁰⁰								
Target Oxygen saturation ≥94% Other: _____		12 ⁰⁰								
Starting device and flow rate: _____		14 ⁰⁰								
Prescribed by: _____		18 ⁰⁰								
Start date	Start Signature	22 ⁰⁰								
Stop date	Stop Signature									

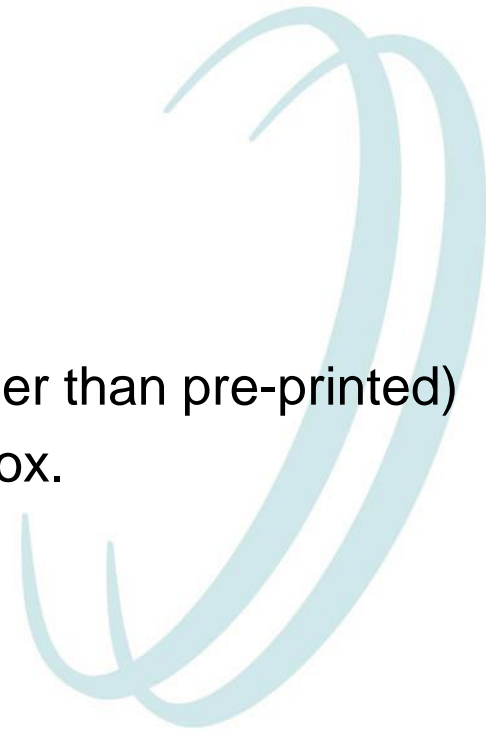


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Oxygen

NB: This section is not applicable for use in paediatric patients

- Prescriber:
 - Tick CO2 retainer status
 - Insert target oxygen saturation if above 94%
 - Insert device, flow rate and name
 - Date and sign.
- Staff administering:
 - insert date
 - write time and circle (if administering at times other than pre-printed)
 - Record flow rate, device and initials in relevant box.



Additional notes on medicines

Additional notes on medicines (Please sign and date)

Document any key information relating to medicines:

- special instructions from prescribers to omit medicines
e.g. pre or postop.
- any other relevant patient specific information relating to medicines

Once only medicines

Once only medicines and pre-medications

Includes administration under Patient Group Direction (PGD)

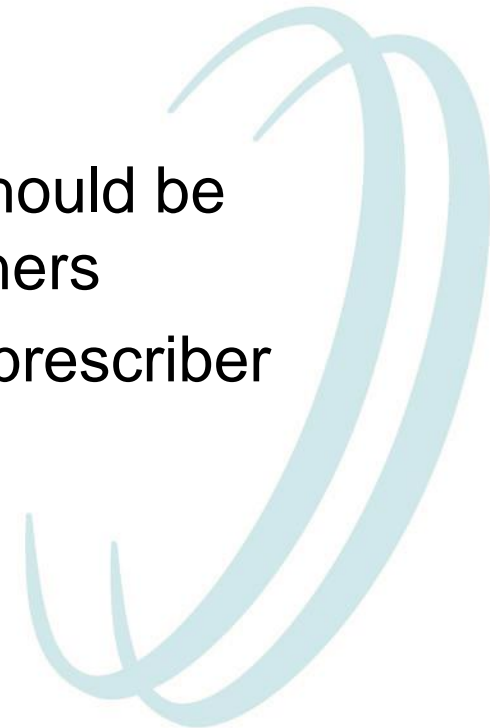
If more than one Kardex in use, ensure 'once only' medicines are written on '1 of 2' Kardex, until once only section on that Kardex is complete

Patient Name: _____

H&C Number: _____ DOB: _____

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

- includes pre-medications and PGD's
- administration of intravenous medications should be checked & signed by two qualified practitioners
- if using a PGD, enter the word 'PGD' in the prescriber signature column.



Outpatient medication prescriptions

Outpatient medication prescriptions
 Check allergies / medicine sensitivities and patient identity

Year: _____		Day and month: → _____							
Circle times or enter variable dose/time _____									
Medicine		Start date		06 ⁰⁰					
Dose		Route	Frequency	Stop date	10 ⁰⁰				
Special instructions/Indication				Signature	12 ⁰⁰				
				Supply	14 ⁰⁰				
Sign		Prof. no.		Pharmacist	18 ⁰⁰				
Print		Bleep			22 ⁰⁰				

Intended use

- for multiple or repeat administrations
- intended duration of therapy should be stated in the special instructions box where applicable

Prescription Examples

Year: 2016			Day and month: →		01/	29/	27/
Circle times or enter variable dose/time			▼		09	09	10
Medicine: Natalizumab			Start date	06 ⁰⁰			
			01/09/16				
Dose	Route	Frequency	Stop date	10 ⁰⁰			
300mg	IV	4/52					
Special instructions/Indication Once every 4/52 for SIX months			Signature	12 ⁰⁰			
			Supply	14 ⁰⁰			
			Pharmacist	18 ⁰⁰			
				22 ⁰⁰			
Sign		Prof. no.					
A DOCTOR		123456					
Print		Bleep					
A DOCTOR		1234					

Year: 2016			Day and month: →		01/	02/	03/
Circle times or enter variable dose/time			▼		09	09	09
Medicine: Methylprednisolone			Start date	06 ⁰⁰			
			01/09/16				
Dose	Route	Frequency	Stop date	10 ⁰⁰			
1g	inj	OD					
Special instructions/Indication for 3 days			Signature	12 ⁰⁰			
			Supply	14 ⁰⁰			
			Pharmacist	18 ⁰⁰			
				22 ⁰⁰			
Sign		Prof. no.					
A DOCTOR		123456					
Print		Bleep					
A DOCTOR		1234					

Once treatment complete ...

- Discontinuation of treatment or when dose or frequency has changed; discontinue as shown

Year: 2016		Day and month: →		01/09	29/09	27/10
Circle times or enter variable dose/time				▼		
Medicine <u>Natalizumab</u>		Start date	01/09/16	06 ⁰⁰		
Dose <u>300mg</u>	Route <u>IV</u>	Frequency <u>4/52</u>	Stop date	10 ⁰⁰		
Special instructions/Indication			Signature	12 ⁰⁰	AB/CA	
<u>A Doctor</u> <u>Once every 4/52 for SIX months</u>			Supply	14 ⁰⁰		
Sign	Prof. no.		Pharmacist	18 ⁰⁰		
<u>A DOCTOR</u>	<u>123456</u>			22 ⁰⁰		
Print	<u>A DOCTOR</u>	Bleep	<u>1234</u>			

- Once treatment period is complete for therapy please discontinue the whole kardex

Implementation

- Order code WPH000129
- Order via e-procurement
- Order from 21st September 2016

