

IN-PATIENT MEDICATION ADMINISTRATION RECORD

Developed in collaboration with the All Wales Chief Pharmacists' Group



DRUG ALLERGIES & SENSITIVITIES	PLEASE CIRCLE AS APPROPRIATE:		HOSPITAL No.: _____	
	NONE KNOWN YES		SURNAME: _____	
	SIGNED..... DATE.....		FIRST NAME: _____	
NAME.....		ADDRESS: _____		
Drug / Allergen:	Description of Reaction:			DATE OF BIRTH: _____
This section must be completed. Check allergy status prior to administration of medicine				

DATE OF ADMISSION _____	MULTIPLE MEDICATION CHARTS CHART _____	DETAILS OF SUPPLEMENTARY CHARTS			
HOSPITAL _____	OF _____	TICK APPROPRIATE BOX			
WARD _____	MEDICATION ON SUPPLEMENTARY CHARTS SHOULD ALSO BE RECORDED ON THIS DRUG CHART.	ANTICOAGULANT <input type="checkbox"/>	PATIENT CONTROLLED ANALGESIA/EPIDURAL <input type="checkbox"/>		
CONSULTANT _____		SUPPLEMENTARY INFUSION CHART <input type="checkbox"/>	SYRINGE DRIVER <input type="checkbox"/>		
		INSULIN <input type="checkbox"/>			
		OTHER (PLEASE SPECIFY) _____			

OXYGEN PRESCRIPTION			Adjust flow rate and/or delivery device as necessary to achieve target oxygen saturations. Refer to local guidelines. Record and sign for administration, delivery device and flow rate on Early Warning Score Chart	
This section MUST be completed for all patients				
Circle target O ₂ saturation			Prescriber's signature	Date
94-98%	88-92%	Other	Bleep No.	

PRESCRIPTIONS FOR ONCE-ONLY MEDICATION, PRE-ANAESTHETIC MEDICATION AND ONCE-ONLY ANTIMICROBIALS										
DATE	MEDICINE (APPROVED NAME)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBER'S SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY	CHECKED BY
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					

MEDICINES MANAGEMENT & RECONCILIATION		
MEDICATION HISTORY OBTAINED FROM: PATIENT <input type="checkbox"/> GP RECORDS <input type="checkbox"/> NH/RH <input type="checkbox"/> CARER <input type="checkbox"/> PODS/MDS <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> OTHER INITIALS DATE		MEDICINES RECONCILED ON ADMISSION <input type="checkbox"/> REWRITTEN CHART <input type="checkbox"/> SIGNATURE DATE COMPLIANCE ISSUES
GP	COMMUNITY PHARMACY DETAILS	DISCHARGE PRESCRIPTION COMPLETED BY PHARMACY: INITIALS DATE

COMMENTS / NOTES

IN-PATIENT MEDICATION ADMINISTRATION RECORD

PATIENT'S NAME HEALTH RECORD NUMBER
MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

ACUTE ANTIMICROBIAL PRESCRIBING SECTION (For surgical prophylaxis, use the once only section on the front of the chart)
 Prolonged antimicrobials and long-term prophylaxis should be prescribed in the appropriate section on page 4

Review need for all Proton Pump Inhibitors / H₂ antagonists (increased *C.difficile* risk) – discontinue if appropriate

Check for allergies		Antimicrobial (Approved Name)			Indication			PRESCRIBER'S SIGNATURE	PHARMACIST	Discharge Prescription
DATE →		Duration OR next review date:			Rationale for Choice (circle)			Bleep No.	SUPPLY	TOTAL duration
ROUTE →					Guidelines/Micro advice/C&S					
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN	DATE		REVIEW			Administration must follow the date line provided for EACH separate prescription		
		DOSE CHANGE ↓	DAY 1	2	3		4	5	6	7
					Stop	<input type="checkbox"/>			R	R
Morning					Continue	<input type="checkbox"/>			E	E
Midday					IV to PO	<input type="checkbox"/>			V	V
Evening					Change (Please rewrite)	<input type="checkbox"/>			I	I
Bedtime					Sign:				E	E
					Date:				W	W
Check for allergies		Antimicrobial (Approved Name)			Indication			PRESCRIBER'S SIGNATURE	PHARMACIST	Discharge Prescription
DATE →		Duration OR next review date:			Rationale for Choice (circle)			Bleep No.	SUPPLY	TOTAL duration
ROUTE →					Guidelines/Micro advice/C&S					
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN	DATE		REVIEW			Administration must follow the date line provided for EACH separate prescription		
		DOSE CHANGE ↓	DAY							
					Stop	<input type="checkbox"/>			R	R
Morning					Continue	<input type="checkbox"/>			E	E
Midday					IV to PO	<input type="checkbox"/>			V	V
Evening					Change (Please rewrite)	<input type="checkbox"/>			I	I
Bedtime					Sign:				E	E
					Date:				W	W
Check for allergies		Antimicrobial (Approved Name)			Indication			PRESCRIBER'S SIGNATURE	PHARMACIST	Discharge Prescription
DATE →		Duration OR next review date:			Rationale for Choice (circle)			Bleep No.	SUPPLY	TOTAL duration
ROUTE →					Guidelines/Micro advice/C&S					
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN	DATE		REVIEW			Administration must follow the date line provided for EACH separate prescription		
		DOSE CHANGE ↓	DAY							
					Stop	<input type="checkbox"/>			R	R
Morning					Continue	<input type="checkbox"/>			E	E
Midday					IV to PO	<input type="checkbox"/>			V	V
Evening					Change (Please rewrite)	<input type="checkbox"/>			I	I
Bedtime					Sign:				E	E
					Date:				W	W

Prescriber's Signature authorising TTO Bleep No. Date Pharmacist/Date

NON-ADMINISTRATION OF MEDICINES
 If a patient does not receive a prescribed dose, a non-administration code (see page 12) must be placed in the administration box. Additional information to explain the reason for the non-administration can be detailed in the table on page 12. Always document additional information for code '6'.

PATIENT'S NAME HEALTH RECORD NUMBER

MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

ACUTE ANTIMICROBIAL PRESCRIBING SECTION (For surgical prophylaxis, use the once only section on the front of the chart)
 Prolonged antimicrobials and long-term prophylaxis should be prescribed in the appropriate section on page 4

Review need for all Proton Pump Inhibitors / H₂ antagonists (increased C.difficile risk) – discontinue if appropriate

Check for allergies			Antimicrobial (Approved Name)				Indication				PRESCRIBER'S SIGNATURE	PHARMACIST	Discharge Prescription	
DATE →			Duration OR next review date:				Rationale for Choice (circle)				Bleep No.	SUPPLY	TOTAL duration	
ROUTE →							Guidelines/Micro advice/C&S							
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN	DATE			REVIEW					Administration must follow the date line provided for EACH separate prescription			
		DOSE CHANGE ↓	DAY 1	2	3		4	5	6	7				
						Stop	<input type="checkbox"/>			R	R	Special Instructions		
Morning						Continue	<input type="checkbox"/>			E	E			
Midday						IV to PO	<input type="checkbox"/>			V	V			
Evening						Change (Please rewrite)	<input type="checkbox"/>			I	I			
Bedtime						Sign:				E	E			
						Date:				W	W			

Check for allergies			Antimicrobial (Approved Name)				Indication				PRESCRIBER'S SIGNATURE	PHARMACIST	Discharge Prescription	
DATE →			Duration OR next review date:				Rationale for Choice (circle)				Bleep No.	SUPPLY	TOTAL duration	
ROUTE →							Guidelines/Micro advice/C&S							
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN	DATE			REVIEW					Administration must follow the date line provided for EACH separate prescription			
		DOSE CHANGE ↓	DAY											
						Stop	<input type="checkbox"/>			R	R	Special Instructions		
Morning						Continue	<input type="checkbox"/>			E	E			
Midday						IV to PO	<input type="checkbox"/>			V	V			
Evening						Change (Please rewrite)	<input type="checkbox"/>			I	I			
Bedtime						Sign:				E	E			
						Date:				W	W			

Check for allergies			Antimicrobial (Approved Name)				Indication				PRESCRIBER'S SIGNATURE	PHARMACIST	Discharge Prescription	
DATE →			Duration OR next review date:				Rationale for Choice (circle)				Bleep No.	SUPPLY	TOTAL duration	
ROUTE →							Guidelines/Micro advice/C&S							
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN	DATE			REVIEW					Administration must follow the date line provided for EACH separate prescription			
		DOSE CHANGE ↓	DAY											
						Stop	<input type="checkbox"/>			R	R	Special Instructions		
Morning						Continue	<input type="checkbox"/>			E	E			
Midday						IV to PO	<input type="checkbox"/>			V	V			
Evening						Change (Please rewrite)	<input type="checkbox"/>			I	I			
Bedtime						Sign:				E	E			
						Date:				W	W			

Prescriber's Signature authorising TTO Bleep No. Date Pharmacist/Date

NON-ADMINISTRATION CODES
 2. Patient not on ward 3. Patient unable to receive medicines/no access 4. Patient refused medicine
 5. Medicine unavailable 6. Other (please document on page 12) X. Signifies prescribers intent

PATIENT'S NAME HEALTH RECORD NUMBER

MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

PROLONGED ANTIMICROBIAL SECTION																			
e.g. abscess, endocarditis, osteomyelitis, septic arthritis, prosthetic joint infections, spinal infections, meningitis, long-term prophylaxis																			
Check for allergies				Antimicrobial (Approved Name)				Indication				PRESCRIBER'S SIGNATURE				PHARMACIST		Discharge Prescription	
DATE →				Duration OR next review date:				Rationale for Choice (circle)				Bleep No.				SUPPLY		To be reviewed by GP	Continuous
ROUTE →								Guidelines/Micro advice/C&S											
SPECIFY TIME IF REQUIRED ↓		DOSE ↓		SIGN ↓		DOSE CHANGE ↓		DATE		REVIEW									
								DAY 1 2 3				4 5 6 7 8 9 10 11 12 13 14							
										Stop <input type="checkbox"/>								TOTAL duration	
Morning										Continue <input type="checkbox"/>								R R	
Midday										IV to PO <input type="checkbox"/>								E E	
Evening										Change (Please rewrite) <input type="checkbox"/>								V V	
Bedtime										Sign: _____								I I	
										Date: _____								E E	
																		W W	
Check for allergies				Antimicrobial (Approved Name)				Indication				PRESCRIBER'S SIGNATURE				PHARMACIST		Discharge Prescription	
DATE →				Duration OR next review date:				Rationale for Choice (circle)				Bleep No.				SUPPLY		To be reviewed by GP	Continuous
ROUTE →								Guidelines/Micro advice/C&S											
SPECIFY TIME IF REQUIRED ↓		DOSE ↓		SIGN ↓		DOSE CHANGE ↓		DATE		REVIEW									
								DAY											
										Stop <input type="checkbox"/>								TOTAL duration	
Morning										Continue <input type="checkbox"/>								R R	
Midday										IV to PO <input type="checkbox"/>								E E	
Evening										Change (Please rewrite) <input type="checkbox"/>								V V	
Bedtime										Sign: _____								I I	
										Date: _____								E E	
																		W W	
Check for allergies				Antimicrobial (Approved Name)				Indication				PRESCRIBER'S SIGNATURE				PHARMACIST		Discharge Prescription	
DATE →				Duration OR next review date:				Rationale for Choice (circle)				Bleep No.				SUPPLY		To be reviewed by GP	Continuous
ROUTE →								Guidelines/Micro advice/C&S											
SPECIFY TIME IF REQUIRED ↓		DOSE ↓		SIGN ↓		DOSE CHANGE ↓		DATE		REVIEW									
								DAY											
										Stop <input type="checkbox"/>								TOTAL duration	
Morning										Continue <input type="checkbox"/>								R R	
Midday										IV to PO <input type="checkbox"/>								E E	
Evening										Change (Please rewrite) <input type="checkbox"/>								V V	
Bedtime										Sign: _____								I I	
										Date: _____								E E	
																		W W	
Check for allergies				Antimicrobial (Approved Name)				Indication				PRESCRIBER'S SIGNATURE				PHARMACIST		Discharge Prescription	
DATE →				Duration OR next review date:				Rationale for Choice (circle)				Bleep No.				SUPPLY		To be reviewed by GP	Continuous
ROUTE →								Guidelines/Micro advice/C&S											
SPECIFY TIME IF REQUIRED ↓		DOSE ↓		SIGN ↓		DOSE CHANGE ↓		DATE		REVIEW									
								DAY											
										Stop <input type="checkbox"/>								TOTAL duration	
Morning										Continue <input type="checkbox"/>								R R	
Midday										IV to PO <input type="checkbox"/>								E E	
Evening										Change (Please rewrite) <input type="checkbox"/>								V V	
Bedtime										Sign: _____								I I	
										Date: _____								E E	
																		W W	
Prescriber's Signature authorising TTO								Bleep No.				Date				Pharmacist/Date			

NON-ADMINISTRATION OF MEDICINES

If a patient does not receive a prescribed dose, a non-administration code (see page 12) must be placed in the administration box. Additional information to explain the reason for the non-administration can be detailed in the table on page 12. Always document additional information for code '6'.

PATIENT'S NAME HEALTH RECORD NUMBER

MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY			REGULAR MEDICINES	MONTH	YEAR	DISCHARGE PRESCRIPTION		
Date								
VTE PROPHYLAXIS			Patient DOES NOT require prophylaxis. Document reasons on chart and in case notes – sign and date			PRESCRIBER'S SIGNATURE		Continuous
			Patient DOES require prophylaxis. Prescribe below. Refer to local VTE Guidelines. Prescribe on ONE CHART only – strike out duplicates if multiple charts in use			Bleep No. Date		
DATE →			NAME OF VTE PROPHYLAXIS (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	Limited duration	
ROUTE →								Medicines Reconciliation (circle)
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE	Started Continued Dose Changed				Days	
Morning								
Midday								
Evening								
Bedtime								
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION	
ROUTE →								
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE	Medicines Reconciliation (circle)		Bleep No.	SUPPLY	Continuous	
			Started Continued Dose Changed					
Morning							Days	
Midday								
Evening								
Bedtime								
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION	
ROUTE →								
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE	Medicines Reconciliation (circle)		Bleep No.	SUPPLY	Continuous	
			Started Continued Dose Changed					
Morning							Days	
Midday								
Evening								
Bedtime								
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION	
ROUTE →								
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE	Medicines Reconciliation (circle)		Bleep No.	SUPPLY	Continuous	
			Started Continued Dose Changed					
Morning							Days	
Midday								
Evening								
Bedtime								

Prescriber's Signature authorising TTO Bleep No. Date Pharmacist/Date

NON-ADMINISTRATION CODES
 2. Patient not on ward 3. Patient unable to receive medicines/no access 4. Patient refused medicine
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PATIENT'S NAME HEALTH RECORD NUMBER

MORNING (around 08:00); MIDDAY (between 12:00 & 14:00); EVENING (around 18:00); BEDTIME (around 22:00)

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY			REGULAR MEDICINES	MONTH	YEAR	DISCHARGE PRESCRIPTION		
Date								
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION	
ROUTE →								
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE		Medicines Reconciliation (circle) Started Continued Dose Changed	Bleep No.	SUPPLY	Continuous	
Morning						R E W R I T E C H A R T	To be reviewed by GP	
Midday							Limited duration	
Evening								
Bedtime								Days
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION	
ROUTE →								
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE		Medicines Reconciliation (circle) Started Continued Dose Changed	Bleep No.	SUPPLY	Continuous	
Morning						R E W R I T E C H A R T	To be reviewed by GP	
Midday							Limited duration	
Evening								
Bedtime								Days
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION	
ROUTE →								
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE		Medicines Reconciliation (circle) Started Continued Dose Changed	Bleep No.	SUPPLY	Continuous	
Morning						R E W R I T E C H A R T	To be reviewed by GP	
Midday							Limited duration	
Evening								
Bedtime								Days
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION	
ROUTE →								
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE		Medicines Reconciliation (circle) Started Continued Dose Changed	Bleep No.	SUPPLY	Continuous	
Morning						R E W R I T E C H A R T	To be reviewed by GP	
Midday							Limited duration	
Evening								
Bedtime								Days
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION	
ROUTE →								
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE		Medicines Reconciliation (circle) Started Continued Dose Changed	Bleep No.	SUPPLY	Continuous	
Morning						R E W R I T E C H A R T	To be reviewed by GP	
Midday							Limited duration	
Evening								
Bedtime								Days

Prescriber's Signature authorising TTO _____ Bleep No. _____ Date _____ Pharmacist/Date _____

NON-ADMINISTRATION OF MEDICINES

If a patient does not receive a prescribed dose, a non-administration code (see page 12) must be placed in the administration box. Additional information to explain the reason for the non-administration can be detailed in the table on page 12. Always document additional information for code '6'.

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MORNING (around 08:00); **MIDDAY** (between 12:00 & 14:00); **EVENING** (around 18:00); **BEDTIME** (around 22:00)

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY			REGULAR MEDICINES	MONTH	YEAR	DISCHARGE PRESCRIPTION	
Date							
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION
ROUTE →							
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE	Medicines Reconciliation (circle)		Bleep No.	SUPPLY	Continuous
			Started	Continued			
Morning							To be reviewed by GP
Midday							Limited duration
Evening							
Bedtime							Days
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION
ROUTE →							
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE	Medicines Reconciliation (circle)		Bleep No.	SUPPLY	Continuous
			Started	Continued			
Morning							To be reviewed by GP
Midday							Limited duration
Evening							
Bedtime							Days
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION
ROUTE →							
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE	Medicines Reconciliation (circle)		Bleep No.	SUPPLY	Continuous
			Started	Continued			
Morning							To be reviewed by GP
Midday							Limited duration
Evening							
Bedtime							Days
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ROUTE →							
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE	Medicines Reconciliation (circle)		Bleep No.	SUPPLY	Continuous
			Started	Continued			
Morning							To be reviewed by GP
Midday							Limited duration
Evening							
Bedtime							Days
DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	DISCHARGE PRESCRIPTION
ROUTE →							
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN DOSE CHANGE	Medicines Reconciliation (circle)		Bleep No.	SUPPLY	Continuous
			Started	Continued			
Morning							To be reviewed by GP
Midday							Limited duration
Evening							
Bedtime							Days

Prescriber's Signature authorising TTO Bleep No. Date Pharmacist/Date

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DATE →			MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION	
ROUTE →																		
SPECIFY TIME IF REQUIRED ↓			DOSE ↓		SIGN		Medicines Reconciliation (circle)				Bleep No.				SUPPLY		Continuous	
					DOSE CHANGE		Started Continued Dose Changed											
Morning															REWRITE		To be reviewed by GP	
Midday															REWRITE		Limited duration	
Evening															REWRITE			
Bedtime															REWRITE		Days	
DATE →			MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION	
ROUTE →																		
SPECIFY TIME IF REQUIRED ↓			DOSE ↓		SIGN		Medicines Reconciliation (circle)				Bleep No.				SUPPLY		Continuous	
					DOSE CHANGE		Started Continued Dose Changed											
Morning															REWRITE		To be reviewed by GP	
Midday															REWRITE		Limited duration	
Evening															REWRITE			
Bedtime															REWRITE		Days	
DATE →			MEDICINE (Approved Name)				SPECIAL INSTRUCTIONS				PRESCRIBER'S SIGNATURE				PHARMACIST		DISCHARGE PRESCRIPTION	
ROUTE →																		
SPECIFY TIME IF REQUIRED ↓			DOSE ↓		SIGN		Medicines Reconciliation (circle)				Bleep No.				SUPPLY		Continuous	
					DOSE CHANGE		Started Continued Dose Changed											
Morning															REWRITE		To be reviewed by GP	
Midday															REWRITE		Limited duration	
Evening															REWRITE			
Bedtime															REWRITE		Days	

Prescriber's Signature authorising TTO _____ Bleep No. _____ Date _____ Pharmacist/Date _____

NON-ADMINISTRATION OF MEDICINES

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PATIENT'S NAME HEALTH RECORD NUMBER

AS REQUIRED MEDICINES				DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DISCHARGE PRESCRIPTION		
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration	days
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle)																
		Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration	days
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle)																
		Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration	days
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle)																
		Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration	days
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle)																
		Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration	days
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle)																
		Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)		PHARMACIST														To be reviewed by GP	Continuous
			SUPPLY															
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration	days
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle)																
		Started Continued Dose Changed																

Prescriber's Signature authorising TTO

Bleep No.

Date

Pharmacist/Date

PATIENT'S NAME HEALTH RECORD NUMBER

AS REQUIRED MEDICINES				DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE ROUTE	GIVEN BY	DISCHARGE PRESCRIPTION		
DATE	MEDICINE (Approved Name)	PHARMACIST														To be reviewed by GP	Continuous	
		SUPPLY																
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)	PHARMACIST														To be reviewed by GP	Continuous	
		SUPPLY																
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)	PHARMACIST														To be reviewed by GP	Continuous	
		SUPPLY																
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)	PHARMACIST														To be reviewed by GP	Continuous	
		SUPPLY																
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)	PHARMACIST														To be reviewed by GP	Continuous	
		SUPPLY																
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																
DATE	MEDICINE (Approved Name)	PHARMACIST														To be reviewed by GP	Continuous	
		SUPPLY																
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HRS														Limited Duration days	
PRESCRIBER'S SIGNATURE		INDICATION																
Bleep No.		Medicines Reconciliation (circle) Started Continued Dose Changed																

Prescriber's Signature authorising TTO _____ Bleep No. _____ Date _____ Pharmacist/Date _____

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INTRAVENOUS AND SUBCUTANEOUS INFUSIONS

INFUSIONS TO BE ADMINISTERED ONCE ONLY, UNLESS THE PRESCRIBER SPECIFIES THEY ARE TO BE CONTINUOUS*

DATE & START TIME		INFUSION FLUID		ROUTE	MEDICINE ADDED		INFUSION RATE OR DURATION	PRESCRIBER'S SIGNATURE	PHARM	DATE	TIME START STOP	VOL GIVEN	GIVEN BY	CH'KD BY
		TYPE / STRENGTH	VOLUME		APPROVED NAME	DOSE								
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						
Batch No.		Device No.			*Prescriber to initial if continuous	→		Bleep No.						

