

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

Nil known Unknown (tick appropriate box or complete details below)

Table with columns: Drug (or other), Reaction/Type/Date, Initials

Complete hospital ADR and alert requirements

Sign Print Date

AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVER LEAF

Med Rec. No: NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT
Surname:
Forename:
Gender: D.O.B.

1st Prescriber to print patient name & check label correct:

Weight (kg): Date:
IBW (kg): Date: Gestational age (GA):
Height (cm): Date: Corrected GA: Date:
B.S.A. (m²): Date: Age:

BARCODE AS REQUIRED

REGULAR MEDICINES

Medication chart grid for Regular Medicines with columns for Date, Medicine, Route, DOSE, Frequency, Indication, and Discharge status.

BINDING MARGIN - DO NOT WRITE

NOT A VALID ORDER UNLESS LEGIBLE

Hospital Prescription

All doses need units of measure. eg mL, mg, unit, microgram
*Schedule 8 Medicines for Discharge - Exact quantity must be specified.

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RECOMMENDED ORAL ADMINISTRATION TIMES GUIDELINES ONLY table with columns: Morning, Night, Three times a day, Four times a day

REASON FOR NOT ADMINISTERING Codes MUST be circled table with categories: Absent, Not available, Withheld, Fasting, Refused

Tick if Slow release
SR=Sustained, modified or controlled release formulation.
If tablet is scored, then half can be given.
Dose must be swallowed without crushing.

