

# REMOVED AREA

## SECTION A

### Medication chart instructions

Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(/Appropriate box)</small>	Dose time <b>1600</b> <b>4pm</b>	INR result													
Date	<b>Warfarin</b> <small>Brand of warfarin (circle)</small> <b>Marevan / Coumadin</b>				Dose	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg
Route	Target INR		Prescriber														
Prescriber name	Prescriber No.	Prescriber signature	Contact	Initial 1													
Indication	Pharmacy	Quantity	Repeats	Initial 2													
				Discharge required	Yes / No	Duration/ quantity		Prescriber signature									

### 1 Warfarin ordering section

The warfarin ordering section is printed in red as an extra alert to indicate that it is an anticoagulant (and a high-risk medicine.)

It is recommended that a copy of guidelines for anticoagulation using warfarin is available to assist the prescriber/pharmacist/nurse when a patient is commenced on warfarin. The guidelines should offer information about target INR, duration of therapy, dosing, management of excessive bleeding and drug interactions.

A standard dose time of 1600 hours (4pm) is recommended as this allows the medical team caring for the patient to order the next dose based on INR results, rather than leaving it for after-hours staff to do.

The indication and target INR (based on guidelines for anticoagulation using warfarin) should be included when warfarin is initially ordered.

For **each day of therapy**, the following information should be documented:

- INR result
- warfarin dose
- prescriber's initials
- initials of person that administers the dose and the person that checks the dose.

### 2 Warfarin education record

Because of the well documented risks associated with use of warfarin, all patients should participate in a structured initiation program and be given written information on warfarin, eg. a warfarin book.

This section is included as a record that these risk mitigation activities have been completed.

<b>Warfarin education record</b>	
Patient educated by: .....	
Sign: .....	
Date: .....	
Given warfarin book/information: .....	
Sign: .....	
Date: .....	

### 3 As required (PRN medicines)

#### Prescribing PRN medicines:

The prescriber **must** write:

- dose and hourly frequency  
PRN (pre-printed) alone is not sufficient
- route
- indication and maximum daily dose (i.e. maximum dose in 24 hours)  
e.g. Paracetamol 4g

The 'Max dose / 24 hours' prompt indicates the total amount of the medicine which may be administered in 24 hours for PRN doses **only**. The maximum daily dosage should not be exceeded for that PRN medicine.

#### Administering PRN medicines:

The actual dose given must be recorded. The person administering each dose is responsible for checking that the maximum daily dosage will not be exceeded. See the **NIMC User Guide** for more information, available at [www.safetyandquality.gov.au/our-work/medication-safety/medication-chart/](http://www.safetyandquality.gov.au/our-work/medication-safety/medication-chart/)

Date	Medicine (print generic name)	Date																		
Route	Dose	Hourly frequency	Max PRN dose/24 hrs	PRN																
Indication	Pharmacy	Quantity	Repeats																	
Prescriber signature	Print your name	Contact	Sign																	

### Attach ADR sticker

Allergies and adverse drug reactions (ADR)		
<input type="checkbox"/> Nil known <input type="checkbox"/> Unknown (tick appropriate box or complete details below)		
Medicine (or other)	Reaction / type / date	Initials
Sign .....	Print .....	Date .....

### Affix patient identification label here and overleaf

URN:	
Family name:	Not a valid prescription unless identifiers present
Given names:	
Address:	
Date of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
First prescriber to print patient name and check label correct: .....	
Weight (kg): .....	Height (cm): .....

### Medication chart instructions

Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(/Appropriate box)</small>	Dose time	Drug level												
Date	Medicine (print generic name)				Time level taken											
Route	Frequency		Prescriber	Dose												
Prescriber to enter dose time and individual dose			Contact	Time to be given												
Prescriber name	Prescriber No.	Prescriber signature	Repeats	Time given												
Indication	Pharmacy	Quantity	Discharge required	Yes / No	Duration/ quantity	Prescriber signature										

### 4 Variable dose medicines

This section has been formatted to facilitate ordering of medicines that require variable dosing based on laboratory test results or as a reducing protocol eg gentamicin and steroids. If these agents are ordered in the regular ordering section, then there is no designated area to record drug levels and if they are ordered in the "once-only" ordering section, the risk of omission errors is increased.

For **each day of therapy**, the following information should be documented:

- drug level results
- time drug level taken.

For **each dose**, the following information should be documented:

- dose
- prescriber's initials
- initials of the person who administers the dose (written in the row beginning with **Time to be given**)
- actual time of administration which may be different from the dose time (written in the **Time given** row).

If a patient requires a second variable dose medicine, or twice daily dosing, prescribe the second medicine or the second dose in a regular medicine space using the same format as in the Variable Dose Medicine section.

### 5 Recommended way of charting medicines to be given less frequently than daily

Regular medicines		Date and month	Administration times											
Year 20	05		1/03	2/03	3/03	4/03	5/03	6/03	7/03	8/03	9/03	10/03	11/03	
Patient Name	2nd	<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(/Appropriate box)</small>	0600	Drug level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine (use generic name) print		Dose	Time level											

### 6 Additional information

Commonly used and understood abbreviations	
Abbreviation	Meaning
PO	per oral / by mouth
NG	nasogastric
subling	sublingual
IV	intravenous injection
IM	intramuscular injection
subcut	subcutaneous
intrathecal	intrathecal
PR	per rectum
PV	per vagina
eye drop	eye drop
eye ointment	eye ointment
topical	topical
MA	metered aerosol
NEB	nebulised / nebuliser

Recommended administration times (guidelines only)							
Morning	Mane	0800					
Night	Nocte				1800	or 2000	
Twice a day	BD	0800	2000				
Three times a day	TDS	0800	1400	2000			
Four times a day	QID	0600	1200	1800	2200		
Six times a day	4 Hourly	0200	0600	1000	1400	1800	2200
Antibiotic 6 hourly	6 Hourly	0600	1200	1800	2400		
Antibiotic 8 hourly	8 Hourly	0600	1400	2200			





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## SECTION C

Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	<b>Dose time</b>	
Date	Medicine (print generic name)			
Route	Frequency	Prescriber to enter dose time and individual dose		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Medicare Australia/DVA copy – valid for use as PBS at:		Quantity	Repeats	

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication		Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication		Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication		Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	<b>Dose time</b>	
Date	Warfarin Brand of warfarin (circle) <b>Marevan / Coumadin</b>			
Route	Target INR		<b>1600 4pm</b>	
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication		Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication		Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication		Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication		Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication		Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication		Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Pharmacy prescription

Pharmacy prescription

Pharmacy prescription

Pharmacy prescription

Pharmacy prescription

Pharmacy prescription

Pharmacy prescription

Pharmacy prescription

Pharmacy prescription

Pharmacy prescription

# REMOVED AREA

## SECTION D

Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	<b>Dose time</b>	
Date	Medicine (print generic name)			
Route	Frequency	Prescriber to enter dose time and individual dose		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Pharmacist/patient copy – valid for use with PBS repeat authorisation			Quantity	Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication			Pharmacist/patient copy – valid for use with PBS repeat authorisation	Quantity
				Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication			Pharmacist/patient copy – valid for use with PBS repeat authorisation	Quantity
				Repeats
Mechanical prophylaxis				
Prescriber/NI signature		Print your name	Contact	

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication			Pharmacist/patient copy – valid for use with PBS repeat authorisation	Quantity
				Repeats

Pharmacy  
prescription

Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	<b>Dose time</b>	
Date	Warfarin Brand of warfarin (circle) <b>Marevan / Coumadin</b>			<b>1600</b>
Route	Target INR		<b>4pm</b>	
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication			Pharmacist/patient copy – valid for use with PBS repeat authorisation	Quantity
				Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication			Pharmacist/patient copy – valid for use with PBS repeat authorisation	Quantity
				Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication			Pharmacist/patient copy – valid for use with PBS repeat authorisation	Quantity
				Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication			Pharmacist/patient copy – valid for use with PBS repeat authorisation	Quantity
				Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication			Pharmacist/patient copy – valid for use with PBS repeat authorisation	Quantity
				Repeats

Pharmacy  
prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)		Route	Dose	Frequency
<input type="checkbox"/> Brand substitution not permitted		<small>Tick if slow release</small>		
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication			Pharmacist/patient copy – valid for use with PBS repeat authorisation	Quantity
				Repeats

Pharmacy  
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