

Affix patient identification label here

Attach ADR sticker

See front page for details

As required PRN medicines

URN:
Family name:
Given names:
Address:
Date of birth:
Sex: M F
First prescriber to print patient name and check label correct:

Weight (kg):
Date weighed:
Ward/unit:

Not a valid order unless legible

Table with 4 rows for medicine orders. Columns include Date, Medicine (print generic name), Route, Dose, Hourly frequency, Max PRN dose/24 hrs, Time, Pharmacy/additional information, Indication, Dose calculation (eg. mg/kg per dose), Route, Prescriber signature, Print your name, Contact/pager, Sign, Continue on discharge? Yes/No, Dispense? Yes/No, Duration: days Qty.

DO NOT WRITE IN THIS BINDING MARGIN

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Cut off section

Paediatric Medication chart number of

Facility/service:
Ward/unit:
Additional charts:
IV fluid, BGL/insulin, Acute pain, IV heparin, Inhalation, Palliative care, Chemotherapy, Other

Once only medicines table with columns: Date prescribed, Medicine (print generic name), Route, Dose, Dose calc eg. mg/kg per dose, Date/time to be given, Prescriber Signature, Print your name, Given by, Date/time given, Pharm

Telephone orders (to be signed within 24 hours of order) table with columns: Date time, Medicine (print generic name), Route, Dose, Dose calc eg. mg/kg per Dose, Frequency, Check initials N1 N2, Prescriber name, Pres. sign, Date, Record of administration Time/given by

Medicines taken prior to presentation to hospital (prescribed, over the counter, complementary) Own medicines brought in? Y N
Table with columns: Medicine and formulation, Dose and frequency, Duration, Medicine and formulation, Dose and frequency, Duration
GP:
Community pharmacy:
Sign: Print: Date: Medicines usually administered by:

Cut off section

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Affix patient identification label here and overleaf

Allergies and adverse drug reactions (ADR) form with fields for Nil known, Unknown, Medicine (or other), Reaction / type / date, and Initials.

Patient information fields: URN, Family name, Given names, Address, Date of birth, Sex (M/F).

Additional patient information: First prescriber to print patient name and check label correct, Weight (kg), Height (cm), BSA (m²), Date weighed, Gestational age at birth (wks).

Not a valid order unless legible

Regular medicines table with columns for Date, Medicine (print generic name), Route, Dose, Frequency and NOW enter times, Pharmacy/additional information, Indication, Dose calculation (eg. mg/kg per dose), Prescriber signature, Print your name, Contact/pager. Includes a 'Continue on discharge?' column.

Recommended administration times Guidelines only table with rows for Morning, Night, Twice a day, Three times a day, Regular 6 hourly, Regular 8 hourly, Four times a day and columns for various times.

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

Reason for not administering Codes MUST be circled table with options: Absent (A), Fasting (F), Refused—notify prescriber (R), Vomiting (V), On leave (L), Not available—obtain supply or contact prescriber (N), Withheld—enter reason in clinical record (W), Self administered (S), Parent/Carer administered (P).

Regular medicines table (right side) identical in structure to the left table, including Date, Medicine, Route, Dose, Frequency, Pharmacy, Indication, Dose calculation, Prescriber signature, and Print your name.