

The National Residential Medication Chart (NRM/C) is being developed by the Australian Commission on Safety and Quality in Health Care (the Commission) to facilitate the direct supply and claiming from a medication chart of most medicines under the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS), and to define national standards for medication charts in residential aged care.

This medication chart is part of the Phased Implementation of the NRM/C which is occurring in selected sites across New South Wales in 2013. The NRM/C Project is managed by the Health and Ageing (the Department) under the *Fifth Community Pharmacy Agreement* and governed by funding arrangements between the Department and the Commission.

Further information may be obtained at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au) or by emailing [NRM/C@safetyandquality.gov.au](mailto:NRM/C@safetyandquality.gov.au). To view relevant legislation refer to the National Health (Residential Medication Chart) Determination 2012 *National Health Act 1953*. [http://www.comlaw.gov.au/Details/F2012L01526/Html/Text#\\_Toc329083636](http://www.comlaw.gov.au/Details/F2012L01526/Html/Text#_Toc329083636)

## Further information

The information on this form, including your Medicare, Centrelink and/or Department of Veterans' Affairs number, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme (PBS) or the Repatriation Pharmaceutical Benefits Scheme (RPBS) and to determine payments due to approved suppliers. This information will also be

used to record details of an under co-payment prescription (where there is no entitlement to a payment of benefit under PBS or RPBS). With your consent, the PBS approved supplier or PBS Prescriber may store your details for use on future prescriptions. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed

to PBS Prescribers, the Department of Health and Ageing, Department of Veterans' Affairs, Centrelink, the Department of Human Services or as authorised or required by law. This information will be handled in accordance with the provisions in the *Privacy Act 1988* (Cth) (the **Privacy Act**).

## Privacy statement

# National Residential Medication Chart v.3

ALERT

Resident with similar name?

Y / N

Resident name				Insert photo  	
Preferred name					
Date of Birth	/ /	Gender	Photo date		/ /
URN/MRN		IHI			
RAC ID		RACF name			

CONSIDERATIONS

Swallowing difficulties Y / N

Cognitive impairment Y / N

Dexterity difficulties Y / N

Resistive to medicine Y / N

Nil by mouth Y / N

Self administers Y / N

Other Y / N

Details if Y to above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non packed medicines

PRIMARY GENERAL PRACTITIONER

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Out of hours \_\_\_\_\_

Prescriber number \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

PRESCRIBER details (if not primary GP)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Out of hours \_\_\_\_\_

Prescriber number \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

PRESCRIBER details (if not primary GP)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Out of hours \_\_\_\_\_

Prescriber number \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

ALERT: Complex medications

Variable dose Y / N

Insulin Y / N

Other Y / N (specify): \_\_\_\_\_

Chart commenced    /   /    Expiry date    /   /   

Review date    /   /    Maximum chart validity is 4 months from the date the chart is commenced

RACF Name \_\_\_\_\_

RACF Address \_\_\_\_\_

\_\_\_\_\_

Medicare number \_\_\_\_\_

Pension number \_\_\_\_\_

DVA number \_\_\_\_\_

PHARMACY

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Chart  of

Front page MUST be sent to pharmacy on each change

**! Allergies and Adverse Drug Reactions (ADR)** Y / Nil known

Drug (or other)	Reaction / type / date

Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALERT**  
Resident with similar name?  
**Y / N**

Resident name \_\_\_\_\_  
Preferred name \_\_\_\_\_  
Date of Birth / / Gender Photo date / /  
URN/MRN \_\_\_\_\_ IHI \_\_\_\_\_  
RAC ID \_\_\_\_\_ RACF name \_\_\_\_\_

Insert photo

Ⓜ Withheld (clinical reason) Ⓢ Sleeping ⓐ Contraindicated Ⓡ Refused ⓐ Absent Ⓝ Not available

**Nutritional supplement intake and weight monitoring (under 80kgs)**

**Start date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Stop date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Valid for duration of chart

OR

**Stop date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Nutritional supplement** \_\_\_\_\_

**Dose** \_\_\_\_\_

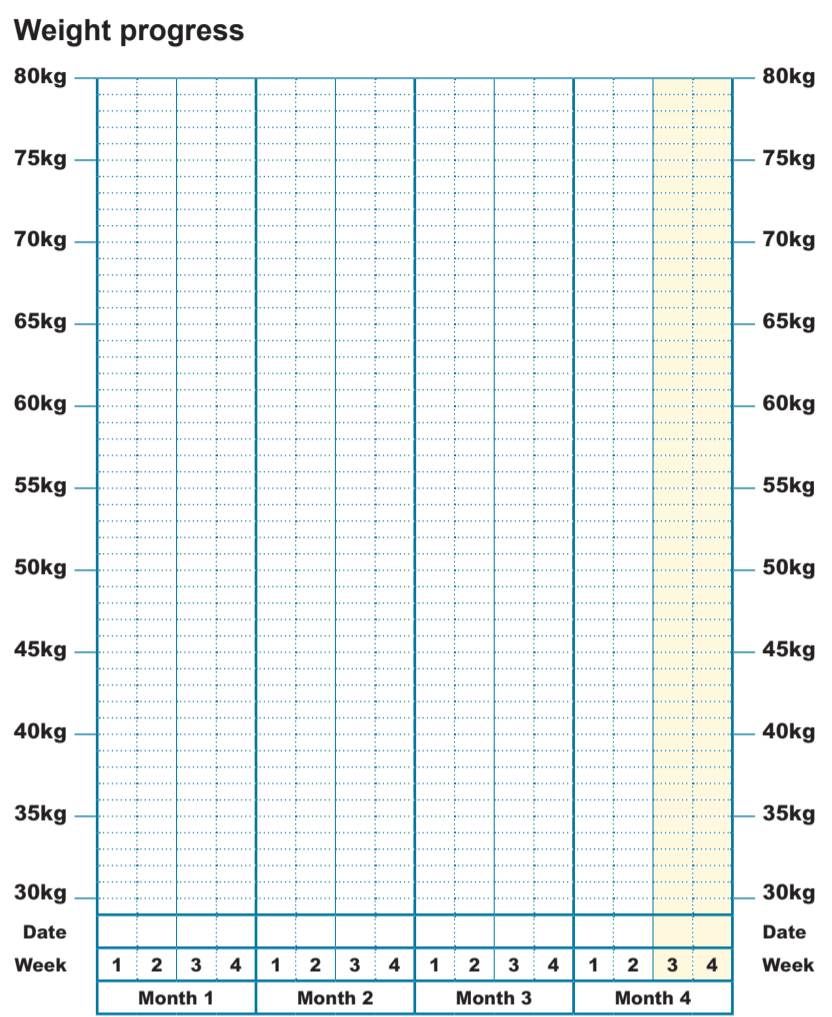
**Route** \_\_\_\_\_

**Frequency** \_\_\_\_\_

**Additional instructions** \_\_\_\_\_

PBS/RPBS  CTG   
Brand substitution not permitted

**Prescriber signature and name** \_\_\_\_\_  
Date of prescribing \_\_\_\_/\_\_\_\_/\_\_\_\_



**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nutritional supplement directions**  
(if ordered by dietician or registered nurse)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Intake**  
Enter amount of nutritional supplement taken per shift as morning/lunch ☀ and afternoon/evening 🌙.

For example, one cup = 1 serve; half a cup = ½ serve; one third cup = ⅓ serve.

**Weight progress**  
Plot weight on chart by using a dot to indicate weight progress.

**BMI** \_\_\_\_\_

**Review and evaluation**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

**Prescribing and administration**

**For prescribers**

**PBS/RPBS:** Strike through the option which does not apply. If private (non-PBS), strike out both PBS and RPBS.

**Brand substitution not permitted:** Indicate if the specified brand must be supplied by ticking the box.

**CTG:** Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait Islander people. If applicable, tick the box.

**Streamlined authority code:** write the 4 digit code in the spaces provided, where applicable. Streamlined authority codes are available at www.pbs.gov.au

**Remember:** Certain PBS/RPBS medicines will still require a written prescription from the prescriber, in addition to an order on the medication chart, including:

- all Authority required items requiring prior approval (including PBS/RPBS items with increased quantities and/or repeats)
- all items only available under special arrangements (Section 100)
- Controlled Drugs (Schedule 8 medicines).

**Commonly used abbreviations in aged care**

**Route**

**PO:** per oral (via the mouth e.g. tablets)

**PR:** per rectum (via the rectum e.g. suppository for constipation)

**topical:** per the skin (applied to the skin e.g. cream)

**subcut:** subcutaneous (an injection into the upper skin layers e.g. insulin)

**subling:** sublingual (under the tongue)

**NG:** nasogastric (via a specialised tubing inserted into the nose e.g. nutritional supplements)

**PEG:** percutaneous enteral gastrostomy (via a specialised tubing inserted into the stomach e.g. nutritional supplements)

**IM:** intramuscular (an injection into the muscle e.g. influenza vaccination)

**IV:** intravenous (a fluid inserted via an inserted line into a vein)

**Frequency (suggested times most commonly used in aged care)**

**mane:** morning (e.g. breakfast)

**nocte:** night (e.g. dinner)

**bd:** twice per day (e.g. breakfast and dinner)

**tds:** three times per day (e.g. breakfast, lunch and dinner)

**qid:** four times per day (e.g. breakfast, lunch, dinner and bed time)

**The six rights of medicine administration**

- 1 Right resident
- 2 Right medicine
- 3 Right dose
- 4 Right time
- 5 Right route
- 6 Right documentation

**Abbreviations when medicine not administered**

Ⓜ Withheld (clinical reason)

Ⓢ Sleeping

ⓐ Contraindicated

Ⓡ Refused

ⓐ Absent

Ⓝ Not available

Ⓜ Withheld (clinical reason) Ⓢ Sleeping ⓐ Contraindicated Ⓡ Refused ⓐ Absent Ⓝ Not available

**! Allergies and Adverse Drug Reactions (ADR)** Y / Nil known

Drug (or other)	Reaction / type / date

Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALERT**  
Resident with similar name?  
**Y / N**

Resident name \_\_\_\_\_  
Preferred name \_\_\_\_\_  
Date of Birth / / Gender Photo date / /  
URN/MRN \_\_\_\_\_ IHI \_\_\_\_\_  
RAC ID \_\_\_\_\_ RACF name \_\_\_\_\_

Insert photo



# Medical practitioner checklist



## 1 Resident Identification Panel

<b>! Allergies and Adverse Drug Reactions (ADR)</b> Y / Nil known	
Drug (or other)	Reaction / type / date
Sign	Date

<b>ALERT</b>	Resident name John Richard Brown
Resident with similar name?	Preferred name John
Y / N	Date of Birth 07/01/1913 Gender M Photo date 02/08/13
	DRN/MRN L979797 IHI 289897248602
	RAC ID 04123 RACF name

These fields **MUST** be completed for the NRMCM to be a valid prescription. This is often pre populated by the aged care facility.

## 2 Medical Practitioner Information

<b>PRIMARY GENERAL PRACTITIONER</b>	
Name	Dr Joseph Smith
Address	123 Apple Avenue, Moree NSW 2063
Phone	9123 4567 Fax 9123 4568
Out of hours	9123 4569
Prescriber number	X122334456
Email	namesurname@healthservice.com.au
Signature	Joseph Smith

These fields **MUST** be completed to be a valid prescription. This is often pre populated by the aged care facility.

Each chart **MUST** be signed by the prescriber.

## 3 Essential Prescription Fields required for a valid prescription

All fields circled in **RED** must be completed by a medical practitioner to enable a pharmacist to supply and claim for a PBS/RPBS medicine.

All fields circled in **GREEN** are to be completed by the medical practitioner where applicable.

The medical practitioner **MUST** fill a start and indicate a stop start date by either ticking the valid for duration of chart or a stop date.

<b>Start date</b> 01/01/13	<b>1. Medicine/form/strength</b> Zovirax Suspension	Dose 5ml	<input checked="" type="checkbox"/> Non packed
<b>Stop date</b> <input checked="" type="checkbox"/> Valid for duration of chart		Route P-0	
<b>OR</b>	<b>Additional instructions</b> 200mg/5ml	Frequency BD	<input checked="" type="checkbox"/> Streamlined authority code 3632
<b>Stop date</b> _/_/		PBS/RPBS CTG <input type="checkbox"/>	
Prescriber signature and name Joseph Smith		Date of prescribing 26/12/12	

The medical practitioner **MUST** write legibly the dose, route, frequency and strength as well as the medicine name as indicated in the prescription box.

The medical practitioner **MUST** complete the four digit streamlined authority code for medicines to be supplied as Authority Required STREAMLINED.

The medical practitioner **MUST** complete this box.

## Nutritional supplements daily intake record

Month 1:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																		
Date →		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start weight		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	
		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	

Month 2:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																		
Date →		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start weight		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	
		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	

Month 3:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																		
Date →		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start weight		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	
		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	

Month 4:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																		
Date →		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start weight		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	
		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	

New chart required within 2 weeks

# Regular medicine

Month 1: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**Sign in this section for multi-dose administration (eg. multi-dose packs)**

Date Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Breakfast																																
Lunch																																
Dinner																																
Bed time																																

**Sign in this section for individual medicine administration**

**Start date**

**Stop date**  Valid for duration of chart

**OR**

**Stop date**

**1. Medicine/form/strength** \_\_\_\_\_

**Dose** \_\_\_\_\_

**Route** \_\_\_\_\_

**Frequency** \_\_\_\_\_

**Additional instructions** \_\_\_\_\_

PBS/RPBS  Streamlined authority code

CTG  Brand substitution not permitted

**Prescriber signature and name** \_\_\_\_\_

Date of prescribing

Date Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Non packed																																

Prescription 2 on next page

# Insulin PRN (as required) medicine

**Start date**

**Stop date**  Valid for duration of chart

**OR**

**Stop date**

**Medicine/form/strength** \_\_\_\_\_

**Dose** \_\_\_\_\_ units

**Route** \_\_\_\_\_

**Time** \_\_\_\_\_

Max dose / 24 hr \_\_\_\_\_

PBS/RPBS

CTG

**Prescriber signature and name** \_\_\_\_\_

Date of prescribing

Date	Time	Dose	Initial	Effective	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Date																																				
Time																																				
Dose		units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	
Initial																																				
Effective		Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	

**Start date**

**Stop date**  Valid for duration of chart

**OR**

**Stop date**

**Medicine/form/strength** \_\_\_\_\_

**Dose** \_\_\_\_\_ units

**Route** \_\_\_\_\_

**Time** \_\_\_\_\_

Max dose / 24 hr \_\_\_\_\_

PBS/RPBS

CTG

**Prescriber signature and name** \_\_\_\_\_

Date of prescribing

Date	Time	Dose	Initial	Effective	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Date																																				
Time																																				
Dose		units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	
Initial																																				
Effective		Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	



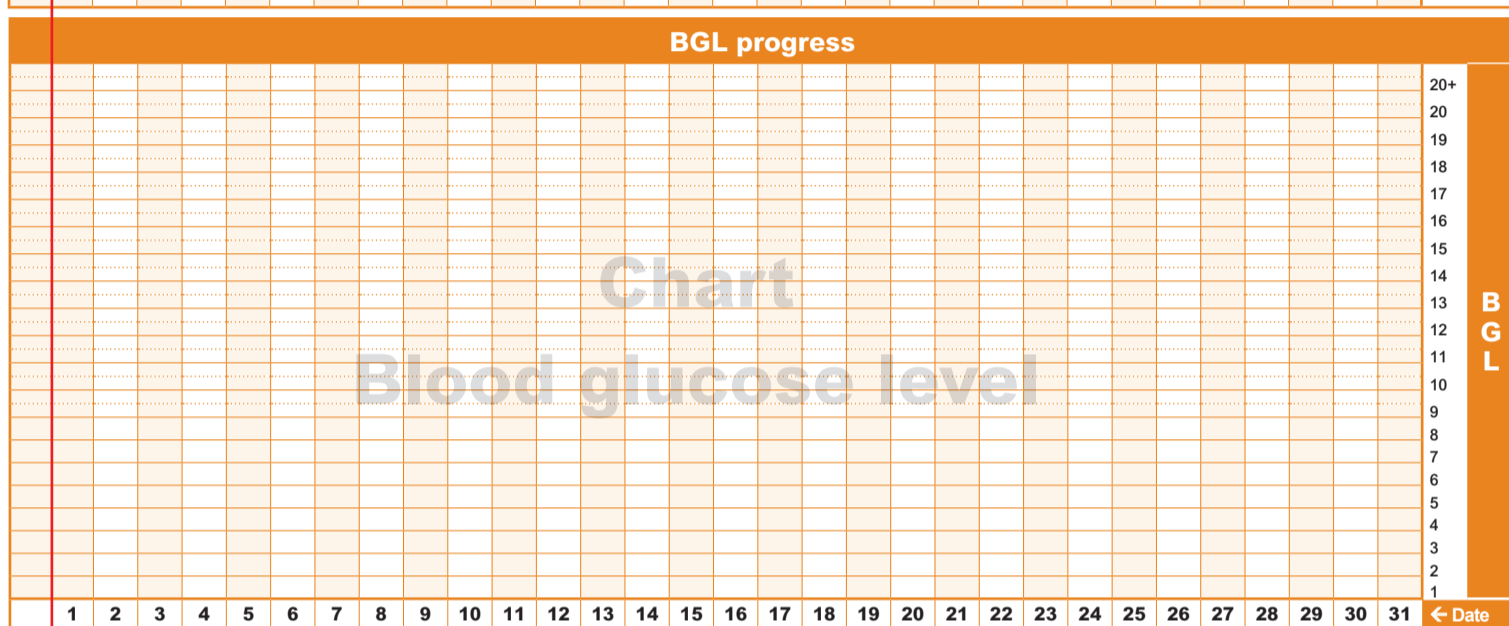
Month 2:																														
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec																														
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Month 2																														
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Month 2																														

Each prescribing box below is to be used for one insulin dose-time only

Month 4:																																					
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec																																					
Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date					
<b>Start date</b> ___/___/___	<b>Medicine/form/strength</b> _____ <b>Insulin order</b>		Dose		<b>Time</b> _____	<input type="checkbox"/> Non packed																															<b>Time</b>
			units																																		<b>Dose</b>
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>PBS/RPBS</b> CTG <input type="checkbox"/>		Route		<b>Initial 1</b> _____	Insulin administration																														<b>Initial 1</b>	
			Time																																	<b>Initial 2</b>	
Prescriber signature and name _____		Date of prescribing																																<b>Initial 2</b>			
Date of prescribing ___/___/___																																					
<b>Start date</b> ___/___/___	<b>Medicine/form/strength</b> _____ <b>Insulin order</b>		Dose		<b>Time</b> _____	<input type="checkbox"/> Non packed																															<b>Time</b>
			units																																		<b>Dose</b>
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>PBS/RPBS</b> CTG <input type="checkbox"/>		Route		<b>Initial 1</b> _____	Insulin administration																														<b>Initial 1</b>	
			Time																																	<b>Initial 2</b>	
Prescriber signature and name _____		Date of prescribing																																<b>Initial 2</b>			
Date of prescribing ___/___/___																																					
<b>Start date</b> ___/___/___	<b>Medicine/form/strength</b> _____ <b>Insulin order</b>		Dose		<b>Time</b> _____	<input type="checkbox"/> Non packed																															<b>Time</b>
			units																																		<b>Dose</b>
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>PBS/RPBS</b> CTG <input type="checkbox"/>		Route		<b>Initial 1</b> _____	Insulin administration																														<b>Initial 1</b>	
			Time																																	<b>Initial 2</b>	
Prescriber signature and name _____		Date of prescribing																																<b>Initial 2</b>			
Date of prescribing ___/___/___																																					

Check for PRN dose

Month 4:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date											
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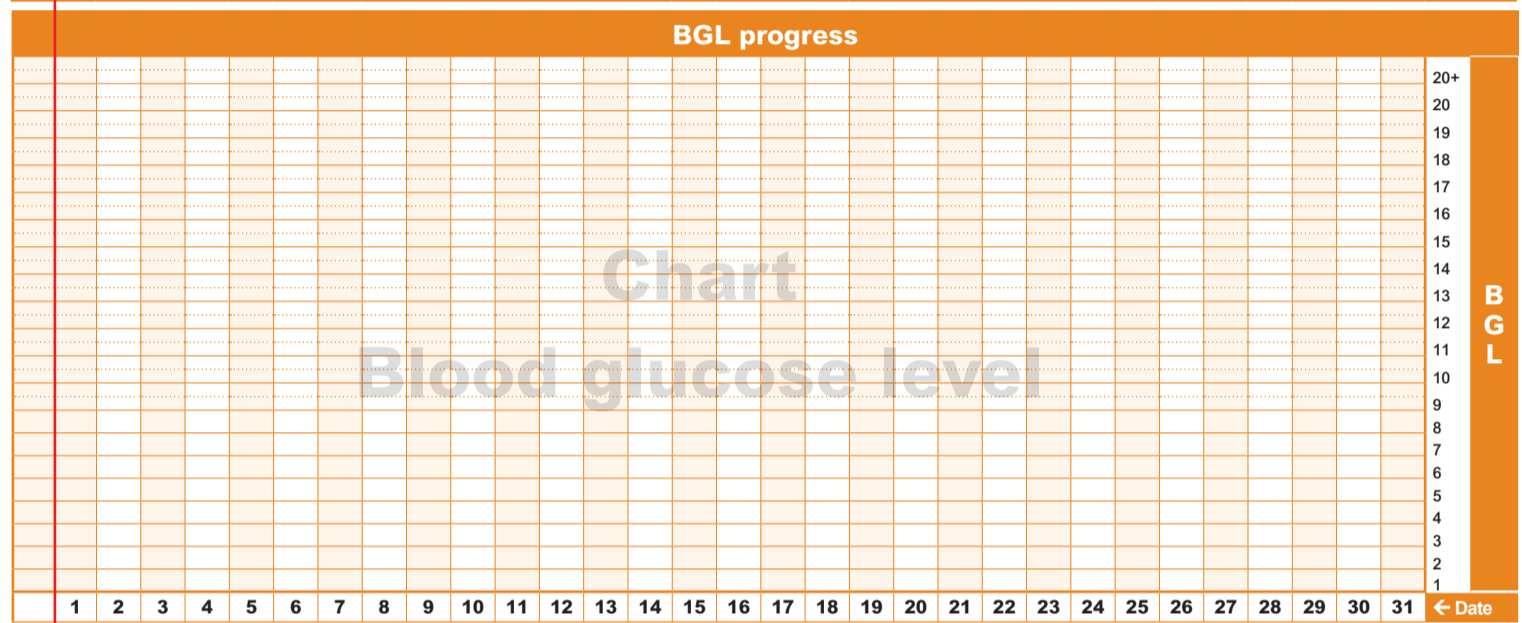
Month 2:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31												
Month 2																																										
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Month 2																																										

Month 3:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Month 3:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Insulin administration																															Time											
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Insulin administration																															Initial 2											
Insulin administration																															Time											
Insulin administration																															Dose											
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Insulin administration																															Initial 2											



Month 3:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date												
													Blood glucose level													Time																	
													Blood glucose level													BGL																	
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Month 3:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date												
Month 3																																											
Month 3																																											

Month 4:																	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 4																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 4																														

New chart required within 2 weeks

Month 2:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date											
																															Time											
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Insulin administration																															Initial 1											
																															Initial 2											
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units units																															Dose											
Insulin administration																															Initial 1											
																															Initial 2											
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units units																															Dose											
Insulin administration																															Initial 1											
																															Initial 2											

Month 2:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date												
													Blood glucose level													Time																	
													BGL													BGL																	
													Blood glucose level													Time																	
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													Blood glucose level													Time																	
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BGL progress																																											
Chart																																											
Blood glucose level																																											
BGL																																											
20+																																											
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Regular medicine

Month 4: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**2**

2. Medicine/form/strength

Dose

Route

Frequency

Additional instructions

PBS/RPBS Streamlined authority code

CTG  Brand substitution not permitted

Prescriber signature and name

Date of prescribing \_\_\_/\_\_\_/\_\_\_

Date Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Non packed	Month 4																														

**3**

3. Medicine/form/strength

Dose

Route

Frequency

Additional instructions

PBS/RPBS Streamlined authority code

CTG  Brand substitution not permitted

Prescriber signature and name

Date of prescribing \_\_\_/\_\_\_/\_\_\_

Date Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Non packed	Month 4																														

Prescription 4 on next page

New chart required within 2 weeks





**BGL instructions**

Frequency \_\_\_\_\_

Contact prescriber if BGL above \_\_\_\_\_ mmols  
 Contact prescriber if BGL below \_\_\_\_\_ mmols

Prescriber signature \_\_\_\_\_

**BGL recording**

Write the time taken and the BGL in the space provided under the correct date. You may record up to 3 BGLs per day if required by prescriber.

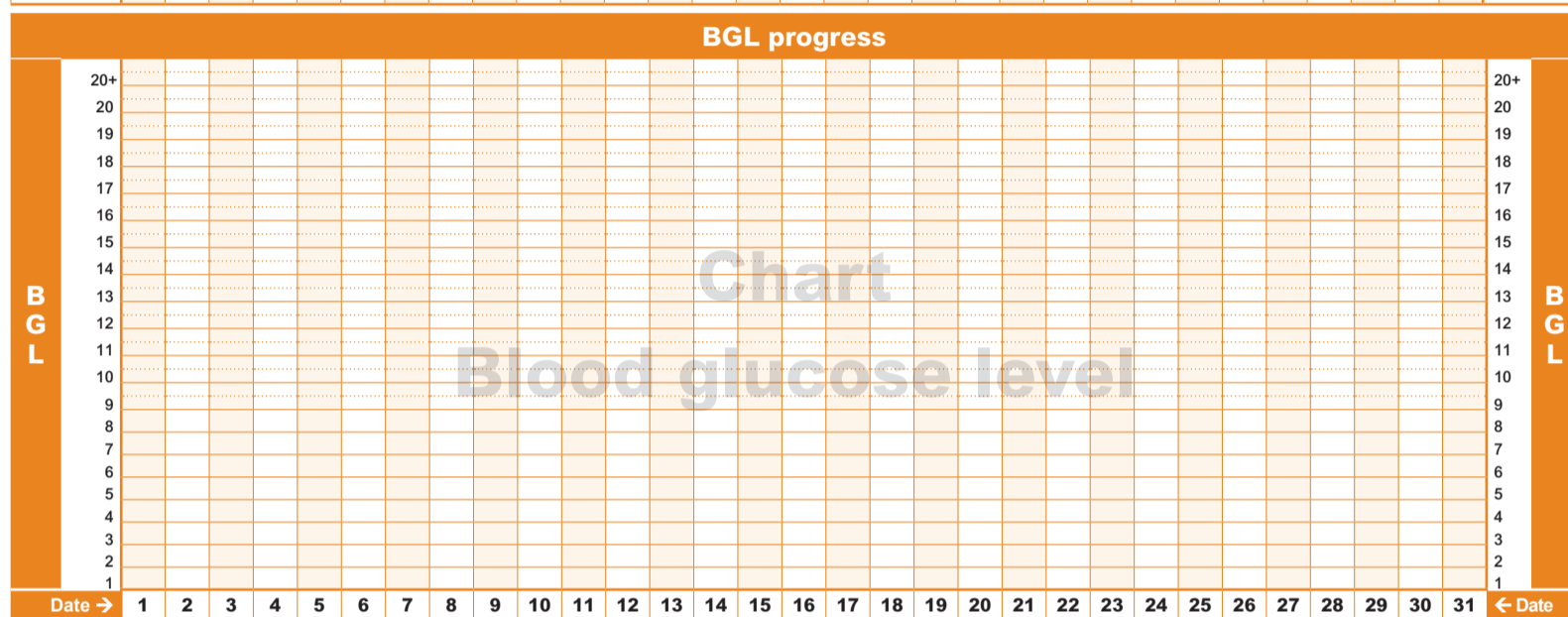
**BGL progress**

Plot BGL on chart by using a dot to indicate BGL progress. You may plot up to three BGLs per day if required.

**Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Month 1:		Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			
Date →		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date					
<b>Time</b>																																		<b>Time</b>				
<b>BGL</b>																																		<b>BGL</b>				
<b>Time</b>																																		<b>Time</b>				
<b>BGL</b>																																		<b>BGL</b>				
<b>Time</b>																																		<b>Time</b>				
<b>BGL</b>																																		<b>BGL</b>				



Month 1:		Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			
Date →		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date					

Month 2:																															
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 2																															
Month 2																															

Month 2:																															
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec															
Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Pathology result																															
Dose prescribed																															
Dose given																															
Time																															
Initial 1																															
Initial 2																															

Month 3:																															
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec															
Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Pathology result																															
Dose prescribed																															
Dose given																															
Time																															
Initial 1																															
Initial 2																															

Month 4:																															
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec															
Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Pathology result																															
Dose prescribed																															
Dose given																															
Time																															
Initial 1																															
Initial 2																															

New chart required within 2 weeks



## Variable dose medicine\* (not insulin) e.g. Warfarin



**\* This page to be used to prescribe different strengths of ONE medicine only**

<b>Start date</b> _/_/	<b>Medicine/form/strength</b>  <b>Variable dose order</b>	<b>Dose</b> _	<b>Non packed</b>
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart		<b>Route</b> _	
<b>OR</b> <b>Stop date</b> _/_/		<b>Frequency</b> _	
<b>Additional instructions</b> _			
PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>		
<b>Prescriber signature and name</b> Date of prescribing _/_/			

<b>Start date</b> _/_/	<b>Medicine/form/strength</b>  <b>Variable dose order</b>	<b>Dose</b> _	<b>Non packed</b>
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart		<b>Route</b> _	
<b>OR</b> <b>Stop date</b> _/_/		<b>Frequency</b> _	
<b>Additional instructions</b> _			
PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>		
<b>Prescriber signature and name</b> Date of prescribing _/_/			

<b>Start date</b> _/_/	<b>Medicine/form/strength</b>  <b>Variable dose order</b>	<b>Dose</b> _	<b>Non packed</b>
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart		<b>Route</b> _	
<b>OR</b> <b>Stop date</b> _/_/		<b>Frequency</b> _	
<b>Additional instructions</b> _			
PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>		
<b>Prescriber signature and name</b> Date of prescribing _/_/			

### Instructions

Pathology frequency  
\_\_\_\_\_

Contact prescriber if pathology results are outside range of \_\_\_\_\_

Contact prescriber if result is above \_\_\_\_\_

Contact prescriber if result is below \_\_\_\_\_

Prescriber signature  
\_\_\_\_\_

	Month 1:					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec														
Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Pathology result																															
<b>Dose prescribed</b>																															
<b>Dose given</b>																															
Time																															
Initial 1																															
Initial 2																															

	Month 2:												Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**Month 3:**

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month 3

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month 3

 Phone order



Medicine .....	Dose	Reason ordered	Additional instructions		Date						
	Route				Time						
	Frequency				Dose						
Start date	___/___/___	Signature 1	Date	___/___/___	Initial						
Strength .....	Stop date	___/___/___	Signature 2	Date	___/___/___	Date					
Prescriber name	Prescriber signature		Date	___/___/___	Time						
					Dose						
					Initial						

Medicine .....	Dose	Reason ordered	Additional instructions		Date						
	Route				Time						
	Frequency				Dose						
Start date	___/___/___	Signature 1	Date	___/___/___	Initial						
Strength .....	Stop date	___/___/___	Signature 2	Date	___/___/___	Date					
Prescriber name	Prescriber signature		Date	___/___/___	Time						
					Dose						
					Initial						

Medicine .....	Dose	Reason ordered	Additional instructions		Date						
	Route				Time						
	Frequency				Dose						
Start date	___/___/___	Signature 1	Date	___/___/___	Initial						
Strength .....	Stop date	___/___/___	Signature 2	Date	___/___/___	Date					
Prescriber name	Prescriber signature		Date	___/___/___	Time						
					Dose						
					Initial						





# Phone order



Medicine	Dose	Reason ordered	Date																		
	Route		Additional instructions	Time																	
	Frequency			Date																	
Strength	Start date	Signature 1	Date	___/___/___																	
	Stop date	Signature 2	Date	___/___/___																	
Prescriber name			Prescriber signature	Date	___/___/___																

Medicine	Dose	Reason ordered	Date																		
	Route		Additional instructions	Time																	
	Frequency			Date																	
Strength	Start date	Signature 1	Date	___/___/___																	
	Stop date	Signature 2	Date	___/___/___																	
Prescriber name			Prescriber signature	Date	___/___/___																

Medicine	Dose	Reason ordered	Date																		
	Route		Additional instructions	Time																	
	Frequency			Date																	
Strength	Start date	Signature 1	Date	___/___/___																	
	Stop date	Signature 2	Date	___/___/___																	
Prescriber name			Prescriber signature	Date	___/___/___																

<b>Month 3:</b>																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31												
Month 3																																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31												
Month 3																																										

Month 4:																		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 4																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 4																															

New chart required within 2 weeks page 18

 **Nurse initiated medicine** 

Medicine ..... .....	Dose	Date																													
		Time																													
		Dose																													
Indication ..... .....	Route	Initial																													
		Date																													
		Time																													
Date _/_/_	RN signature and name	Frequency	Dose																												
			Initial																												
Medicine ..... .....			Dose	Date																											
	Time																														
	Dose																														
Indication ..... .....	Route	Initial																													
		Date																													
		Time																													
Date _/_/_	RN signature and name	Frequency	Dose																												
			Initial																												
Medicine ..... .....			Dose	Date																											
	Time																														
	Dose																														
Indication ..... .....	Route	Initial																													
		Date																													
		Time																													
Date _/_/_	RN signature and name	Frequency	Dose																												
			Initial																												





# Regular medicine

## Month 1:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

<b>Start date</b> ___/___/___ <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>8. Medicine/form/strength</b>  <b>Additional instructions</b>	Dose  Route  Frequency	<input type="checkbox"/> Non packed	Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
				Times ↓																																
PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>																																				
<b>Prescriber signature and name</b> Date of prescribing ___/___/___																																				

<b>Start date</b> ___/___/___ <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>9. Medicine/form/strength</b>  <b>Additional instructions</b>	Dose  Route  Frequency	<input type="checkbox"/> Non packed	Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
				Times ↓																																
PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>																																				
<b>Prescriber signature and name</b> Date of prescribing ___/___/___																																				

Prescription 10 on next page



# PRN (as required) medicine

<b>Start date</b> ___/___/___ <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>Medicine/form/strength</b>  <b>Indication</b>  Max dose / 24 hr _____	Dose  Route  Frequency	<input type="checkbox"/> Non packed	Date																																		
				Time																																		
PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>				Date																																		
<b>Prescriber signature and name</b> Date of prescribing ___/___/___				Time																																		
				Dose																																		
				Initial																																		
				Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
				Date																																		
				Time																																		
				Dose																																		
				Initial																																		
				Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N



# PRN (as required) medicine



<b>Start date</b> _/_/	<b>Medicine/form/strength</b> ..... .....	<b>Dose</b> .....	<input type="checkbox"/> <b>Non packed</b>	Date															
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart <b>OR</b> <b>Stop date</b> _/_/				<b>Route</b> .....	Dose														
	<b>Indication</b> ..... .....	<b>Frequency</b> .....		Initial															
				<b>Max dose / 24 hr</b> .....	Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>PBS/RPBS</b> CTG <input type="checkbox"/>	<b>Streamlined authority code</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Brand substitution not permitted</b> <input type="checkbox"/>		Date															
<b>Prescriber signature and name</b> Date of prescribing _/_/				Time															
				Dose															
				Initial															
				Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

<b>Start date</b> _/_/	<b>Medicine/form/strength</b> ..... .....	<b>Dose</b> .....	<input type="checkbox"/> <b>Non packed</b>	Date															
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart <b>OR</b> <b>Stop date</b> _/_/				<b>Route</b> .....	Dose														
	<b>Indication</b> ..... .....	<b>Frequency</b> .....		Initial															
				<b>Max dose / 24 hr</b> .....	Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<b>PBS/RPBS</b> CTG <input type="checkbox"/>	<b>Streamlined authority code</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Brand substitution not permitted</b> <input type="checkbox"/>		Date															
<b>Prescriber signature and name</b> Date of prescribing _/_/				Time															
				Dose															
				Initial															
				Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

<b>Month 1:</b>																														
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 1																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 1																														

Month 2:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 2																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 2																														



Short term medicine

Month:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Start date _/_/_	Medicine/form/strength	Dose	Date →	Times ↓									
Stop date _/_/_	Additional instructions	Route											
		Frequency											
PBS/RPBS CTG <input type="checkbox"/>	Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>											
Prescriber signature and name													
Date of prescribing _/_/_													

Month:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Start date _/_/_	Medicine/form/strength	Dose	Date →	Times ↓									
Stop date _/_/_	Additional instructions	Route											
		Frequency											
PBS/RPBS CTG <input type="checkbox"/>	Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>											
Prescriber signature and name													
Date of prescribing _/_/_													



# Short term medicine



			Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec												
Start date _/_/	Medicine/form/strength	Dose	Date → Times ↓												
		Route													
Stop date _/_/	Additional instructions	Frequency													
PBS/RPBS		Streamlined authority code													
CTG	Brand substitution not permitted														
Prescriber signature and name															
Date of prescribing _/_/															

			Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec												
Start date _/_/	Medicine/form/strength	Dose	Date → Times ↓												
		Route													
Stop date _/_/	Additional instructions	Frequency													
PBS/RPBS		Streamlined authority code													
CTG	Brand substitution not permitted														
Prescriber signature and name															
Date of prescribing _/_/															

Month 2:																														
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 2																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 2																														

Month 3:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 3																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 3																														



### Short term medicine

Month:			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Start date</b> / /	<b>Medicine/form/strength</b> ..... .....	<b>Dose</b>  	<b>Date →</b> <b>Times ↓</b>											
<b>Stop date</b> / /	<b>Additional instructions</b> ..... .....	<b>Route</b>  <b>Frequency</b>  												
PBS/RPBS <input type="checkbox"/>	Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>												
<b>Prescriber signature and name</b> Date of prescribing __/__/__														
<b>Non packed</b>														

Month:			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Start date</b> / /	<b>Medicine/form/strength</b> ..... .....	<b>Dose</b>  	<b>Date →</b> <b>Times ↓</b>											
<b>Stop date</b> / /	<b>Additional instructions</b> ..... .....	<b>Route</b>  <b>Frequency</b>  												
PBS/RPBS <input type="checkbox"/>	Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>												
<b>Prescriber signature and name</b> Date of prescribing __/__/__														
<b>Non packed</b>														





# Short term medicine



			Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec												
<b>Start date</b> _/_/____	<b>Medicine/form/strength</b> .....	<b>Dose</b> .....	<b>Date →</b> <b>Times ↓</b>												
<b>Stop date</b> _/_/____	<b>Additional instructions</b> .....	<b>Route</b> .....													
		<b>Frequency</b> .....													
PBS/RPBS <input type="checkbox"/>	Streamlined authority code <input type="checkbox"/>														
CTG <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>														
<b>Prescriber signature and name</b> Date of prescribing _/_/____															

			Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec												
<b>Start date</b> _/_/____	<b>Medicine/form/strength</b> .....	<b>Dose</b> .....	<b>Date →</b> <b>Times ↓</b>												
<b>Stop date</b> _/_/____	<b>Additional instructions</b> .....	<b>Route</b> .....													
		<b>Frequency</b> .....													
PBS/RPBS <input type="checkbox"/>	Streamlined authority code <input type="checkbox"/>														
CTG <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>														
<b>Prescriber signature and name</b> Date of prescribing _/_/____															

Month 3: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 3																														
Month 3																														

Month 4:																	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 4																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 4																															

New chart required within 2 weeks

 Regular medicine

Month 4:																	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
Date Times →		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 4																																
Date Times →		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 4																																

**10. Medicine/form/strength** 10

Start date: \_\_\_/\_\_\_/\_\_\_

Stop date: \_\_\_/\_\_\_/\_\_\_

Valid for duration of chart

OR

Stop date: \_\_\_/\_\_\_/\_\_\_

Dose: \_\_\_\_\_

Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

PBS/RPBS  Streamlined authority code

CTG  Brand substitution not permitted

Prescriber signature and name: \_\_\_\_\_

Date of prescribing: \_\_\_/\_\_\_/\_\_\_

**11. Medicine/form/strength** 11

Start date: \_\_\_/\_\_\_/\_\_\_

Stop date: \_\_\_/\_\_\_/\_\_\_

Valid for duration of chart

OR

Stop date: \_\_\_/\_\_\_/\_\_\_

Dose: \_\_\_\_\_

Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

PBS/RPBS  Streamlined authority code

CTG  Brand substitution not permitted

Prescriber signature and name: \_\_\_\_\_

Date of prescribing: \_\_\_/\_\_\_/\_\_\_

Check if resident has another medication chart

New chart required within 2 weeks