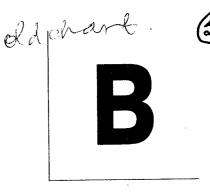
FAM002127-0001





## PRESCRIPTION SHEET

for the safety of the patient

## DOCTOR

- 1. Use approved names, BLOCK LETTERS, and metric dosage.
- 2. Be specific in indicating the timing and route:-
  - (a) For regular prescriptions tick ( $\checkmark$ ) the appropriate boxes and indicate time in blank space.
  - (b) For drugs which are likely to have frequently changing doses, use the section at "Daily Review Prescriptions" on back of sheet.
- 3. Any CHANGES in your drug therapy MUST be ordered by a NEW PRESCRIPTION: do NOT alter existing instructions.
- 4. Discontinue a drug by clearly crossing out the discontinued drugs (viz TETRACYCLINE) draw line through the unused recording panels and sign in with full name.
- 5. Prescribe INFUSION THERAPY and any drugs to be added on the INFUSION CHART.
- 6. Take home drugs will be written up on form MR15 which then will be placed in the appointment and prescription record card.
- 7. All prescriptions must be signed in full.
- 8. The following should be used to indicate route.

Subcutaneous
Intramuscular
Intravenous
Sublingual

9. Put date prescription needs to be reviewed in "review" box of Regular Prescription Section.

## NURSE

- 1. Initial the administration in the appropriate box. (This must be done by the Senior Nurse).
- 2. Check all sections to avoid omission.
- 3. Use the top continuation sheet only for recording administration.
- 4. If a dose is missed write "X" in the box and give the reason in the Exceptions to Prescribed Orders.

If for some reason **all** the drugs prescribed for a certain time are not given, e.g. patient fasting, patient absent, there is no need to itemise each drug. Enter date, time and write **ALL** in name and dose column.

ADDITIONAL CHARTS	ANTICOAGULATION	
	INTRAVENOUS FLUIDS	
	INTRAVENOUS INFUSIONS	
	······································	