



old chart (56)
B

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 (✓) 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 TETRAZ~~Y~~CYCLINE) 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.
 - S.C. Subcutaneous
 - I.M. Intramuscular
 - I.V. Intravenous
 - Sub Ling Sublingual
 - Intrathecal
 - Oral
 - Rectal
 - Topical
 - P.V. - per vaginum
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	