



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 Prescription on back of sheet.
3. Any CHANGES in your drug therapy MUST be ordered by a NEW PRESCRIPTION: do NOT alter existir instructions.
4. Discontinue a drug by clearly crossing out the discontinued drugs (viz TETRAZCYCLINE) draw line through th 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 prescriptic 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, ther 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	

REGULAR PRESCRIPTION				Administration Record													
				FIX CONTINUATION MR 411 (C) HERE													
19	Month	→		APRIL			MAY										
	Date	→		26	27	28	29	30	1	2	3						
DRUG (Approved Name)				Time													
metformin				0800													
Route	Dose	Start Date	Pharm.														
oral	500mg	26/4/19															
SIGNATURE				1800													
DRUG (Approved Name)				Time													
gabapentin				0800													
Route	Dose	Start Date	Pharm.														
oral	1500	26/4/19															
SIGNATURE				1800													
DRUG (Approved Name)				Time													
fluoxetine				0800													
Route	Dose	Start Date	Pharm.														
oral	20mg	26/4/19															
SIGNATURE																	
DRUG (Approved Name)				Time													
Aspirin				0800													
Route	Dose	Start Date	Pharm.														
oral	100	26/4/19															
SIGNATURE																	
DRUG (Approved Name)				Time													
Amoxicillin				1800													
Route	Dose	Start Date	Pharm.														
oral	250mg	26/4/19															
SIGNATURE																	
DRUG (Approved Name)				Time													
Simvastatin				0800													
Route	Dose	Start Date	Pharm.														
oral	20mg	26/4/19															
SIGNATURE																	

REGULAR PRESCRIPTION				TURN OVER FOR DAILY REVIEW PRESCRIPTIONS Administration Record FIX CONTINUATION MR 411 (C) HERE												
19 Month \longrightarrow				April												
Date \longrightarrow				26 27 28 29												
DRUG (Approved Name)			Time													
ENTRACRIL 200			✓													
Route	Dose	Start Date	Pharm.													
oral	1/2	26/2/99	0800	✗												
Review Date																
SIGNATURE				1800	b											
[Signature]																
DRUG (Approved Name)			Time													
FURAZEDONE 50																
Route	Dose	Start Date	Pharm.													
oral	100	26/2/99	0800	✗												
Review Date																
SIGNATURE																
[Signature]																
DRUG (Approved Name)			Time													
VALPROIC ACID 40-200			12.15													
Route	Dose	Start Date	Pharm.													
SC	in 200	27/2/99	40 mg	ME												
Review Date																
SIGNATURE																
[Signature]																
DRUG (Approved Name)			Time													
MURAZOLAM 40-80mg			12.15													
Route	Dose	Start Date	Pharm.													
SC	in 200	27/2/99	40 mg	ME												
Review Date																
SIGNATURE																
[Signature]																
DRUG (Approved Name)			Time													
Route	Dose	Start Date	Pharm.													
Review Date																
SIGNATURE																
[Signature]																
DRUG (Approved Name)			Time													
Route	Dose	Start Date	Pharm.													
Review Date																
SIGNATURE																
[Signature]																

