

## Medicines Administration Chart

Patient First Name:

Hospital No:

NHS No.:

Ward:

Patient Second Name:

DOB:

Allergies:

Consultant:

New Chart Started by:

Date new chart started:

Sensitivities:

<b>REGULAR SCHEDULED MEDICATIONS</b>									
DRUG DOSE, ROUTE & FREQUENCY/RATE Prescriber	Start date	Time	Month / Year: Enter date of administration below						
Drug Name: Dose: Form: Route: Frequency:	Prescriber signature: Date of prescription: Time Prescribed:								
Drug Name: Dose: Form: Route: Frequency:	Prescriber signature: Date of prescription: Time Prescribed:								
Drug Name: Dose: Form: Route: Frequency:	Prescriber signature: Date of prescription: Time Prescribed:								
Drug Name: Dose: Form: Route: Frequency:	Prescriber signature: Date of prescription: Time Prescribed:								

[+] - Order Notes exist    \*\* The order is suspended for all or part of the period included in the chart.

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Patient First Name:

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Consultant:

Prescribed by:

Sensitivities:

DRUG DOSE, ROUTE & FREQUENCY/RATE Prescriber <span style="float: right;">Start date/time</span>	<b><u>ONCE ONLY AND PREMEDICATION DRUGS</u></b>								
Drug Name: _____ Dose: _____ Form: _____ Route: _____	Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
		Time							
		Dose							
		Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____	Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
		Time							
		Dose							
		Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____	Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
		Time							
		Dose							
		Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____	Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
		Time							
		Dose							
		Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____	Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
		Time							
		Dose							
		Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____	Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
		Time							
		Dose							
		Init							

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**Medicines Administration Chart**

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Hospital No:

**NHS No.:**

Ward:

Patient Second Name:

DOB:

Allergies:

**Consultant:**

Prescribed by:

Sensitivities:

DRUG - drug names in brackets [ ] require witnessing DOSE, ROUTE & FREQUENCY/RATE Prescriber <span style="float:right">Start date/time</span>	<b><u>AS REQUIRED PRESCRIPTIONS</u></b>							
Drug Name: _____ Dose: _____ Form: _____ Route: _____      Frequency: _____ Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
	Time							
	Dose							
	Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____      Frequency: _____ Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
	Time							
	Dose							
	Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____      Frequency: _____ Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
	Time							
	Dose							
	Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____      Frequency: _____ Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
	Time							
	Dose							
	Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____      Frequency: _____ Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
	Time							
	Dose							
	Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____      Frequency: _____ Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
	Time							
	Dose							
	Init							
Drug Name: _____ Dose: _____ Form: _____ Route: _____      Frequency: _____ Prescriber signature: _____ Date of prescription: _____ Time Prescribed: _____	Date							
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