

Medicines Administration Chart

Patient First Name:
EXAMPLE

Hospital No: **XXXXXX**

NHS No.: **XXXXXXXXXX**

Ward:**TESTWARD**

Patient Second Name:
PATIENT

DOB: **DD/MM/YYYY**

New Chart Started by: **DR TEST**

Allergies: **NKDA**

Consultant: **Dr Test**

Date new chart started: **DD/MM/YYYY**

Sensitivities: **Nil**

SAMPLE PAGE ONLY

REGULAR SCHEDULED MEDICATIONS	Month / Year: FEB 2021 Enter date of administration below							
DRUG DOSE, ROUTE & FREQUENCY/RATE Prescriber	Time	1st	2nd	3rd	4th	5th	6th	7th
Drug Name: OLANZAPINE Dose: 10mg Form: Tablets Route: Oral Frequency: ON Prescriber signature: DR TEST Date of prescription: DD/MM/YYYY Time Prescribed: hh/mm	09:00	_____	_____	_____	_____	_____	_____	_____
	13:00	_____	_____	_____	_____	_____	_____	_____
	18:00	_____	_____	_____	_____	_____	_____	_____
	22:00	_____	_____	_____	_____	_____	_____	_____
SAMPLE ONLY DO NOT ADMINISTER								
Drug Name: LITHIUM (PRIADEL) Dose: 200mg Form: Modified-Release Tablets Route: Oral Frequency: ON Prescriber signature: DR TEST Date of prescription: DD/MM/YYYY Time Prescribed: hh/mm	09:00	_____	_____	_____	_____	_____	_____	_____
	13:00	_____	_____	_____	_____	_____	_____	_____
	18:00	_____	_____	_____	_____	_____	_____	_____
	22:00	_____	_____	_____	_____	_____	_____	_____
SAMPLE ONLY DO NOT ADMINISTER								
Drug Name: Dose: Form: Route: Frequency: Prescriber signature: DR TEST Time Prescribed: hh/mm		SAMPLE ONLY DO NOT USE						
Drug Name: Dose: Form: Route: Frequency: Prescriber signature: DR TEST Time Prescribed: hh/mm		SAMPLE ONLY DO NOT USE						

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

Medicines Administration Chart

Patient First Name:
EXAMPLE

Hospital No: **XXXXXX**

NHS No.: **XXXXXX**

Ward: **TESTWARD**

Patient Second Name:
PATIENT

DOB: **DD/MM/YYYY**

Consultant: **DR TEST**

Prescribed by: **DR TEST**

Allergies: **NKDA**

Sensitivities:

SAMPLE PAGE ONLY

DRUG DOSE, ROUTE & FREQUENCY/RATE Prescriber		Start date/time		<u>ONCE ONLY AND PREMEDICATION DRUGS</u>																
Drug Name: INFLUENZA VACCINE (QUADRIVALENT) 2020-21		Prescriber signature: DRTESTSIGNATURE		Date	17/02															
Dose: 1 dose		Date of prescription: XX/XX/XXXX		Time	12:00															
Form: Prefilled Syringe		Time prescribed: 12:00		SAMPLE ONLY DO NOT ADMINISTER																
Drug Name:		Prescriber signature:		Date																
Dose:		Date of prescription:		Time																
Form:		Time prescribed:		SAMPLE ONLY DO NOT USE																
Route:				Init																
Drug Name:		Prescriber signature:		Date																
Dose:		Date of prescription:		Time																
Form:		Time prescribed:		SAMPLE ONLY DO NOT USE																
Route:				Init																
Drug Name:		Prescriber signature:		Date																
Dose:		Date of prescription:		Time																
Form:		Time prescribed:		SAMPLE ONLY DO NOT USE																
Route:				Init																
Drug Name:		Prescriber signature:		Date																
Dose:		Date of prescription:		Time																
Form:		Time prescribed:		SAMPLE ONLY DO NOT USE																
Route:				Init																
Drug Name:		Prescriber signature:		Date																
Dose:		Date of prescription:		Time																
Form:		Time prescribed:		SAMPLE ONLY DO NOT USE																
Route:				Init																

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

Medicines Administration Chart

Patient First Name:
EXAMPLE

Hospital No: **XXXXXX**

NHS No.: **XXXXXXXX**

Ward: **TEST WARD**

Patient Second Name:
PATIENT

DOB: **DD/MM/YYYY**

Consultant: **DR Test**

Prescribed by: **DR TEST**

Allergies: **NKDA**

Sensitivities:

SAMPLE PAGE ONLY

DRUG - drug names in brackets [] require witnessing DOSE, ROUTE & FREQUENCY/RATE Prescriber Start date/time		<u>AS REQUIRED PRESCRIPTIONS</u>									
Drug Name: Salbutamol 100micrograms per dose Dose: 1 Puff Form: Inhaler Route: Inhaled Frequency: QDS PRN	Prescriber signature: DR Test Date of prescription: DD/MM/YYYY Time Prescribed: hh/mm	Date									
		Time									
		SAMPLE ONLY DO NOT ADMINISTER									
Drug Name:	Prescriber signature:	Date									
Dose:	Da	Time									
Form:	Time	SAMPLE ONLY DO NOT USE									
Route:	Frequency:	Init									
Drug Name:	Prescriber signature:	Date									
Dose:	Da	Time									
Form:	Time	SAMPLE ONLY DO NOT USE									
Route:	Frequency:	Init									
Drug Name:	Prescriber signature:	Date									
Dose:	Da	Time									
Form:	Time	SAMPLE ONLY DO NOT USE									
Route:	Frequency:	Init									
Drug Name:	Prescriber signature:	Date									
Dose:	Da	Time									
Form:	Time	SAMPLE ONLY DO NOT USE									
Route:	Frequency:	Init									
Drug Name:	Prescriber signature:	Date									
Dose:	Da	Time									
Form:	Time	SAMPLE ONLY DO NOT USE									
Route:	Frequency:	Init									

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