CHASE HOSPITAL DRUG PRESCRIPTION AND ADMINISTRATION RECORD	WARD: ___ (Stick patient's printed label here) CHART NO: ___ SURNAME: NOLAN FIRST NAME: TERO DATE OF BIRTH: ___ AGE 86 CONSULTANT: ___ INTERN (Bleep Number): ___ DATE OF ADMISSION: ___ DIET: ___ KARDEX NO: WEIGHT (Kg) (If applicable) DATE: ___ REVIEW DATE: ___ DR. ___

ADDITIONAL PRESCRIPTIONS (please tick) Steroids Warfarin T.P.N. Chemo Sliding Scale

DRUG ALLERGIES/INTOLERANCES/SENSITIVITIES (and manifestation of same)

FOR SAFETY OF THE PATIENT. READ INSTRUCTIONS BEFORE USE

GENERAL

1. Ensure that all patient details are entered above.
2. Use a ball point pen when writing in the prescription sheet
3. 24 hour clock must be used when charting and recording medications.
4. Initial the appropriate box when administering medication. Include your initials once on page 2.
5. All medications must be administered by a registered general nurse or medical practitioner and should be checked against the medication record.
6. Report all suspected adverse drug reactions to the Pharmacy Department.

DOCTOR

1. Has a drug allergy history been taken? Signature: ___
2. Use **BLOCK CAPITALS**, approved (generic) names, metric doses, put zero before a decimal point. English instructions. Avoid abbreviations
3. All prescriptions must record the prescribers signature. Initials will not suffice.
4. **Any changes** in drug therapy must be ordered by a **new prescription**. A prescription must not be altered.
5. Discontinue a drug by drawing a line through it and a similar line through subsequent recording panels. Initial and date it.
6. Only one chart should be in use at any one time. When the chart is full, transcribe all active prescriptions onto a new chart and file the old one in the patient's notes.
7. Enter instructions for holding drugs on Page 2.

NURSE

1. All nurses must follow hospital and professional guidelines/policies. Drug administration undertaken by student nurses and nurses undergoing orientation must be witnessed and counter-signed by a registered nurse.
2. **If there is any doubt about a prescription, check with the prescriber <u>before</u> administration.**
3. Check the entries in every section to avoid omissions.
4. Administering Registered Nurse initials in appropriate box.
5. In the event of non-administration of a drug <u>either</u>.
   - 3.1 enter X in the appropriate box and enter details on page 6 <u>OR</u>
   - 3.2 if the patient has refused a drug, enter R in the appropriate box <u>OR</u>
   - 3.3 If the patient has been fasting, enter F in the appropriate box.
6. Check that the drug has not already been administered.
7. If the dose of drug is variable, specify the dose actually administered along with your initials.

INITIALS AND NAMES OF PERSONS ADMINISTERING MEDICATIONS

Initials	Name (Print)	Initials	Name (Print)	Initials	Name (Print)

HOLD DRUGS

ALL DRUGS SHOULD BE GIVEN PRIOR TO SURGERY UNLESS SPECIFICALLY STATED OTHERWISE, TOGETHER WITH PRE-MED

DATE	DRUG	VALID PERIOD	REASON	DOCTOR

ONCE ONLY DRUG & FIRST DOSE MEDICATION

DATE	TIME DUE	DRUG (Approved Name)	ROUTE	DOSE	PRESCRIBERS SIGNATURE	GIVEN BY	TIME GIVEN	CHECKED BY
IN A+E		Haloperidol	IV	5mgs				
		Haloperidol	IV	5mgs				
		Midazolam	IV	2.5mgs				

REGULAR PRESCRIPTIONS			TIME	GIVEN BY / WITNESSED BY
DRUG (Approved Name)		Date	Date/Month →	
Ramipril			Time ↓	
Dose	Frequency	Start Date		
5mgs	mane	4/4		
Prescribers Signature	Route	Review Date		
Dr J Butler	P.O			
Pharmacist	Valid Period	Stop Date		

REGULAR PRESCRIPTIONS			TIME	GIVEN BY / WITNESSED BY
DRUG (Approved Name)		Date	Date/Month →	
Cloxyl and Senna			Time ↓	
Dose	Frequency	Start Date		
II	nocte	4/4		
Prescribers Signature	Route	Review Date		
Dr J Butler	P.O			
Pharmacist	Valid Period	Stop Date		

REGULAR PRESCRIPTIONS			TIME	GIVEN BY / WITNESSED BY
DRUG (Approved Name)		Date	Date/Month →	
			Time ↓	
Dose	Frequency	Start Date		
Prescribers Signature	Route	Review Date		
Pharmacist	Valid Period	Stop Date		

REGULAR PRESCRIPTIONS			TIME	GIVEN BY / WITNESSED BY
DRUG (Approved Name)		Date	Date/Month →	
Frusemide			Time ↓	
Dose	Frequency	Start Date		
40mgs	B.D	4/4		
Prescribers Signature	Route	Review Date		
Dr J Buetin	P.O			
Pharmacist	Valid Period	Stop Date		

REGULAR PRESCRIPTIONS			TIME	GIVEN BY / WITNESSED BY
DRUG (Approved Name)		Date	Date/Month →	
AGORAL			Time ↓	
Dose	Frequency	Start Date		
20mls	nocte.	4/4		
Prescribers Signature	Route	Review Date		
Dr J Buetin	PO			
Pharmacist	Valid Period	Stop Date		

REGULAR PRESCRIPTIONS			TIME	GIVEN BY / WITNESSED BY
DRUG (Approved Name)		Date	Date/Month →	
Diclofenac			Time ↓	
Dose	Frequency	Start Date		
50mgs	BD	4/4		
Prescribers Signature	Route	Review Date		
Dr J Buetin	PO			
Pharmacist	Valid Period	Stop Date 4/4		

AS REQUIRED (P.R.N.) PRESCRIPTIONS

DRUG (Approved Name)		Date	Date/Month →														
Paracetamol																	
Dose	Frequency	Start Date	Time →														
1gm	4-6°	6/4															
Prescribers Signature	Route	Review Date	Dose →														
Dr J Buetin	P.O		Route →														
Pharmacist	Valid Period	Stop Date	Given by →														
			Witnessed by →														

AS REQUIRED (P.R.N.) PRESCRIPTIONS

DRUG (Approved Name)		Date	Date/Month →														
Haloperidol																	
Dose	Frequency	Start Date	Time →														
1.5mgs	PRN																
Prescribers Signature	Route	Review Date	Dose →														
Dr J Buetin	P.O		Route →														
Pharmacist	Valid Period	Stop Date	Given by →														
			Witnessed by →														

AS REQUIRED (P.R.N.) PRESCRIPTIONS

DRUG (Approved Name)		Date	Date/Month →														
Diazepam																	
Dose	Frequency	Start Date	Time →														
5mgs	PRN																
Prescribers Signature	Route	Review Date	Dose →														
Dr J Buetin	P.O		Route →														
Pharmacist	Valid Period	Stop Date	Given by →														
			Witnessed by →														

PREMEDICATION

DATE	DRUG APPROVED NAME	DOSE	ROUTE	SPECIAL INSTRUCTIONS	DOCTOR	TIME	GIVEN			RX
							DATE	TIME	INITIALS	

SURGICAL ANTIBIOTIC PROPHYLAXIS (Valid for 24 hours)

DATE	DRUG	DOSE	ROUTE	SIGNATURE	0600	1000	1200	1400	1800	2200	2400

PCA INFUSION

DRUG MG/ML		DATE	
Dose MG	Lockout Time Min	4 Hr. Max. MG	Time
Signature	Start Date	Stop Date	Given by
DRUG MG/ML		DATE	
Dose MG	Lockout Time Min	4 Hr. Max. MG	Time
Signature	Start Date	Stop Date	Given by

DRUGS NOT ADMINISTERED

DATE	TIME	DRUG	SIGNATURE	REASON