

CHASE HOSPITAL

WARD: _____
(Stick patient's printed label here)

CHART NO: _____

SURNAME: NOLAN

FIRST NAME: TRUDY

DATE OF BIRTH: _____ AGE 86

CONSULTANT: _____

INTERN (Bleep Number): _____

DATE OF ADMISSION: _____

DIET: _____

KARDEX NO: _____

WEIGHT (Kg) (if applicable) _____

DATE: _____

REVIEW DATE: _____ DR. _____

DRUG PRESCRIPTION

AND

ADMINISTRATION RECORD

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

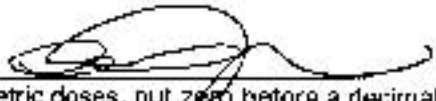
DRUG ALLERGIES/INTOLERANCES/SENSITIVITIES (and manifestation of same)

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 this 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 prescriber's 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 before 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 either:
 - 3.1 enter X in the appropriate box and enter details on page 6 OR
 - 3.2 if the patient has refused a drug, enter R in the appropriate box OR
 - 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.**

