

As Required Drugs

NAME:

WARD:

Drug (approved name and form)			Date																	
Lorazepam <i>Also see regular</i>																				
Dose	Route	Frequency and indication for use	Dose																	
1-2mg	PO	max 4mg/24h																		
Prescriber (Sign and PRINT Name)		Date	Route																	
<i>M. Cheema</i>		6/8/16	Sign																	
M. Cheema		6/8/16	Pharmacy																	
Drug (approved name and form)			Date																	
Etoposide <i>Short term only</i>																				
Dose	Route	Frequency and indication for use	Dose																	
7.5mg	PO	ON Insomnia																		
Prescriber (Sign and PRINT Name)		Date	Route																	
<i>M. Cheema</i>		6/8/16	Sign																	
M. Cheema		6/8/16	Pharmacy																	
Drug (approved name and form)			Date																	
LORAZEPAM																				
Dose	Route	Frequency and indication for use	Dose																	
1-2mg	IM	MAX 4mg/24h IF REQUIRES PO-2mg/24h																		
Prescriber (Sign and PRINT Name)		Date	Route																	
<i>Humphreys</i>		6/8/16	Sign																	
Drug (approved name and form)			Date																	
Paracetamol <i>every 4 hrs</i>																				
Dose	Route	Frequency and indication for use	Dose																	
1g	PO	Max QDS Pain																		
Prescriber (Sign and PRINT Name)		Date	Route																	
<i>M. Wimpold</i>		6/8	Sign																	
Drug (approved name and form)			Date																	
ARIPIRAZOLE																				
Dose	Route	Frequency and indication for use	Dose																	
5-10mg	PO	MAX 15mg AGITATION																		
Prescriber (Sign and PRINT Name)		Date	Route																	
<i>Humphreys</i>		6/8/16	Sign																	
Drug (approved name and form)			Date																	
ARIPIRAZOLE																				
Dose	Route	Frequency and indication for use	Dose																	
9.75mg	IM	MAX QD AGITATION																		
Prescriber (Sign and PRINT Name)		Date	Route																	
<i>Humphreys</i>		6/8/16	Sign																	
Drug (approved name and form)			Date																	
Codeine																				
Dose	Route	Frequency and indication for use	Dose																	
30-60mg	PO	360mg in 24h severe pain																		
Prescriber (Sign and PRINT Name)		Date	Route																	
<i>Seehra</i>		7/8	Sign																	

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