Barnet, Enfield and Haringey
NHS
Mental Health NHS Trust IN
PATIENT PRESCRIPTION CHART

INSTRUCTIONS FOR USE OF CHART Notes for

Prescriber

RIO/ NHS No:	11214451
Surname:	CORDELL
Forename:	SIMON
M/F: M	DOB: 26/1/81
Start Date: 16/8/16	
Weight:	Height:	Ward: HAW	Change of Ward: ECRH7T (x1)
Consultant: Dr. Cranitzn .	
Bleep / Contact No:	

1. **Write dearly in BLOCK CAPITALS using BLACK** indelible ink

2. **Use APPROVED NAME and METRIC UNITS**

3. **Sign your name with FULL signature and date for** prescription to be valid __ __ ___

4. **Discontinue drugs thus: RISPERIDONE** and draw a similar line through recording panels
   No prescription should be altered. A new prescription must be written.
   When all sections have been completed, start a new prescription chart and file the completed chart in - patient's notes.
   All current prescriptions should be entered on the new chart, so that only one chart is in use.
   Prescriptions are valid for FOUR WEEKS ONLY and

8. *MUST BE REWRITTEN BY A*
   All prescribers circle administration times.

ALLERGIES & ADVERSE REACTIONS

Drug	Reaction Type	Initial/ Date
☐ Nil Known	☑ Unknown	MC 16/8/16

MR2 uб 17/6/16 completed

For Section Patients Only (Please tick If complete)	
Form T2	Attached [ ]
Form T3	Attached [ ]

Notes for Nursing Staff on Administration

1. **Check *entry's* in every section to avoid omissions**
2. **Patient identity matches prescription chart.**
3. **A Registered Nurse Should Initial each administration in the appropriate box.**
4. **In the event of non-administration, record ail missed doses and**
% **indicate reasons using the appropriate code:**

* Clarify in patient's note. Codes must be circled	
Patient away from ward	1
Drug not available*	2
Patient ref used drug	3
Drug Omitted*	4
Patient self-medicating	5
Other*	6

Please see key below.

ADMINISTRATION TIMES		
Mom	(Morning)	8:00am - 9:30am
Lunch	(Lunch Time)	12:00pm - 1:30pm

Date 30/8/20 16   )p.m
Sign:

SUPERVISED MEDICATION
Ail Medications: ☐
Psychiatric Medications Only: ☐
All Doses: ☐
Morning/Evening Only   ☐
delete as appropriate)

ONCE ONLY AND PREMEDICATION DRUGS

DATE PRESCRIBED	DRUG	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME	PHARM,