Barnet, Enfield and Haringey NHS

Mental Health NHS Trust

IN PATIENT PRESCRIPTION CHART

MEDICATION Chart No*. ..... of *

RIO/ NHS No:	112144 51
Surname:	CORDELL
Forename:	SIMON
M/F: M	**DOB:** 26/01/1981
Start Date: 25/10/18	

Weight:	Height:	Ward:	Change of Ward:
		Dorset	

Consultant: Dr. Greenside

Bleep / Contact No:

INSTRUCTIONS FOR USE OF CHART

Notes for Prescriber

1. Write clearly 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 , **20/09/2006**
4. Discontinue drugs thus: RISPERIDONE and draw a similar line through recording panels
5. No prescription should be altered. A new prescription must be written.
6. When all sections have been completed, start a new prescription chart and file the completed chart in patient's notes.
7. All current prescriptions should be entered on the new chart, so that only one chart is in use.
8. Prescriptions are valid for **FOUR WEEKS** ONLY and *MUST BE REWRITTEN BY A VALID PRESCRIBER.*
9. All prescribers **circle administration times.** Please see key below:

ADMINISTRATION TIMES		
Morn	(Morning)	8:00a.m - 9: 30a.m
Lunch	(Lunch Time)	12:00p.m - 1: 30p.m
Eve	(Evening)	5:00p.m -6: 30p.m
Night	(Night Time)	8:00p.m - 10: 00p.m
Blank	Please state other time	

ALLERGIES & ADVERSE REACTIONS		
Drug	Reaction Type	Initial/ Date
☑ Nil Known	☐ Unknown	

For Section Patients Only (Please tick if complete)	
Form T2	Attached ☐
Form T3	Attached ☐

Notes for Nursing Staff on Administration

1. Check entries 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 all 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 refused drug	**3**
Drug Omitted*	**4**
Patient self-medicating	**5**
Other*	**6**

ONCE ONLY AND PREMEDICATION DRUGS

DATE PRESCRIBED	DRUG	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME	PHARM.