

As Required Drugs

NAME:

WARD:

OR
L

Drug (approved name and form) Lorazepam			Date	15/11															
			Time	16:40															
Dose	Route	Frequency and indication for use	Dose																
1-2mg	PO	Agitation MAX 4mg/24hrs NOT to be used with INX/lorazepam cautionary	1mg																
Prescriber (Sign and PRINT Name)		Date	Route																
[Signature]		25/10	PO																
		Pharmacy	Sign																
		RA	[Signature]																
		1/11																	
Drug (approved name and form) Lorazepam			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
1-2mg	PO	Agitation MAX 4mg/24hrs NOT to be used with PO 1002.																	
Prescriber (Sign and PRINT Name)		Date	Route																
[Signature]		25/10																	
		Pharmacy	Sign																
		RA																	
		1/11																	
Drug (approved name and form) PARACETAMOL 4-6hrly			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
1g	PO	Pain relief max 4g in 24hrs																	
Prescriber (Sign and PRINT Name)		Date	Route																
[Signature]		26/10																	
		Pharmacy	Sign																
		RA																	
		1/11																	
Drug (approved name and form) Ibuprofen with food			Date	26/10	27/10	28/10													
			Time	16:10	12:50	22:10													
Dose	Route	Frequency and indication for use	Dose																
400mg	PO	Max TDS in 240	400mg																
Prescriber (Sign and PRINT Name)		Date	Route																
[Signature]		26/10																	
		Pharmacy	Sign																
		RA	[Signature]																
		1/11	[Signature]																
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Route																
		Pharmacy	Sign																
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
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		Pharmacy	Sign																
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Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Route																
		Pharmacy	Sign																