

As Required Drugs

NAME:

WARD:

Drug (approved name and form) Lorazepam Also see regular			Date																
			Time																
Dose 1-2mg	Route PO	Frequency and indication for use max 4mg/24 ^h Agitation	Dose																
Prescriber (Sign and PRINT Name) <i>M. Cheema</i>		Date 16/8/16	Pharmacy UR 16/8/16	Route															
			Sign																
Drug (approved name and form) Zopiclone Short term only			Date																
			Time																
Dose 7.5mg	Route PO	Frequency and indication for use ON Insomnia	Dose																
Prescriber (Sign and PRINT Name) <i>M. Cheema</i>		Date 6/8/16	Pharmacy UR 6/8/16	Route															
			Sign																
Drug (approved name and form) LORAZEPAM			Date																
			Time																
Dose 1-2mg	Route IM	Frequency and indication for use MAX 4mg/24 ^h IF REFUSES PO - AGITATION	Dose																
Prescriber (Sign and PRINT Name) <i>Humphreys</i>		Date 8/8/16	Pharmacy UR 8/8/16	Route															
			Sign																
Drug (approved name and form) Paracetamol every 4-6hrs			Date																
			Time																
Dose 1g	Route PO	Frequency and indication for use Max 4g pain	Dose																
Prescriber (Sign and PRINT Name) <i>M. W. M. P. D.</i>		Date 16/8	Pharmacy UR 16/8/16	Route															
			Sign																
Drug (approved name and form) ARIPIRAZOLE			Date																
			Time																
Dose 5-10mg	Route PO	Frequency and indication for use MAX 15mg AGITATION	Dose																
Prescriber (Sign and PRINT Name) <i>HUMPHREYS</i>		Date 16/8/16	Pharmacy UR 16/8/16	Route															
			Sign																
Drug (approved name and form) ARIPIRAZOLE			Date																
			Time																
Dose 9.75mg	Route IM	Frequency and indication for use MAX OD AGITATION	Dose																
Prescriber (Sign and PRINT Name) <i>Humphreys</i>		Date 19/8/16	Pharmacy UR 19/8/16	Route															
			Sign																
Drug (approved name and form) Codeine			Date																
			Time																
Dose 30-60mg	Route PO	Frequency and indication for use 360mg in 24 ^h 240mg pain	Dose																
Prescriber (Sign and PRINT Name) <i>Scebra</i>		Date 19/8	Pharmacy Max Drug 19/8/16 UR 22/8/16	Route															
			Sign																