



IN-PATIENT PRESCRIPTION CHART

INSTRUCTIONS FOR USE OF CHART

Notes for Prescriber

- Write clearly in BLOCK CAPITALS using BLACK indelible ink
- 2. Use APPROVED NAME and METRIC UNITS
- Sign your name with FULL signature and date for prescription to be valid 20/09/2006

Discontinue drugs thus: RISPER DONE
 and draw a similar line through
 recording panels



- 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.
- 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 | | |

| MEDICATION | Chart Nost | of |
|------------|------------|----|

| RIO/ NHS No: | 1121445 | 11214451 | | | |
|----------------------|-----------------|-----------------|--|--|--|
| Surname: | CORDELL | CORDELL | | | |
| Forename: | SIMON | SIMON | | | |
| M/F: | DOB: 26/01/1981 | | | | |
| Start Date: 25110118 | | | | | |
| Weight: Height: | DOISEL! | Change of Ward: | | | |
| Consultant: | Georgi des | | | | |
| Bleep / Contact No: | 7 | | | | |

| ALLERGIES & ADVERSE REACTIONS | | | |
|-------------------------------|---------------|----------------|--|
| Drug | Reaction Type | (Initial/Date) | |
| .☑ Nil Known | □ Unknown | 38 - dh | |
| | | as ser two | |
| | | + sca | |
| | | | |

| 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.
- 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 circle | | | |
|---|---|--|--|
| 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. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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