

As Required Drugs

NAME:

WARD:

Drug (approved name and form) Lorazepam			Date	19/11															
			Time	16:40															
Dose	Route	Frequency and indication for use Agitation max 4mg/24hrs NOT to be used with intlorazepam cautionary	Dose	1mg															
1-2mg	PO		Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route	Sign														
A		25/10	RA 1/11	PO	AD														
Drug (approved name and form) Lorazepam			Date																
			Time																
Dose	Route	Frequency and indication for use Agitation max 4mg/24hrs NOT to be used with PO loraz.	Dose																
1-2mg	PO		Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route	Sign														
A		25/10	RA 1/11																
Drug (approved name and form) PARACETAMOL 4-6hrly			Date																
			Time																
Dose	Route	Frequency and indication for use Pain relief max 4g in 24hrs	Dose																
1g	PO		Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route	Sign														
D. Crookley		26/10	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 Max TDS in 240	Dose	400mg	400mg	400mg													
400mg	PO		Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route	Sign														
D. Crookley		26/10	RA 1/11	PO	B														
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route	Sign														
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route	Sign														
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route	Sign														