Barnet, Enfield and Haringey MIS Mental Health NHS Trust IN-PATIENT PRESCRIPTION CHART 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
- 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

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- 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.
- 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 Nosof

RIO/ NHS No:		1121445	1	
Surname	:	CORDELL		
Forenam	e:	SIMON		
M/F: DOB: _26/01/1981				
Start Date: 25110118				
Weight:	Height:	Ward: Dorset ·	Change of Ward:	
Consultant: Dr. Greenvisden				
Bleep / Contact No:				

ALLERGIES & ADVERSE REACTIONS			
Drug	Reaction Type	Initial/ Date	
.⊿ Nil Known	🗆 Unknown	Re-dli	
		as per Kuo + SKR	
		+ sca	
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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.
- 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.
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