

As Required Drugs

NAME:

WARD:

Drug (approved name and form) <b>Lorazepam</b>			Also see regular			Date													
Dose 1-2mg			Route PO			Frequency and indication for use max 4mg/24 <sup>h</sup> Agitation			Dose										
Prescriber (Sign and PRINT Name) <i>M. Cheema</i>			Date 6/8/16			Pharmacy WR 16/8/16			Route										
Drug (approved name and form) <b>Zopiclone</b>			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 WR 16/8/16			Route										
Drug (approved name and form) <b>LORAZEPAM</b>						Date			Time										
Dose 1-2mg			Route IM			Frequency and indication for use MAX 4mg/24 <sup>h</sup> IF REFUSKS PO - SEVERE AGITATION			Dose										
Prescriber (Sign and PRINT Name) <i>HUMPHREYS</i>			Date 6/8/16			Pharmacy WR 17/8/16			Route										
Drug (approved name and form) <b>Paracetamol</b>			every 4 hrs			Date			Time										
Dose 1g			Route PO			Frequency and indication for use Max QDS Pain			Dose										
Prescriber (Sign and PRINT Name) <i>M. WIMFORD</i>			Date 6/8			Pharmacy WR 15/8/16			Route										
Drug (approved name and form) <b>ARIPIRAZOLE</b>						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 6/14/16			Pharmacy WR 19/8/16			Route										
Drug (approved name and form) <b>ARIPIRAZOLE</b>						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 WR 19/8/16			Route										
Drug (approved name and form) <b>Codeine</b>						Date			Time										
Dose 30-60mg			Route PO			Frequency and indication for use 3-60mg in 24 <sup>h</sup> PAIN			Dose										
Prescriber (Sign and PRINT Name) <i>Seebra.</i>			Date 7/7/16			Pharmacy WR 22/8/16			Route										