

**IN-PATIENT PRESCRIPTION CHART**

MEDICATION Chart No. ....11.... of ...11....

**INSTRUCTIONS FOR USE OF CHART**

**Notes for Prescriber**

- Write clearly in **BLOCK CAPITALS** using **BLACK** indelible ink
- 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 *ASignature*
- No prescription should be altered. A new prescription must be written.
- 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.
- Prescriptions are valid for **FOUR WEEKS ONLY** and **MUST BE REWRITTEN BY A VALID PRESCRIBER.**
- All prescribers **circle administration times.**  
Please see key below:

RIO/ NHS No: 11214451  
 Surname: CORDELL  
 Forename: SIMON  
 M/F: M DOB: 26/1/81  
 Start Date:  
 Weight:      Height:      Ward: HAW      Change of ward:  
 Consultant: DR CRANITH  
 Bleep / Contact No:

ALLERGIES & ADVERSE REACTIONS		
Drug	Reaction Type	Initial/ Date
<input type="checkbox"/> Nil Known	<input checked="" type="checkbox"/> Unknown	<u>W 22/8</u>
	<u>As per previous chart</u>	

For Section Patients Only (Please tick if complete)		
Form T2	Attached	<input type="checkbox"/>
Form T3	Attached	<input type="checkbox"/>

**Notes for Nursing Staff on Administration**

- Check entries in every section to avoid omissions.
- 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

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	

ONCE ONLY AND PREMEDICATION DRUGS							
DATE PRESCRIBED	DRUG	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME	PHARM.