

As Required Drugs

NAME:

WARD:

Drug (approved name and form) IBUPROFEN			Date	17/8	21/8														
with food			Time	18:20	1530														
Dose	Route	Frequency and indication for use	Dose																
200-400mg	PO	PRN 4-6 max 1200mg	400mg																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
SEEHER		7/8	W 2218110	PO															
Drug (approved name and form)			Date																
Dose			Time																
Route			Dose																
Frequency and indication for use			Route																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Sign															
Drug (approved name and form)			Date																
Dose			Time																
Route			Dose																
Frequency and indication for use			Route																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Sign															
Drug (approved name and form)			Date																
Dose			Time																
Route			Dose																
Frequency and indication for use			Route																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Sign															
Drug (approved name and form)			Date																
Dose			Time																
Route			Dose																
Frequency and indication for use			Route																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Sign															
Drug (approved name and form)			Date																
Dose			Time																
Route			Dose																
Frequency and indication for use			Route																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Sign															
Drug (approved name and form)			Date																
Dose			Time																
Route			Dose																
Frequency and indication for use			Route																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Sign															