NOT FOR CLINICAL USE

DRUG KARDEX No: ……. of …….

PRESCRIPTION CHART

HOSPITAL No		CONSULTANT	WARD
SURNAME		PRESCRIPTION CHART WRITTEN / REWRITTEN	
FORENAMES		ALLERGIES	
AGE / DoB	WEIGHT		

ONCE ONLY DRUGS

Date Req	Time Req	DRUG (approved name)	Dose	Route	Doctor's Signature	Print Name & Bleep	Given By	Time Given	Pharm

ANTIBIOTIC PRESCRIPTIONS

YEAR — DAY / MONTH ►

TICK OR INSERT TIMES REQUIRED ▼

DRUG (approved name)

Dose	Route	Start date
Signature		Review date
Print name & bleep		Pharmacy

09:00 | 13:00 | 17:00 | 22:00

Indication — Expected duration

YEAR — DAY / MONTH ►

TICK OR INSERT TIMES REQUIRED ▼

DRUG (approved name)

Dose	Route	Start date
Signature		Review date
Print name & bleep		Pharmacy

09:00 | 13:00 | 17:00 | 22:00

Indication — Expected duration

OXYGEN

Circle target oxygen saturation

88-92% 94-98% Other_____

Starting Device/flow rate_____

PRN/Continuous (refer to O_2 guideline)

Tick if saturation not indicated ☐

Date and signature_____

Print name_____

Date Administered

06 | 09 | 14 | 18 | 22

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NOT FOR CLINICAL USE

Surname	Forename	Hospital No	DoB

REGULAR PRESCRIPTIONS - OTHER

YEAR — DAY / MONTH ►
TICK OR INSERT TIMES REQUIRED ▼

DRUG (approved name)

Dose	Route	Start date
Signature		Review date
Print name & bleep		Pharmacy

Indication

09:00
13:00
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Surname	Forename	Hospital No	DoB

REGULAR PRESCRIPTIONS - OTHER

YEAR — DAY / MONTH ►
TICK OR INSERT TIMES REQUIRED ▼

DRUG (approved name)

Dose | Route | Start date

Signature | Review date

Print name & bleep | Pharmacy

Indication

09:00 | 13:00 | 17:00 | 22:00

YEAR — DAY / MONTH ►
TICK OR INSERT TIMES REQUIRED ▼

DRUG (approved name)

Dose | Route | Start date

Signature | Review date

Print name & bleep | Pharmacy

Indication

09:00 | 13:00 | 17:00 | 22:00

YEAR — DAY / MONTH ►
TICK OR INSERT TIMES REQUIRED ▼

DRUG (approved name)

Dose | Route | Start date

Signature | Review date

Print name & bleep | Pharmacy

Indication

09:00 | 13:00 | 17:00 | 22:00

AS REQUIRED (PRN) MEDICATION

DRUG (approved name) | Pharmacy

Dose | Route | Frequency | Max dose in 24hrs

Signature | Start date

Name & bleep | Indication

Date | Time | Dose | Given

DRUG (approved name) | Pharmacy

Dose | Route | Frequency | Max dose in 24hrs

Signature | Start date

Name & bleep | Indication

Date | Time | Dose | Given

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