REGULAR DRUGS NAME: WARD:

In the event of non-administration indicate reason using appropriate code:

1 Patient away from ward **2** Drug not available **3** Patient refused drug **4** Drug Omitted **5** Patient self-medicating **6** Other

DATE AND MONTH / TIME		17/8	18/8	19/8	20/8	21/8	22/8	23/8	24/8	25/8	26/8		
Drug (approved name and form): LORAZEPAM	Morn	/	3										
Dose: 1mg; Route: PO; Frequency: BD; Date: 17/8/16	Lunch												
	Eve												
Sign and Print Name: HUMPHREYS	Night	(3)											
Pharmacy: wl 19/8/16 (S)				Keep under review									
Drug (approved name and form): Clonazepam	Morn												
Dose: 1mg; Route: PO; Frequency: OD; Date: 18/8	Lunch												
	Eve				HUMPHREYS 19/8/16								
Sign and Print Name: MUMFORD	Night	X	3										
Pharmacy													
Drug (approved name and form): LORAZEPAM	Morn												
Dose: 1mg; Route: PO; Frequency: ON; Date: 19/8/16	Lunch												
	Eve												
Sign and Print Name: HUMPHREYS	Night	—	—	GD	MT	TT	GD	GD	MT	RW	RO		
Pharmacy: wl 19/8/16 (S)				Keep under review									
Drug (approved name and form): OLANZAPINE ORODISPERSABLE	Morn												
Dose: 5mg (25% max); Route: PO; Frequency: ON; Date: 19/8/16	Lunch												
	Eve												
Sign and Print Name: HUMPHREYS	Night	—	—	(3)	3	(3)	(3)	GD	MT	RW	RO		
Pharmacy: wl 19/8/16 (S)				Monitor lipids, glucose, BP, weight									
Drug (approved name and form)	Morn												
Dose; Route; Frequency; Date	Lunch												
	Eve												
Sign and Print Name	Night												
Pharmacy													
Drug (approved name and form)	Morn												
Dose; Route; Frequency; Date	Lunch												
	Eve												
Sign and Print Name	Night												
Pharmacy													
Drug (approved name and form)	Morn												
Dose; Route; Frequency; Date	Lunch												
	Eve												
Sign and Print Name	Night												
Pharmacy													