As [redacted]equired Drugs

NAME: WARD:

Drug (approved name and form)	Dose	Route	Frequency and indication for use	Prescriber (Sign and PRINT Name)	Date	Pharmacy
L[redacted]azepam — Also see regular	1-2[redacted]g	PO	max 4mg/24° Agitation	M [redacted] Cheema	16/8/16	wl 16/8/16 (S)
[redacted]opiclone — Short term only	7.[redacted]g	PO	ON Insomnia	M [redacted] Cheema	16/8/16	wl 16/8/16 (S)
[redacted]ORAZEPAM	1-2[redacted]	IM	MAX 4mg/24° IF REFUSES PO - SEVERE AGITATION	[redacted] UMPHREYS	18/8/16.	wl 17/8/16 (S)
Pa[redacted]racetamol — every 4-6hrs	[redacted]	PO	Max QDS pain	[redacted] MUMFORD	18/8	wl 18/8/16 (S)
[redacted]ARIPIPRAZOLE	5-1[redacted]	PO	MAX 15mg AGITATION	[redacted] HUMPHREYS	19/8/16	wl 19/8/16 (S)
[redacted]ARIPIPRAZOLE	9.7[redacted]	IM	MAX OD AGITATION	[redacted]	19/8/16	wl 19/8/16 (S)
C[redacted]odeine	30-6[redacted]	PO	~~360~~ 240mg in 24° pain	[redacted] Seehra.	19/8	Hx Dmg 19/8/16 wl 22/8/16

Margin notes: OR; 50% max; OR; 33% max

Administration record columns (Date / Time / Dose / Route / Sign): blank for all entries.