

IN-PATIENT PRESCRIPTION CHART

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: RISPERSIDONE and draw a similar line through recording panels *AS Signature*
- 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:

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

Date: 20/09/06
 Sign: *D. Deane*

- SUPERVISED MEDICATION**
- All Medications:
 - Psychiatric Medications Only:
 - All Doses:
 - Morning/Evening Only (delete as appropriate)

MEDICATION Chart No. 11214457 of 11

RIO/ NHS No: 11214457
 Surname: CORDELL
 Forename: SIMON
 M/F: M DOB: 26/1/81
 Start Date: 16/8/16
 Weight: Height: Ward: HAW Change of ward: SCOTT (X1)
 Consultant: Dr. Cranitch
 Bleep / Contact No:

ALLERGIES & ADVERSE REACTIONS		
Drug	Reaction Type	Initial/ Date
<input type="checkbox"/> Nil Known	<input checked="" type="checkbox"/> Unknown	MC 16/8/16

M122 UB 17/8/16 completed

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

ONCE ONLY AND PREMEDICATION DRUGS

DATE PRESCRIBED	DRUG	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME	PHARM.