

As Required Drugs

NAME:

WARD:

Drug (approved name and form) Lorazepam			Date	19/10															
			Time	16:40															
Dose	Route	Frequency and indication for use	Dose																
1-2mg	PO	Agitation max 4mg/24hrs Not to be used with lorazepam concurrently	1mg																
Prescriber (Sign and PRINT Name)		Date	Route																
[Signature]		25/10	PO																
		Pharmacy	Sign																
		RA	[Signature]																
		1/11																	
Drug (approved name and form) Lorazepam			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
1-2mg	PO	Agitation max 4mg/24hrs Not to be used with PO loraz.																	
Prescriber (Sign and PRINT Name)		Date	Route																
[Signature]		25/10																	
		Pharmacy	Sign																
		RA																	
		1/11																	
Drug (approved name and form) PARACETAMOL 4-6hrly			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
1g	PO	Pain relief max 4g in 24hrs																	
Prescriber (Sign and PRINT Name)		Date	Route																
[Signature]		26/10																	
		Pharmacy	Sign																
		RA																	
		1/11																	
Drug (approved name and form) Ibuprofen with food			Date	26/10	27/10	28/10													
			Time	16:10	12:50	22:00													
Dose	Route	Frequency and indication for use	Dose																
400mg	PO	Max TDS in 24h	400mg																
Prescriber (Sign and PRINT Name)		Date	Route																
[Signature]		26/10																	
		Pharmacy	Sign																
		RA	[Signature]																
		1/11	[Signature]																
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
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		Pharmacy	Sign																
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Prescriber (Sign and PRINT Name)		Date	Route																
		Pharmacy	Sign																