

**IN-PATIENT PRESCRIPTION CHART**

MEDICATION Chart No. 1 of 11

**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: RISPERIDONE 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)	6:00p.m – 6:30p.m

Date 30/08/16

Sign: *D. Dean***SUPERVISED MEDICATION**

- All Medications: ☐
- Psychiatric Medications Only: ☐
- All Doses: ☐
- Morning/Evening Only: ☐
- (delete as appropriate)

RIO/ NHS No:

11214451

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

**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.