

**IN-PATIENT PRESCRIPTION CHART**

MEDICATION Chart No. 1 of 11

**INSTRUCTIONS FOR USE OF CHART****Notes for Prescriber**

1. Write clearly in BLOCK CAPITALS using BLACK indelible ink
2. Use APPROVED NAME and METRIC UNITS
3. Sign your name with FULL signature and date for prescription to be valid  
20/09/2006
4. Discontinue drugs thus: RISPERIDONE and draw a similar line through recording panels *AS signature*
5. No prescription should be altered. A new prescription must be written.
6. When all sections have been completed, start a new prescription chart and file the completed chart in patient's notes.
7. All current prescriptions should be entered on the new chart, so that only one chart is in use.
8. Prescriptions are valid for **FOUR WEEKS ONLY** and **MUST BE REWRITTEN BY A VALID PRESCRIBER.**
9. 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: 30/8/2016  
Sign: *D. Deane*

**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:	Change of Ward:
		HAW	SECRET (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**

1. Check entries in every section to avoid omissions.
2. Patient identity matches prescription chart.
3. A Registered Nurse should initial each administration in the appropriate box.
4. 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.