



## Oral anticoagulation

Indication:		Target INR:	Date:					
Drug:			INR:					
Frequency:		Time:	Dose:					
Signature:	Bleep:		SIG:					

## Thromboprophylaxis

Patients must be **reassessed** at 24 hours and regularly thereafter to ensure appropriate prophylaxis is prescribed

Drug: FONDAPARINUX SULPHATE			Date →					
Dose: 2.5MILLIGRAMS	Route: SUBCUT INJECTION	Frequency: ONCE DAILY	Time	D/M	D/M			
Signature: DOCTOR		Bleep: 1234	0800	DOCTOR	DOCTOR			
Additional information:								

## Oxygen

If oxygen saturation drops **below** target range, on prescribed oxygen: patient needs to be reviewed by a doctor  
 If oxygen saturation **above** target range, on prescribed oxygen: reduce/remove oxygen and ask doctor to review

Device*:	Additional information:	Date →					
Flow rate (L/min or %):		Time					
Signature:	Bleep:						
Target saturation (circle): 88-92% 94-98%							
Other (Specify): Not applicable							

Device\* N= nasal cannula, V = Venturi, H = humidified, RM = reservoir mask, OTH = other





## Anti-infectives

Drug:				Date →							
Dose:	Route:	Frequency:	Time								
Signature:	Bleep:										
Duration:											
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