

Name	Surname		Date of birth	Hospital number
	ABBOTT		DD/MM/YYYY	638290
	First name		Gender	Date of admission
	MARTHA		FEMALE	2 DAYS AGO
Ward	ard Weight		Chart number	Date chart written
GASTE	GASTRO 2 67Kg		of 1	TODAY

Drug allergies										
Known allergies	Yes	No known allergy YES	Signature:							
Known anergies	163	140 known anergy 7 to	DOCTOR							
If yes, list here:										

Once only prescriptions										
Date	Time	Drug	Dose Route :							



Oral a	nticoagu	lation										
Indication:			Target	Target INR:								
Drug:			•			INR:						
Frequency:	Frequency:					Dose:						
Signature:	Ble	eep:				SIG:						
Thromboprophylaxis												
Patients must be	reassessed at 24 hou	urs and regularly t	hereaft	er to er	sure ap	propria	te pro	phyla	xis is p	orescri	ibed	
Drug: FONDAPAR	INUX SULPHATE					Date	_	+				
Dose: 2.5MILLIGRAMS	Route: SUBCUT INJECTION	Frequency: ON	JCE DAIL	<u> Y</u>	Time	D/M	D/M					
Signature:		Bleep:			0800	DOCTOR	DOCTOR					
DOCTOR		1234										
Additional information:												
Oxyge	n											
	on drops below targe											
	on above target rang			reduce	remov			ask d	octor	to rev	iew	
Device*:	4	Additional inform	nation:			Date	_	•				
Flow rate (L/min	rate (L/min or %):				Time							
Signature:	ignature: Bleep:											
Target saturation	(circle):											
88-92%												
94-98%												
Other (Specify):												
Not applic	cable											



Regular prescriptions												
Drug: USINOPRIL				Date	Date							
Dose: 20 MILLIGRAMS	Route: ORAL	Frequency:	Time	D/M	D/M							
Signature: DOCTOR	Bleep: 1234	ONCE DAILY	0800	DOCTOR	DOCTOR							
Additional information	n:	•										
Drug: SPIRONOLACTONE	Drug: SPIRONOLACTONE				Date							
Dose: 25 MILLIGRAMS	Route: ORAL	Frequency:	Time	D/M	D/M							
Signature: DOCTOR	Bleep: 1234	ONCE DAILY	0800	DOCTOR	DOCTOR							
Additional information	n:											
Drug: BISOPROLOL FUMARATE				Date								
Dose: 10 MILLLIGRAMS	Route: ORAL	Frequency:	Time	D/M	D/M							
Signature: DOCTOR	Bleep: 1234	ONCE DAILY	0800	DOCTOR	DOCTOR							
Additional information	n:											
Drug: ASPIRIN				Date						_		
Dose: 75 MILLIGRAMS	Route: ORAL	Frequency:	Time	D/M	D/M							
Signature: DOCTOR	Bleep: 1234	ONCE DAILY	0800	DOCTOR	DOCTOR							
Additional information	n:											
Drug:				Date		>						
Dose:	Route:	Frequency:	Time									
Signature:	Bleep:											
Additional information	n:											



As required prescriptions (PRN)												
Drug:	PARACETAMOL					Date	\rightarrow					
Dose:	1 GRAM	Rout	e: ORAL	Maximum	Time	D/M	D/M					
Signat	ture:	Blee): ₁₂₃₄	frequency	0000	DOCTOR	DOCTOR					
DOCTOR				FOUR TIMES	DAILY 1200							
Additi	ional informati	on:		•	1600	DOCTOR						
					2000		DOCTOR					
Drug:						Date	\rightarrow		-		-	-
Dose:		Rout	e:	Maximum								
Signat	ture:	Blee	o:	frequency	" :							
Additional information:												
Drug:						Date	\rightarrow					
Dose:		Route	: :	Maximum								
Signat	ture:	Bleep	frequen		/:							
Additi	ional informati	on:										
In	fusion	S				-						
		Fluid	1		Drug add	ed (If a	ny)	Sign	nature	Ble	ер	Given
Date	Туре	Volume	Duration	Route	Name		Dose					
				 								
				+ +								
				 				\vdash				



Anti-infectives											
Drug:				Date	. —	+					
Dose:	Route:	Frequency:	Time								
Signature:	Bleep:]									
Duration:	Duration:										
Indication:											
Drug:				Date	_	+	-	-	-	-	-
Dose:	Route:	Frequency:	Time								
Signature:	Bleep:]									
Duration:											
Indication:											
Drug:			•	Date							
Dose:	Route:	Frequency:	Time								
Signature:	Bleep:]									
Duration:	•										
Indication:											
Drug:				Date		+					
Dose:	Route:	Frequency:	Time								
Signature:	Bleep:]									
Duration:											
Indication:											