

Candidate number:

Name	Surname	Date of birth	Hospital number
	First name	Gender	Date of admission
Ward	Weight	Chart number	Date chart written

Drug allergies

Known allergies	Yes	No known allergy	Signature:
If yes, list here:			

Once only prescriptions

Date	Time	Drug	Dose	Route	Signature

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

Regular prescriptions

Drug:				Date →									
Dose:	Route:	Frequency:	Time										
Signature:	Bleep:												
Additional information:													

Drug:				Date →									
Dose:	Route:	Frequency:	Time										
Signature:	Bleep:												
Additional information:													

Drug:				Date →									
Dose:	Route:	Frequency:	Time										
Signature:	Bleep:												
Additional information:													

Drug:				Date →									
Dose:	Route:	Frequency:	Time										
Signature:	Bleep:												
Additional information:													

As required prescriptions (PRN)

Drug:				Date →			
Dose:	Route:	Maximum frequency:	Time				
Signature:	Bleep:						
Additional information:							

Drug:				Date →			
Dose:	Route:	Maximum frequency:	Time				
Signature:	Bleep:						
Additional information:							

Drug:				Date →			
Dose:	Route:	Maximum frequency:	Time				
Signature:	Bleep:						
Additional information:							

Infusions

Date	Fluid				Drug added (If any)		Signature	Bleep	Given
	Type	Volume	Duration	Route	Name	Dose			

Anti-infectives

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										
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Signature:	Bleep:												
Duration:													
Indication:													