Variable Dose

Drug		Date → / Time ↓												
			Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given
Route	Pharmacy													
Other Instructions		Date → / Time ↓												
			Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given
Signature Bleep No.														

Drug		Date → / Time ↓												
			Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given
Route	Pharmacy													
Other Instructions		Date → / Time ↓												
			Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given
Signature Bleep No.														

Oxygen Prescription

The method and rate of oxygen delivery should be altered by nurses or other healthcare professionals in order to achieve the target saturation range. For most conditions, oxygen should be prescribed to achieve a target saturation of 94-98% (or 88-92% or less for those at risk of hypercapnic respiratory failure). If the patient is within the target range on room air then additional oxygen may not be necessary.

Target oxygen saturation (circle)

88-92% 94-98% Other ________ Not indicated

Device (code) Flow rate L/Min or percentage

Start change Start change 1 change 2

PRN / Continuous (circle)

Humidified: **Yes / No** (circle)

On Non-invasive ventilation: **Yes / No** (circle)

Prescriber's signature ________________ Date ________

The nurse should sign the prescription chart on every drug round. Write code A against time if patient receiving air

Date → & month											
Breakfast											
Lunch											
Supper											
Bedtime											

Target oxygen saturation (circle)

88-92% 94-98% Other ________ Not indicated

Device (code) Flow rate L/Min or percentage

Start change Start change 1 change 2

PRN / Continuous (circle)

Humidified: **Yes / No** (circle)

On Non-invasive ventilation: **Yes / No** (circle)

Prescriber's signature ________________ Date ________

The nurse should sign the prescription chart on every drug round. Write code A against time if patient receiving air

Date → & month											
Breakfast											
Lunch											
Supper											
Bedtime											

Target oxygen saturation (circle)

88-92% 94-98% Other ________ Not indicated

Device (code) Flow rate L/Min or percentage

Start change Start change 1 change 2

PRN / Continuous (circle)

Humidified: **Yes / No** (circle)

On Non-invasive ventilation: **Yes / No** (circle)

Prescriber's signature ________________ Date ________

The nurse should sign the prescription chart on every drug round. Write code A against time if patient receiving air

Date → & month											
Breakfast											
Lunch											
Supper											
Bedtime											

Codes for delivery device

Nasal cannula (NC), Simple mask (SM), Non re-breathing high concentration/reservoir mask (HC), Tracheostomy mask (TM), Venturi (V)

Drug Chart and Administration Record

Chart .... of ....

1st Ward ....

2nd Ward ....

3rd Ward ....

Consultant ....

Salisbury NHS

NHS Foundation Trust

Details of supplementary charts TICK APPROPRIATE BOX	
Wound prescription sheet	
MRSA chart	
Oral anticoagulation (Warfarin)	
Intravenous Heparin	
IV Fluid chart	
Diabetic chart	
Other (please specify)	

(Stick patient's printed label here)

Hospital No.

NHS Number

Surname

First Names Date of Birth

Weight ____________ Kg Height ____________ cm

BMI ____________ Surface Area ________ m^2

Allergies and Drug Intolerance

THIS SECTION MUST BE COMPLETED

Yes

Specify drug/allergen Specify nature of allergy/intolerance

Signature .... Date D D M M Y Y

None Known

Signature .... Date D D M M Y Y

Prescription Review Notes

DATE / TIME	DRUG	REASON FOR REVIEW	REPORTED BY	ACTIONED BY	DATE / TIME

VTE Risk assessment

This section must be completed for all patients on admission. All patients must be reassessed periodically during their inpatient stay as risk may change. Reassessment after at least 48 to 72 hours is recommended.

Circle risk category			Low High Very High
Prophylaxis Indicated (please tick and prescribe on drug chart)	LMWH		If LMWH not indicated specify reason below
	Foot/calf pumps		
	Compression stockings		Document any reassessment of risk below
Initial VTE risk assessment carried out by Print name			date

OF10179 (LGD)

Once Only Medicines

Date	Medicine	Dose	Route	Time to be Given	Signature	Given by	Time Given	Pharmacy

As Required Prescriptions

Medicine				DATE
Dose	Frequency	Route	Pharmacy	TIME
Indication			Max Dose in 24 hrs	DOSE
Signature Bleep No.			Start date	SIG

Medicine				DATE
Dose	Frequency	Route	Pharmacy	TIME
Indication			Max Dose in 24 hrs	DOSE
Signature Bleep No.			Start date	SIG

Medicine				DATE
Dose	Frequency	Route	Pharmacy	TIME
Indication			Max Dose in 24 hrs	DOSE
Signature Bleep No.			Start date	SIG

Medicine				DATE
Dose	Frequency	Route	Pharmacy	TIME
Indication			Max Dose in 24 hrs	DOSE
Signature Bleep No.			Start date	SIG

Medicine				DATE
Dose	Frequency	Route	Pharmacy	TIME
Indication			Max Dose in 24 hrs	DOSE
Signature Bleep No.			Start date	SIG

Medicine				DATE
Dose	Frequency	Route	Pharmacy	TIME
Indication			Max Dose in 24 hrs	DOSE
Signature Bleep No.			Start date	SIG

Month →

Date →

	Breakfast
	Lunch
	Supper
	Bedtime
	Breakfast
	Lunch
	Supper
	Bedtime
	Breakfast
	Lunch
	Supper
	Bedtime
	Breakfast
	Lunch
	Supper
	Bedtime
	Breakfast
	Lunch
	Supper
	Bedtime
	Breakfast
	Lunch
	Supper
	Bedtime
	Breakfast
	Lunch
	Supper
	Bedtime

NON-ADMINISTRATION OF MEDICINES

When a patient does not receive a prescribed dose, the nurse should enter one of the code numbers given below in the administration box, to explain the reason for non-administration. Please attempt to obtain any unavailable medicines.

1 Patient refuses
2 Patient not present on ward
3 Medicine not available
4 Clinical reason/professional judgement (specify in patient's notes)
✓ Patient self administered medications
6 Nil by mouth
(X) Prescribing doctor's instruction to omit dose

Regular Prescriptions

Add Times → Tick Times →

Medicine

Dose | Frequency | Route | Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast

Lunch

Supper

Bedtime

Medicine

Dose | Frequency | Route | Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast

Lunch

Supper

Bedtime

Medicine

Dose | Frequency | Route | Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast

Lunch

Supper

Bedtime

Medicine

Dose | Frequency | Route | Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast

Lunch

Supper

Bedtime

Medicine

Dose | Frequency | Route | Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast

Lunch

Supper

Bedtime

Medicine

Dose | Frequency | Route | Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast

Lunch

Supper

Bedtime

Additional Medication Given

Not prescribed by registered prescriber eg. PGD, LACP or discretionary medicine

Date	Time	Drug Name and Dose	Reason	Signature

Regular Prescriptions

Add Times | Tick Times | Month | Date

Medicine
Sodium chloride 0.9% injection

Dose	Frequency	Route	Pharmacy
		IV	

Other Directions
Flush pre and post IV
drug administration

Signature
Bleep No.
(Not valid unless signed)

Start date

Breakfast
Lunch
Supper
Bedtime

Medicine

Dose	Frequency	Route	Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast
Lunch
Supper
Bedtime

Medicine

Dose	Frequency	Route	Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast
Lunch
Supper
Bedtime

Medicine

Dose	Frequency	Route	Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast
Lunch
Supper
Bedtime

Medicine

Dose	Frequency	Route	Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast
Lunch
Supper
Bedtime

Medicine

Dose	Frequency	Route	Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast
Lunch
Supper
Bedtime

Medicine

Dose	Frequency	Route	Pharmacy

Other Directions

Signature
Bleep No.

Start date

Breakfast
Lunch
Supper
Bedtime