

DRUG TREATMENT SHEET

DRUG ALLERGY / CORTICOSTEROIDS /
PREVIOUS RELEVANT THERAPY

Date Admitted	Discharged/ Transferred	Age	Sex	Weight (Kg)	Special Instructions	Dose	Approved Name of Drug (Block Letters)	Indicate Prescribed Times by a Tick					Signature of Prescriber	Cancelled		
								8.00 - 9.00	12.00	14.00	18.00	22.00		24.00	Date	Initials
12/4/00		1 1/2	F	9.14kg		120	PARACETAMOL							<i>Quynah</i>		
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																

Patient No.	123000	Surname	Crawford	Christian Name(s)	Lucy
				Consultant	Dr. O. Donohue

SPECIAL RECORDING SECTION FOR PREMEDICATION DRUGS GIVEN

Date	Premedication Prescribed	Dose	Signature of Prescriber	Signature of Nurse Administering

ONCE ONLY DRUGS

Date	Approved Name of Drugs (Block Letters)	Dose	Special Instructions	Signature of Prescriber	Time Given	Given By (Full Signature Please)
12/10/10	Diazepam Flumazenil	2.5mg	STAT	[Signature]	0300 0400	[Signature]

027-018-060

DRUG ADMINISTRATION RECORD (Continuation)

Date	For Review	RECORD FOR REGULAR PRESCRIPTION DRUGS AND "AS REQUIRED" DRUGS GIVEN AT STANDARD TIMES								RECORD FOR "VARIABLE DOSE" DRUGS AND "AS REQUIRED" DRUGS GIVEN AT NON-STANDARD TIMES <small>Enter Reference Letter/Number, Time Dose (if variable) and initial your entry</small>	EXCEPTIONS TO PRESCRIBED ORDERS REASON
		6	8	12	14	18	22	24			
12/1/00										1.07	
										1.00 B3	

NOTES ON PRESCRIBING AND ADMINISTRATION

- PRESCRIBING**
- Please use approved names BLOCK LETTERS Metric Dosage.
 - Please ensure that the correct section is used for each prescription.
 - Place a tick in the appropriate time columns when treatment is to be given at these times.
 - Please sign your name against each prescription.
 - When changing prescriptions make sure that you cancel with a single straight line those drugs which are to be discontinued, and complete the cancelled section with date and initials.

ADMINISTRATION

- The senior nurse must ensure that a record is made on the patients Drug Administration Record every time a drug is administered, by entering the initials of the nurse giving the dose, in the appropriate box.
- Nurse must check carefully to see that all drugs prescribed for a certain time are administered.
- If a drug is refused enter reference number/letter and circle it e.g. (2) or (A)
- If a patient is absent enter reference number/letter and draw a diagonal line through it. e.g. A or M
- If drug not given for reasons other than 3 and 4 above enter reference number/letter and draw a cross through it e.g. X or M
- N.B. Always enter reason for Non Administration of a Drug in the "Exceptions to Prescribed Orders" Column.

GENERAL

- External preparations should be prescribed on this record in the relevant section. The Nurse should make a record of applying or administering external preparations by the same method as internal preparations.
- Antibiotic prescriptions are valid for seven days only unless otherwise specified. Therapy should be reviewed after seven days unless otherwise specified.

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Unit No. 17 Z 011 Surname CRAWFORD Christian Name(s) Lucy Consultant Dr. O'Donoghue