

CH 334505 Page: 201

EASTERN HEALTH & SOCIAL SERVICES BOARD  
 ROYAL BELFAST HOSPITAL FOR SICK CHILDREN  
 PRESCRIPTION SHEET

PARENTERAL DRUGS  
 REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

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C	DRUG (Block letters please)	DOSE	Time of Administration								Method and other instructions	SIGNATURE	Discontinued		
			AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12			Other Times	Date	Initials

DRUGS-ONCE ONLY PRESCRIPTIONS

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admif.	SIGNATURE	Given by Initials
15/9/88	CHLORAL hydrate	2.5 tabs 150mg		PO	hwt	

REGULAR PRESCRIPTIONS

	Date Comm.	DRUG (Block letters please)	DOSE	Time of Administration								Method and other Instructions	SIGNATURE	Discontinued	
				AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12			Other Times	Date
G															
H															
I															
J															
K															
L															
M															
N															
O															
P															
Q															
R															
S															
T															
U															

REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

	Date Comm.	DRUG (Block letters please)	DOSE	Time of Administration								Method and other Instructions	SIGNATURE	Discontinued	
				AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12			Other Times	Date
V															
W															
X															
Y															
Z															

DIET

TAKE HOME DRUGS  
INDICATE BY LETTER

Date	Details	Initials

Ward	Name of Patient	Age	Hospital Number	Consultant

REGULAR PRESCRIPTIONS

	Date Comm.	DRUG (Block letters please)	DOSE	Time of Administration										Method and other Instructions	SIGNATURE	Discontinued		
				AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12	Other Times	Date			Initials		
G	2/14	Gaviscon	1/2 sachet															
H	2/14	Paracetamol	120mg															
I																		
J																		
K																		
L																		
M																		
N																		
O																		
P																		
Q																		
R																		
S																		
T																		
U																		

REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

	Date Comm.	DRUG (Block letters please)	DOSE	Time of Administration										Method and other Instructions	SIGNATURE	Discontinued		
				AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12	Other Times	Date			Initials		
V		Vallergan	24mg															
W																		
X																		
Y																		
Z																		

DIET

TAKE HOME DRUGS  
INDICATE BY LETTER

Date	Details	Initials

Ward	Name of Patient	Age	Hospital Number	Consultant
BW	Conor Mitchell	6mth	334505	Mr Boston

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 ROYAL BELFAST HOSPITAL FOR SICK CHILDREN  
**PRESCRIPTION SHEET**

**PARENTERAL DRUGS  
 REGULAR PRESCRIPTIONS**

**DRUG SENSITIVITY**

	Date Comm.	DRUG (Block letters please)	DOSE	Time of Administration								Method and other Instructions	SIGNATURE	Discontinued	
				AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12			Other Times	Date
A															
B															
C															
D															
E															
F															

**DRUGS-ONCE ONLY PRESCRIPTIONS**

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Adm'n.	SIGNATURE	Given by Initials
24/11/88	Vallergan	24mg	10.15 Am	0	<i>[Signature]</i>	<i>[Initials]</i>