

DRUG TREATMENT
SHEET

DRUG ALLERGY / CORTICOSTEROIDS /
PREVIOUS RELEVANT THERAPY

Date Admitted		12/4/00.		Discharged, Transferred		Age		Sex		Weight (Kg)		
						1 1/2		F		29.14kg		
	Date Treatment Started	Approved Name of Drug (Block Letters)	Dose	Special Instructions	Indicate Prescribed Times by a Tick						Signature of Prescriber	Cancelled Date
					0800	1000	1400	1600	2200	2400		Initials
1	12/4/00	PARACETAMOL	120	PRN 4-6-								
2												
3												
4												
5												
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7												
8												
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12												
13												
14												
15												

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Unit No.	Surname	Christian Name(s)	Consultant
123000	C. Carter	Lucy	Dr. O. Sandhu

[illegible]

ONCE ONLY DRUGS

[illegible]

Dr. D. Dorothea