Ward

Name of Patient ADAM STRAIN

Number 364327

REGULAR PRESCRIPTIONS — DRUG RECORDING SHEET

Date	6 a.m.	8.30 a.m.	12 noon	12.30 p.m.	5.30 p.m.	6 p.m.	9.30 p.m.	12 mn.	Other Times
17/3/92									6.30pm
18/3/92	5.30	9.55am							12.10pm
19/3/92									2pm 10.30
20/3/92					4.15pm				
23/3/92			11.10AM						3.30PM
24/3/92									

AS - ROYAL

052-018-033

Ward	Name of Patient	Number
Musg	Adam Sorain	366377

REGULAR PRESCRIPTIONS — DRUG RECORDING SHEET

Date	6 a.m.	8.30 a.m.	12 noon	12.30 p.m.	5.30 p.m.	6 p.m.	9.30 p.m.	12 mn.	Other Times
25/3/92			[illegible]				[illegible]		[illegible]
26/2/92		D GB	at 8.30am [illegible]		No [illegible]				
27/3/92		[illegible]		[illegible]			[illegible]		
28/3/92		[illegible]		[illegible]					
29/3/92		D [illegible]		[illegible]					
30/3/92		D GB [illegible]		[illegible]					
31/3/92		[illegible]		[illegible]					
1/4/92		[illegible]		[illegible]					

NC 766

AS - ROYAL

052-018-034

WNC767

	Date Comm.	DRUG (Block letters please)	DOSE	AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12	Other Times	Method and other Instructions	SIGNATURE	Discontinued Date	Discontinued Initials
G	17/2/92	PARACETEMOL	120		4-6 hly prn								O/PR	[illegible]		
H	~~[illegible]~~	~~[illegible]~~												[illegible]		
I	~~[illegible]~~	~~Fluconazole~~	~~50 mg~~			✓							O	~~MB~~	5.4.92	[illegible]
J	21/3/92 →															
K	~~21/3/92~~	~~[illegible]~~	~~25mgs~~		8 hrly								~~O~~	G Brown	22.3	GB
L	26/3/92	CIMETIDINE	50mg		✓		✓			✓			po	ND		
M	1/4/92	Sodium Bicarbonate 8.4%	[illegible]5 ml		✓		✓			✓			po	ND		
N	7/4/92	[illegible]KIFEM	[illegible]		✓		✓			✓		PRN	Po	[illegible]		
O	7/4/92															
P	7/4/92															
Q																
R																
S																
T																
U																

REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

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

Date	Details	Initials

AS - ROYAL

052-018-035

Ward	Name of Patient	Age	Hospital Number	Consultant
Mus?	ADAM STRAIN		364377	D Savage

STERN HEALTH & SOCIAL SERVICES BOARD
YAL BELFAST HOSPITAL FOR SICK CHILDREN

ESCRIPTION SHEET

REGULAR PRESCRIPTIONS

Date Comm.	DRUG (Block letters please)	DOSE	AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12	Other Times	Method and other Instructions	SIGNATURE	Discontinued Date	Discontinued Initials
~~[illegible]~~	~~CEFOTAXIME~~	~~300~~		✓					✓			~~IV~~	[illegible]	24/3/92	MOS
~~[illegible]~~	~~PETHIDINE~~	~~10mg~~			[illegible]	[illegible]						IM	[illegible]	15/3	GB
[illegible]/92	MORPHINE SULPHATE	5mgs / 50mls 5% DEXTROSE 1ml/hr CONTINUOUS													
~~[illegible]~~	~~AMPHOTERICIN B~~	~~2mg~~		[illegible]		~~20 mins~~						~~IV~~	[illegible]	31.M4	[illegible]
[illegible]	AMOXYCILLIN	125mg		✓		✓			✓			IV	[illegible]		

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admin.	SIGNATURE	Given by Initials
[illegible]	[illegible]					
[illegible]						
[illegible]	PETHIDINE	10mg		IM	[illegible]	
[illegible]	AMOXYCILLIN	200mg	[illegible]	✓	[illegible]	[illegible]

AS - ROYAL

052-018-036

WNC767

Rewritten 7/4/92

	Date Comm.	DRUG (Block letters please)	DOSE	AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12	Other Times	Method and other Instructions	SIGNATURE	Discontinued Date	Discontinued Initials
				Time of Administration												
G	7/4/92	PARACETEMOL	120mg			4 hrly prn for temp/pain							Q/R	JLe		
H		SODIUM BICARBONATE 2.4%	7.5mls	✓			✓			✓			O	JLe		
I		~~JUNIFEN~~	~~5mls~~		✓			✓		✓		prn	O	JLe		
J	9/4/92	~~JUNIFEN~~	~~5mls~~	8 hrly prn for temp/pain									O	JLe	9/4/92	[illegible]
K																
L																
M																
N																
O																
P																
Q																
R																
S																
T																
U																

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

Date	Details	Initials

AS - ROYAL

052-018-037

Ward	Name of Patient	Age	Hospital Number	Consultant
[illegible]	[illegible]		314377	Dr Savage

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

PARENTERAL DRUGS

PRESCRIPTION SHEET Adam Jain **REGULAR PRESCRIPTIONS**

Date Comm.	DRUG (Block letters please)	DOSE	Time of Administration: AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12	Other Times	Method and other Instructions	SIGNATURE	Discontinued: Date	Initials
7/4/92	GENTAMYCIN	13mg		✓			✓		✓			IV	[illegible]	7/4/92	[illegible]
[illegible]	FLUCONAZOLE	50mg		✓								IV	[illegible]		
[illegible]	GENTAMYCIN	13mg		✓					✓			IV	E Clarkson		
[illegible]	GENTAMICIN	[illegible]mg		✓					✓			IV	[illegible]		
[illegible]	Gentamicin	10mg		✓					✓			IV	[illegible]	13/2/92	
[illegible]	Gentamicin	[illegible]mg		✓					✓			IV	[illegible]		

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admin.	SIGNATURE	Given by Initials

052-018-038

AS - ROYAL