

REGULAR

DIET

Ward	Name of Patient	Age	Hospital Number	Consultant
SGRAVE	Adam Strain	18 12	364377	DR SAVAGE

054-004-007

AS - ROYAL

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

PARENTERAL DRUGS
REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

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 8.30	MN 12	Other Times		Date	Initials
2/1/95	Ceftazidime	200mg	✓			✓		✓			iv	[Signature]		
2/1/95	Hepsal	2ml	✓			✓		✓			iv	[Signature]		
	Lactulose	5mls							✓		o	[Signature]		

DRUGS-ONCE ONLY PRESCRIPTIONS

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admin.	SIGNATURE	Given by Initials
2/1/95	ROXIT ERONA	T		PR	[Signature]	[Initials]

054-004-008

AS - ROYAL

Ward	Name of Patient	Number									
mun 2	Adam Strain	364377									
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		
20/4/83					g	g	g				
21/4/83		X				M	6.30pm A	7pm	2.40pm		
22/4/83		A B			H	M	6.30pm A				
23/4/83		A B			K H		H E		6.55pm	4.30pm	
24/4/83		M K			H K	4	A Debbie				
25/4/83		A B			M						

WNC 766

054-004-009

AS - ROYAL

