

DRUGS-ONCE ONLY PRESCRIPTIONS

REGULAR PRESCRIPTIONS

WNC767

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 10/2/93	Paracetamol	120mg	4 hourly prn for pyrexia									O	m			
H 10/2/93	Sodium Bicarbonate	(8.4%) 7.5mls										O	et			
I 10/2/93	Cisapride	0.2mg										O	cl			
J 10/2/93	RANITIDINE	3mg										O	et			
K 10/2/93	Ferramin	1ml										O	cl			
L																
M																
N																
O																
P																
Q																
R																
S																
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	Instructions	SIGNATURE	Date	Initials
V															
W															
X															
Y															
Z															

DIET

TAKE HOME DRUGS
INDICATE BY LETTER

CH 364377 Vol 6 Page: 5

Date	Details	Initials

Ward	Name of Patient	Age	Hospital Number	Consultant
	Adam STRAIN	48/91	3643 77	DR Carson

054 - 020 - 050

AS - ROYAL

1

Name of Patient

Number

364379

REGULAR PRESCRIPTIONS — DRUG RECORDING SHEET

WNC 766

054-020-051

AS - ROYAL

054-020-052

AS - ROYAL

10-150.

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153

REGGAE & RUMPTIONS

DRUGS-ONCE ONLY PRESCRIPTIONS

REGULAR PRESCRIPTIONS

WNC761

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		Initial		
G 11/2/93	RANITIDINE	30mg		✓			✓		✓			O	✓			
H 11/2/93	SODIUM BICARBONATE 8.5% 7.5ml			✓		✓		✓				O	✓			
I 11/2/93	CISAPRIDE 2.0mg	0.5ml		✓		✓		✓				O	✓			
J 11/2/93	KETEE-Z (SOMA) 5ml			✓		✓		✓				O	✓		15/2/93 am	
K 11/2/93	Foregemin	1ml			✓			✓				O	✓			
L 11/2/93	PARACETAMOL	240mg			4-6 hourly PROV.							O	✓			
M 15/2/93	Ciprofloxacin	125mg		✓				✓				PO	NO.			
N																
O																
P																
Q																
R																
S																
T																
U																

Comm.	(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	DISPENSED	REASON FOR DISCONTINUATION
V														
W														
X														
Y														
Z														

DIET

TAKE HOME DRUGS

INDICATE BY LETTER

CH 364377 Vol 6 Page 4

Date	Details	Initials

Ward	No. of Patient	Age	Hospital Number	Consultant
ugrave	Adam Strain		364377	Dr Savage

054-020-054

AS - ROYAL

Rewritten V-2-93

2 pm

054-020-055

AS - ROYAL

AS - ROYAL