

|   | Date Comm. | DRUG<br>(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 | 22/3       | SODIUM BICARBONATE             | 12.5ml | ✓                      |         |       | ✓        | ✓       |      | ✓       |       | PO                            | RK        |              |         |
| H | 22/3       | KAY CEE L                      | 2.5ml  | ✓                      |         |       |          |         |      |         |       | PO                            | RK        |              |         |
| I | 22/3       | FERROMYN                       | 5ml    | ✓                      |         |       |          |         |      |         |       | PO                            | RK        |              |         |
| J | 22/3       | KEFLEX 125mg                   | (5ml)  | ✓                      |         |       |          |         |      |         |       | PO                            | RK        |              |         |
| K | 22/3       | 1 alpha                        | 2ml    | ✓                      |         |       |          |         |      |         |       | PO                            | RK        |              |         |
| L | 24/3/94    | KEFONITE                       | T tab  | ✓                      |         |       | ✓        |         |      | ✓       |       | PO                            | no        |              |         |
| M | 24/3/94    | PARACETAMOL                    | 120mg  |                        |         |       | 4-6 tabs |         |      | p.f.a.  |       | P10                           | Ry        |              |         |
| N |            |                                |        |                        |         |       |          |         |      |         |       |                               |           |              |         |
| O |            |                                |        |                        |         |       |          |         |      |         |       |                               |           |              |         |
| P |            |                                |        |                        |         |       |          |         |      |         |       |                               |           |              |         |
| Q |            |                                |        |                        |         |       |          |         |      |         |       |                               |           |              |         |
| R |            |                                |        |                        |         |       |          |         |      |         |       |                               |           |              |         |
| S |            |                                |        |                        |         |       |          |         |      |         |       |                               |           |              |         |
| T |            |                                |        |                        |         |       |          |         |      |         |       |                               |           |              |         |
| U |            |                                |        |                        |         |       |          |         |      |         |       |                               |           |              |         |

REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

|   | Date Comm. | DRUG<br>(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 |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
| W |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
| X |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
| Y |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
| Z |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
|   |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
|   |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
|   |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
|   |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
|   |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
|   |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
|   |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |
|   |            |                                |      |                        |         |       |          |         |      |         |       |                               |           |              |          |

O/E

TAKE HOME DRUGS  
INDICATE BY LETTER

AS - ROYAL

056-033-070

|      |                 |  |  |     |                 |            |
|------|-----------------|--|--|-----|-----------------|------------|
| Ward | Name of Patient |  |  | Age | Hospital Number | Consultant |
| MW   | Adam Strain     |  |  |     |                 |            |

