SOCIAL SERVICES BOARD
HOSPITAL FOR SICK CHILDREN

PRESCRIPTION SHEET

PARENTERAL DRUGS

REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

Date m.	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

DRUGS-ONCE ONLY PRESCRIPTIONS

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admin.	SIGNATURE	Given by Initials
16/1/84	20 mls Saline	20 mls	1pm	PO	[illegible]	[illegible]
16/1/84	2000 IU Lepirudin	2000 units	1pm	PO Inf	[illegible]	[illegible]

AS – ROYAL

057-029-053

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
G																
H																
J																
K																
L																
M																
N																
O																
P																
Q																
R																
S																
T																
U																

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

DIET

Date	Details	Initials

TAKE HOME DRUGS
INDICATE BY LETTER

AS - ROYAL

Ward	Name of Patient	Age	Hospital Number	Consultant
	adam Strain		564377	

057-029-054