

PARENTERAL DRUGS

PREScription SHEET

REGULAR PRESCRIPTIONS

[illegible]

DRUGS-ONCE ONLY PRESCRIPTIONS

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admin.	SIGNATURE	Given by Initials
2/7/95	Levetiracetam	1650 mg	6 PM	IV	[Signature]	[Initials]
2/2/95	Levetiracetam	1000 mg	10 AM	Oral	[Signature]	[Initials]
4/2/95	Phenytoin	200 mg	5 PM	PO	[Signature]	[Initials]

Ward	Name of Patient	Age	Hospital Number	Consultant
Maternity	ADAM SIEHAN		364377	

	Date Comm.	DRUG (Block letters please)	DOSE	Time of Administration									Method and other Instructions	SIGNATURE	Discontinue	
				AM 6	AM 8.30	MD 12	PM 12.30	PM 5.30	PM 6	PM 9.30	MN 12	Other Times			Date	Init
G	27/1/95	Sodium Bicarb	12.5mg	✓			✓	✓		✓			po	Atchew		
H	27/1/95	Sumatriptan	4ml	✓									po	Atchew		
I	27/1/95	1 alpha	3ml	✓									po	Atchew		
J	27/1/95	Immet-Pain	5ml	✓						✓			po	Atchew		
K	27/1/95	Ketorolac	T	✓				✓		✓			po	Atchew		
L	27/1/95	PARACETAMOL	250mg	✓	✓	✓	✓	✓	✓	✓	✓		po	Atchew		
M																
N																
O																
P																
Q																
R																
S																
T																
U																

REGULAR PRESCRIPTIONS

VII

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

Date	Details	Initials		
Ward	Name of Patient	Age	Hospital Number	Consultant
Mussouri	ADAM STEAN		364377	