HEALTH & SOCIAL SERVICES BOARD
FAST HOSPITAL FOR SICK CHILDREN

PTION SHEET

PARENTERAL DRUGS

REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

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

DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admin.	SIGNATURE	Given by Initials

[redacted]

WNC7

	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	18/1/95	IBUPROFEN	2.5mls	8 hrly / P.R.N									O	T. [illegible]		
H																
I																
J																
K																
L																
M																
N																
O																
P																
Q																
R																
S																
T																

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

Date	Details	Initials

Name of Patient	Age	Hospital Number	Consultant
ADAM STRAIN		364377	

AS - ROYAL

058-019-053

[redacted]

Ward	Name of Patient	Number
	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

PNP 931110

WNC767

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
18/10/95	IBUPROFEN	2.5mls	8 hourly [illegible]									O	T. Cowling		

AS - ROYAL

058-019-054