

Re-written 9:30 pm
-22411 96.

DRUG SENSITIVITY

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	
A 2/10	INDINAVIR	400mg		✓						✓		IV	JAC			
B 2/10	MACROBID	2x 100mg		✓	✓	✓	✓	✓	✓	✓		IV	JAC			
C 2/10	CERTROME	100mg		✓		✓	✓			✓		IV	JAC			
D 2/10	TECHNIVIR	2x 100mg		✓		✓				✓		IV	JAC			
2/10	NEOSIN	500mg		✓		✓				✓		IV	JAC			

[illegible]

	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	22/10	PARACETAMOL	2 tabs														
H																	
I																	
J																	
K																	
L																	
M																	
N																	
O																	
P																	
Q																	
R																	
S																	
T																	
U																	

REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

	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	
V																	
W																	
X																	
Y																	
Z																	

DIET

TAKE HOME DRUGS
INDICATE BY LETTER

Date	Details	Initials

Ward	Name of Patient	Age	Hospital Number	Consultant
Men	CLARIE ROBERTS	91/12	328750	Dr Steen

CH 328770

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EASTERN HEALTH & SOCIAL SERVICES BOARD
ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

PRESCRIPTION SHEET

PARENTERAL DRUGS
REGULAR PRESCRIPTIONS

DRUG SENSITIVITY

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	
A 21/10/96	PHENYLEPHRINE	60mg		✓					✓			IV	T Allen			
B 21/10/96	MIDAZOLAM	2mg	10g									10g 10g	T Allen			
C 21/10/96	CECOTAPINE	60mg		✓		✓	✓	✓	✓			IV	T Allen			
D 21/10/96	ACTLOWIL	240mg		✓		✓			✓			IV	T Allen			
E 21/10/96	ASPEN	5mg		✓		✓	✓	✓	✓			IV	T Allen			
F 21/10/96	SODIUM VALPROATE	200mg	100mg									100mg	T Allen	22/10/96	PA	

DRUGS-ONCE ONLY PRESCRIPTIONS

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admin.	SIGNATURE	Given by Initials
21/10/96	DIAZEPAM	5mg	12-15	PR	T. Allen	T. Allen
21/10/96	PHENYLEPHRINE	60mg	2-4pm	IV	T. Allen	T. Allen
21/10/96	MIDAZOLAM	1mg	3-25pm	IV	T. Allen	T. Allen
21/10/96	SODIUM VALPROATE	400mg	5-15pm	IV	T. Allen	T. Allen

CR - RVH

090-026-075

[illegible]

DRUG SENSITIVITY

[illegible]

TAKE HOME DRUGS
INDICATE BY LETTER

Date	Details	Initials

Ward	Name of Patient	Age	Hospital Number	Consultant
LEN	CLAIRE ROBERTS	910/12	328770	Dr Steen

CR - RVH

090-026-076

CR - RVH