Ward	Name of Patient	Number
A/L	Claire Robert	328 770

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
4/9/87					G				
5/9/87		G			G				
6/9/87		G			G				
7/9/87		G							7 am G
8/9		H			H				
9/9		H	H		H				
10/9		H			H				
11/9		H			H				

CR - RVH

090-037-129

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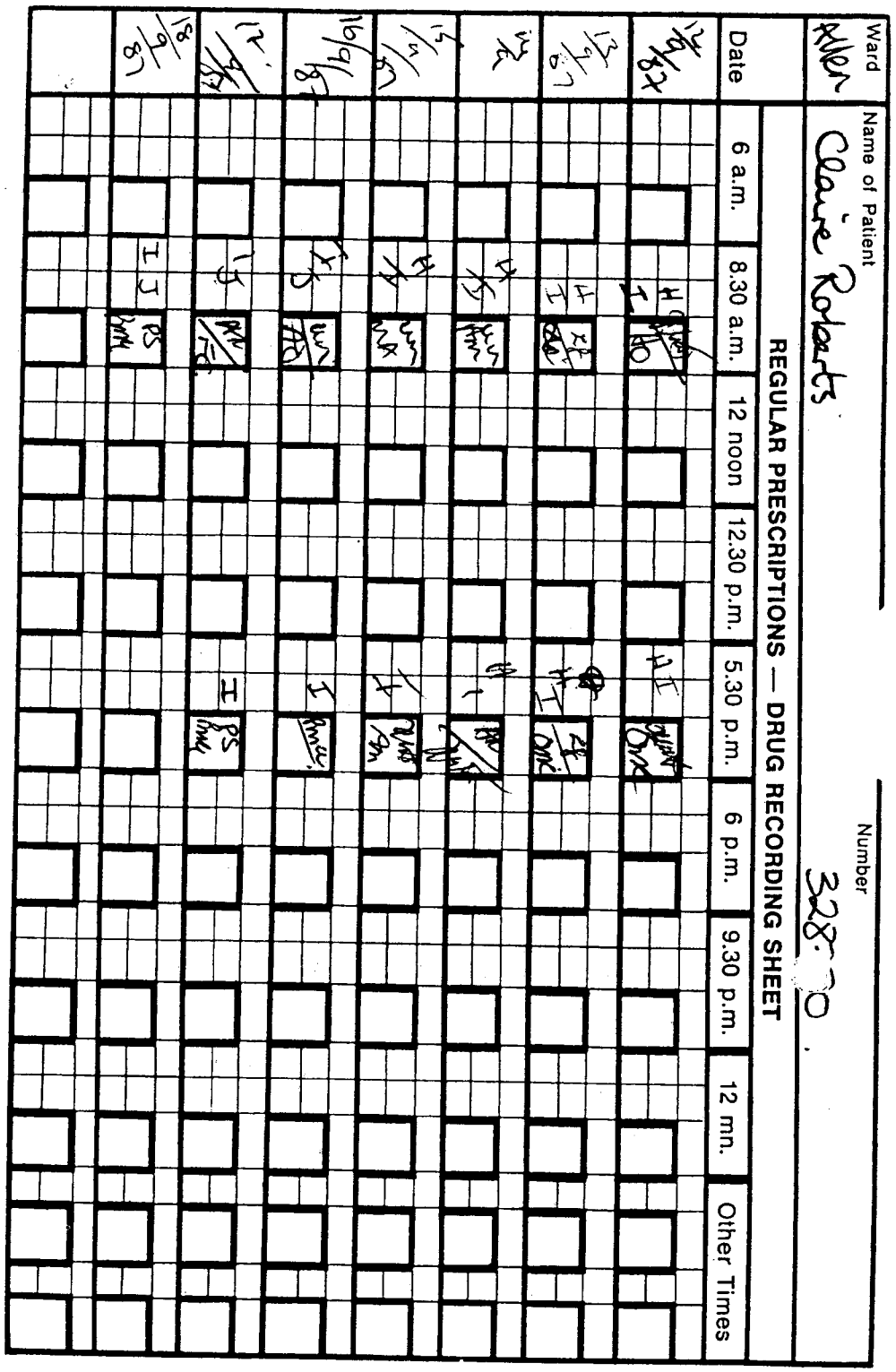
Ward
Name of Patient
Claire Roberts
Number
328-70
REGULAR PRESCRIPTIONS — DRUG RECORDING SHEET
Date
6 a.m.
8.30 a.m.
12 noon
12.30 p.m.
5.30 p.m.
6 p.m.
9.30 p.m.
12 mn.
Other Times

	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	~~4/9/87~~	~~Tegretol B.D~~ CARBAMAZEPINE	~~1.75ml~~		✓			✓						[signature]		
H	~~7/9/87~~	~~CARBAMAZEPINE~~	~~35mg~~		✓			✓					0	[signature]		
	12/9/87	SODIUM VALPROATE	100mg		✓			✓					0	[signature]		
J	15/9/87	carbamazepine	35mg		✓								0	[signature]		
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: 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

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Ward	Name of Patient	Age	Hospital Number	Consultant
Allen	Claire Roberts	? → 8/12	328770	Dr. Hicks

1·75 ml

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	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	Discontinued Initials
A																
B																
C																
D																
E																
F																

DRUGS—ONCE ONLY PRESCRIPTIONS

Date Given	DRUG (Block letters please)	DOSE	Time of Admin.	Method of Admin.	SIGNATURE	Given by Initials
9/9/87	Vallergan forte	5mls	8Am	O	[illegible]	
9/9/87	Atropine	0·2 mg	8Am	IM	[illegible]	[illegible]
[illegible]						

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