(Affix patient identification label here)

URN:
Family name:
Given names:
Address:

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

Date of birth: Sex: ☐ M ☐ F

***First Prescriber* to Print Patient Name and Check Label Correct:** .....

Attach ADR Sticker

See front page for details

AS REQUIRED "PRN" MEDICATIONS

YEAR:.....

Date	Medication (Print Generic Name)			Date														
Route	Dose Hourly Frequency **PRN**	Max Dose/24 hrs		Time														
Indication	Pharmacy			Dose														
				Route														
Prescriber Signature	Print Your Name	Contact		Sign														

Continue on discharge? Yes / No Duration / Qty Date:.....

Date	Medication (Print Generic Name)			Date														
Route	Dose Hourly Frequency **PRN**	Max Dose/24 hrs		Time														
Indication	Pharmacy			Dose														
				Route														
Prescriber Signature	Print Your Name	Contact		Sign														

Continue on discharge? Yes / No Duration / Qty Pharmacist:.....

Date	Medication (Print Generic Name)			Date														
Route	Dose Hourly Frequency **PRN**	Max Dose/24 hrs		Time														
Indication	Pharmacy			Dose														
				Route														
Prescriber Signature	Print Your Name	Contact		Sign														

Continue on discharge? Yes / No Duration / Qty

Date	Medication (Print Generic Name)			Date														
Route	Dose Hourly Frequency **PRN**	Max Dose/24 hrs		Time														
Indication	Pharmacy			Dose														
				Route														
Prescriber Signature	Print Your Name	Contact		Sign														

Continue on discharge? Yes / No Duration / Qty Date:.....

Date	Medication (Print Generic Name)			Date														
Route	Dose Hourly Frequency **PRN**	Max Dose/24 hrs		Time														
Indication	Pharmacy			Dose														
				Route														
Prescriber Signature	Print Your Name	Contact		Sign														

Continue on discharge? Yes / No Duration / Qty Name (Print):.....

Date	Medication (Print Generic Name)			Date														
Route	Dose Hourly Frequency **PRN**	Max Dose/24 hrs		Time														
Indication	Pharmacy			Dose														
				Route														
Prescriber Signature	Print Your Name	Contact		Sign														

Continue on discharge? Yes / No Duration / Qty

Date	Medication (Print Generic Name)			Date														
Route	Dose Hourly Frequency **PRN**	Max Dose/24 hrs		Time														
Indication	Pharmacy			Dose														
				Route														
Prescriber Signature	Print Your Name	Contact		Sign														

Continue on discharge? Yes / No Duration / Qty Prescriber's Signature:.....

DO NOT WRITE IN THIS BINDING MARGIN

DO NOT WRITE IN THIS BINDING MARGIN

Cut Off Section

Queensland Government
Queensland Health

MEDICATION CHART ☐ of ☐

ADDITIONAL CHARTS
☐ IV Fluid ☐ BGL/Insulin ☐ Acute Pain ☐ Other
☐ Palliative Care ☐ Chemotherapy ☐ IV Heparin

Facility/Service: .....
Ward/Unit: .....

ONCE ONLY, PRE-MEDICATION, TELEPHONE ORDERS & NURSE INITIATED MEDICINES
(Telephone orders MUST be signed within 24 hours of order)

Date Prescribed	Medication (use Generic Name) Print	Route	Dose	Date/Time of dose	Prescriber/Nurse Initiator (NI) Signature	Prescriber/Nurse Initiator (NI) Print Your Name	Given by	Time Given	Pharmacy

Medicines Prior to Presentation to Hospital
(Prescribed, over the counter, complementary) Own medications brought in? ☐ Y ☐ N Administration Aid (specify) .....

Medication	Dose & frequency	Duration	Medication	Dose & frequency	Duration

GP: **Community Pharmacy:**

Documented by: (Sign) (Date) Medicines usually administered by:

MEDICATION CHART

Cut off Section

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
☐ Nil known ☐ Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Date	Initials

Sign .... Print .... Date ....

(Affix patient identification label here and overleaf)

URN:
Family name:
Given names:
Address:

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

Date of birth: Sex: ☐ M ☐ F

First Prescriber **to Print Patient Name and Check Label Correct:** ....

Weight(kg): .... Height(cm): ....

REGULAR MEDICATIONS

YEAR .... DATE & MONTH →

VARIABLE DOSE MEDICATION

Date | Medication (Print Generic Name)
Route | Frequency
Prescriber to enter dose times and individual doses
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact

Drug level
When level taken
Dose
Prescriber
Time to be given: ....
Time given

Continue on discharge? Yes / No
Duration / Qty

Date | **WARFARIN** **(Marevan/Coumadin)** select brand
Route | Prescriber to enter individual doses | Target INR Range
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact

INR Result
Dose mg mg mg mg mg mg mg mg mg mg mg
Prescriber
1600 (Nurse 1)
Nurse 2

Continue on discharge? Yes / No
Duration / Qty

DOCTORS MUST ENTER administration times

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Clinical Pharmacist Review:

Date: .... Pharmacist: .... Date: .... Name (Print): .... Prescriber's Signature: ....

RECOMMENDED ADMINISTRATION TIMES
GUIDELINES ONLY

Morning	Mane	0800			
Night	Nocte			1800 or 2000	
Twice a day	BD	0800		2000	
Three times a day	TDS	0800	1400	2000	
Regular 8 hourly	8 hrly	0600	1400	2200	
Regular 6 hourly	6 hrly	0600	1200	1800	2400
Four times a day	QID	0600	1200	1800	2200

WARFARIN EDUCATION RECORD
Patient Educated by: ....
Sign: ....
Date: ....
Given Warfarin Book: ....
Sign: ....
Date: ....

Tick if Slow Release: SR= Slow, sustained or modified release formulation. If scored tablet, then half can be given. Dose must be swallowed without crushing.

REASON FOR NOT ADMINISTERING
Codes MUST be circled

Absent	A
Fasting	F
On leave	L
Not available - obtain supply and/or notify Dr, consider incident report	N
Refused - notify Dr	R
Self Administered - observed or claimed	S
Vomiting - notify Dr	V
Withheld - Enter reason in clinical record	W

REGULAR MEDICATIONS

YEAR .... **DATE & MONTH** →

DOCTORS MUST ENTER administration times

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
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Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
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Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Date | Medication (Print Generic Name) | Tick if Slow Release
Route | Dose | Frequency & Enter Times →
Indication | Pharmacy
Prescriber Signature | Print Your Name | Contact
Continue on discharge? Yes / No
Duration / Qty

Clinical Pharmacist Review:

Date: .... Pharmacist: .... Date: .... Name (Print): .... Prescriber's Signature: ....