As Required (PRN) Drugs

Patient DOB ID No.

AS REQUIRED SC OPIOID	Name of Drug / /						
Dose Range	–	–	–	–	–	–	–
Start Date							
Prescriber's Signature							
Stop Date							
Prescriber's Signature							

Date	Time	Dose	Batch No.	Expiry Date	Signed	Date	Time	Dose	Batch No.	Expiry Date	Signed	Date	Time	Dose	Batch No.	Expiry Date	Signed

OTHER AS REQUIRED MEDICATIONS		Date	Time	Dose	Sign.	Date	Time	Dose	Sign.	Date	Time	Dose	Sign.	Date	Time	Dose	Sign.
DRUG	Route																
	Dose																
Start Date	Prescriber																
Stop Date	Prescriber																
DRUG	Route																
	Dose																
Start Date	Prescriber																
Stop Date	Prescriber																
DRUG	Route																
	Dose																
Start Date	Prescriber																
Stop Date	Prescriber																
DRUG	Route																
	Dose																
Start Date	Prescriber																
Stop Date	Prescriber																
DRUG	Route																
	Dose																
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Stop Date	Prescriber																
DRUG	Route																
	Dose																
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Stop Date	Prescriber																
DRUG	Route																
	Dose																
Start Date	Prescriber																
Stop Date	Prescriber																
DRUG	Route																
	Dose																
Start Date	Prescriber																
Stop Date	Prescriber																

Other Drugs

Patient DOB ID No.

OTHER AS REQUIRED MEDICATIONS		Date	Time	Dose	Sign.	Date	Time	Dose	Sign.	Date	Time	Dose	Sign.	Date	Time	Dose	Sign.
DRUG	Route																
	Dose																
Start Date	Prescriber																
Stop Date	Prescriber																
DRUG	Route																
	Dose																
Start Date	Prescriber																
Stop Date	Prescriber																
DRUG	Route																
	Dose																
Start Date	Prescriber																
Stop Date	Prescriber																

REGULAR DRUG ORDERS TO BE ADMINISTERED BY NURSE		Dates → / Times ↓																		
DRUG		Route																		
Start Date	Prescriber	Dose																		
Stop Date	Prescriber	Frequency																		
DRUG		Route																		
Start Date	Prescriber	Dose																		
Stop Date	Prescriber	Frequency																		
DRUG		Route																		
Start Date	Prescriber	Dose																		
Stop Date	Prescriber	Frequency																		

List of other Current Medications taken by patient (This is not a prescription)

Drug	Dose	Frequency	Date Started	Date Stopped	Comments	Signed

Property of H.S.E. – Please Return to Palliative Care 09Z3660

DRUG PRESCRIPTION & ADMINISTRATION RECORD SPECIALIST PALLIATIVE CARE SERVICE

Patient's Name:

Date of Birth:

ID Number:

Drug Allergies:

Signature .....

Once Only (stat) Drugs

Date	Drug	Dose	Route	Time to be given	Prescriber's Signature	Given by (Signature)	Time Given

Record of Drugs administered from DAPS (Drug Administrative Prescription Sheet – Emergency Drug Order)

Faxed orders must be rewritten by the doctor on the Prescription and Administration record within 72 hours)

Date	Time	Drug Name	Dose Given	Amount Discarded	S Driver Number	Batch No.	Expiry Date	Signed

Initials and Names of Persons Administering Medications

Initials	Name (Block Letters)	Initials	Name (Block Letters)	Initials	Name (Block Letters)

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Syringe Pump Prescription and Administration Chart

Patient Name DOB ID No.

Drug and Diluent Prescribed	Dose (Range)	Start Date	Prescriber Signature	Stop Date	Prescriber Signature	Drug Administered							Drug Administered						
						Date	Dose (mg)	Amount Discarded	Batch No	Expiry Date	S Pump No.	Signed	Date	Dose (mg)	Amount Discarded	Batch No	Expiry Date	S Driver No.	Signed
Drug																			
Diluent																			
Route																			

| Drug