Chart No. this admission

Drug Prescription and Administration Record

Sue Ryder

Patient's Name:	Date of Admission:		Chart Start Date:	Chart Finish Date:
NHS No:	Consultant Code:	Ward:	**ALERT:**	
Date of Birth:			Tick if on CHEMOTHERAPY ☐	

ADDITIONAL CAUTIONS FOR PRESCRIBING (e.g. renal failure, gastric ulceration etc)

OTHER CHARTS in use Tick Box:

Syringe driver	☐	Opioid patch	☐
Other	☐	Other	☐

DRUG SENSITIVITIES & REACTIONS

Signature: Date:

ONCE ONLY / NURSE LED PRESCRIPTIONS See Approved Homely Remedies list

Date	Medicine	Dose	Route	Instructions	Start time	Doctor's signature	Time given	Nurse's signature	Pharm

REMOTE PRESCRIPTIONS File 'Emergency Telephone Prescription of Drugs' form in notes and document any doses given here

Date	Medicine	Dose	Route	Instructions	Time given	Specify text/ email etc	Nurse's signature	Dr. signature (next working day)	Pharm

CODE FOR USE ON 'REGULAR' AND 'PRN' CHART

R = drug refused by patient
N = drug not in stock
U = patient too unwell
W = drug withheld
O = patient out
P = patient self-administration

Patient's Name: **NHS Number:** **DOB:**

INTRAVENOUS THERAPY AND SUBCUTANEOUS INFUSION

FOR INFUSION FLUIDS, BLOOD, PLASMA AND DRUGS BY ONE CONTINUOUS INFUSION

1. No additions to be made to blood products or sodium bicarbonate.
2. For information on additive compatibilities contact Pharmacy Medicines Information.

Pharm																			
Amount infused																			
Time end	Sign																		
Nurses' signiture x2		1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.
Time start																			
Pump Asset No.																			
Batch No.																			
Prescriber's signature	Print name																		
Time to Run or ml/hr																			
Additions to Infusion	Dose																		
	Drug																		
Infusion Fluid	Route / Site																		
	Volume																		
	Type/Strength																		
Date																			

Patient's Name: **NHS Number:** **DOB:**

DRUG SENSITIVITIES:

DIAGNOSIS:

Route Key					
IM = Intramuscular	SC = Subcutaneous	TOP = Topical	NEB = Nebulised	INH = Inhalation	
IV = Intravenous	PR = Per Rectum	PO = Oral / Enteral	SL = Sublingual	PV = Per Vaginam	
PEG = Percutaneous endoscopic gastrostomy		BUC = Buccal	TD = Transdermal	NAS = Nasal	

REGULAR PRESCRIPTIONS

MONTH	
DATE	

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
				2000
Sign	Discontinued Date	Sign		2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
				2000
Sign	Discontinued Date	Sign		2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
				2000
Sign	Discontinued Date	Sign		2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
				2000
Sign	Discontinued Date	Sign		2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
				2000
Sign	Discontinued Date	Sign		2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
				2000
Sign	Discontinued Date	Sign		2200

Patient's Name: **NHS Number:** **DOB:**

REGULAR PRESCRIPTIONS
Continued ....

MONTH														
DATE														

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
Sign	Discontinued Date	Sign		2000
				2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
Sign	Discontinued Date	Sign		2000
				2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
Sign	Discontinued Date	Sign		2000
				2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
Sign	Discontinued Date	Sign		2000
				2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
Sign	Discontinued Date	Sign		2000
				2200

Drug				0800
				1200
Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
Sign	Discontinued Date	Sign		2000
				2200

Drug				0800
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Dose	Route	Frequency	Start Date	1400
Special Instruction / Indication			Pharm	1800
Sign	Discontinued Date	Sign		2000
				2200

Patient's Name: **NHS Number:** **DOB:**

REGULAR PRESCRIPTIONS
Continued ....

MONTH														
DATE														

Drug				Time														
				0800														
Dose	Route	Frequency	Start Date	1200														
				1400														
Special Instruction / Indication			Pharm	1800														
Sign	Discontinued Date	Sign		2000														
				2200														

Drug				Time														
				0800														
Dose	Route	Frequency	Start Date	1200														
				1400														
Special Instruction / Indication			Pharm	1800														
Sign	Discontinued Date	Sign		2000														
				2200														

Drug				Time														
				0800														
Dose	Route	Frequency	Start Date	1200														
				1400														
Special Instruction / Indication			Pharm	1800														
Sign	Discontinued Date	Sign		2000														
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Drug				Time														
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Dose	Route	Frequency	Start Date	1200														
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Drug				Time														
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Dose	Route	Frequency	Start Date	1200														
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Drug				Time														
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Drug				Time														
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Dose	Route	Frequency	Start Date	1200														
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Special Instruction / Indication			Pharm	1800														
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Patient's Name: **NHS Number:** **DOB:**

REGULAR PRESCRIPTIONS
Continued ....

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REGULAR PRESCRIPTIONS
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Drug				
				0800
Dose	Route	Frequency	Start Date	1200
				1400
Special Instruction / Indication			Pharm	1800
Sign	Discontinued Date	Sign		2000
				2200

Patient's Name: | **NHS Number:** | **DOB:**

PRN PRESCRIPTIONS

Drug **MIDAZOLAM**			
Dose / Range	Route **IM**	Max Freq	Start Date
Special Instruction Indication **only to be used in the event of a CRISIS** **(e.g. massive haemorrhage, airway obstruction)**		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Patient's Name: **NHS Number:** **DOB:**

PRN PRESCRIPTIONS

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
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Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
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Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Patient's Name: **NHS Number:** **DOB:**

PRN PRESCRIPTIONS

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
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Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
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Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
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Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Patient's Name: **NHS Number:** **DOB:**

PRN PRESCRIPTIONS

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Drug			
Dose / Range	Route	Max Freq	Start Date
Special Instruction Indication		Max Dose/24hr	Pharm
Sign	Discontinued Date Sign		

Date	Time	Dose	Route	Sig	Date	Time	Dose	Route	Sig

Patient's Name:	NHS Number:	DOB:

SUBCUTANEOUS SYRINGE DRIVER PRESCRIPTION CHART

Prescription to be monitored using 'Checks In Use' form

1	Dose
Diluent	Duration
Sign (Dr)	Date Started
Stopped by (Dr)	Date Stopped

2	Dose
Diluent	Duration
Sign (Dr)	Date Started
Stopped by (Dr)	Date Stopped

3	Dose
Diluent	Duration
Sign (Dr)	Date Started
Stopped by (Dr)	Date Stopped

4	Dose
Diluent	Duration
Sign (Dr)	Date Started
Stopped by (Dr)	Date Stopped

5	Dose
Diluent	Duration
Sign (Dr)	Date Started
Stopped by (Dr)	Date Stopped

6	Dose
Diluent	Duration
Sign (Dr)	Date Started
Stopped by (Dr)	Date Stopped

7	Dose
Diluent	Duration
Sign (Dr)	Date Started
Stopped by (Dr)	Date Stopped

8	Dose
Diluent	Duration
Sign (Dr)	Date Started
Stopped by (Dr)	Date Stopped