

THIS AREA CUTS AWAY

Northamptonshire Healthcare **NHS**
NHS Foundation Trust

PRESCRIPTION AND ADMINISTRATION CHART

Details of supplementary charts in use

Intolerances and other useful information

[illegible]

CSP068380 07/16

[illegible]

Record of discrepancies found during medicines reconciliation on admission:

[illegible]

Completed by _____ Pharm / Pharm tech _____ Date _____

F. Drugs stopped immediately

G. Other (with details)

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REGULAR PRESCRIPTIONS

Notes				
Oxygen Prescription				
Indicate whether patient is receiving O ₂ therapy				
Target oxygen saturations (circle)	Date	Stop date	Time ▼	Date ►
88-92% 94-98%				
Other% Saturation not indicated	Signature			
(circle)				
CONTINUOUS PRN	Notes			
Starting flow rate	Device			
Drug	Date	Stop date	Pharmacy	
Dose	Indication			
Route	Signature			
Frequency				
Drug	Date	Stop date	Pharmacy	
Dose	Indication			
Route	Signature			
Frequency				
Drug	Date	Stop date	Pharmacy	
Dose	Indication			
Route	Signature			
Frequency				
Drug	Date	Stop date	Pharmacy	
Dose	Indication			
Route	Signature			
Frequency				

DO NOT alter written prescription. To change dose, route or frequency, you must re-write prescription.

Allergies, sensitivities and other e.g diet (this section should be completed before prescribing/administering)

Patient details		
NO KNOWN DRUG ALLERGY <input type="checkbox"/>	Medication (or other):	Reaction:
	Sign:	Date:
	PRINT name	Designation
		Name
		Dob:
		Use Addressograph Label once available

Prescribers Notes

*Complete if more than one syringe pump

***SD**
of

24hr Syringe pump prescription to be reviewed by doctor on a daily basis

SYRINGE PUMPS	McKinley T34	continuous subcutaneous infusion over 24 hours									
	DATE										
	TIME										
DRUG	DOSE										
	Signature										
DRUG	DOSE										
	Signature										
DRUG	DOSE										
	Signature										
DRUG	DOSE										
	Signature										
Asset/ME no. of SYRINGE PUMP											
LOCATION OF CANNULA Eg: R arm											
DILUENT USED											
VOLUME (ml) / RATE (ml/hr)											
RATE CHECKED (2 sigs)											
TIME STARTED											
REGULAR SYRINGE PUMP CHECK		C	L	C	L	C	L	C	L	C	L
RN must document every 4 hours :											
(Indicate ✓ YES or ✗ NO or NS for NOT SEEN											
- see example)		C	L	C	L	C	L	C	L	C	L
• Cannula (C) ok?											
• Line (L) ok?											
(if 'no' state and date reason below)											
• ml remaining		C	L	C	L	C	L	C	L	C	L
• Time of check (24 hour clock)											
• Initials of RN											
RNs Notes:		C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L
IF DISCARDING	ml										
State reason under RNs Notes above	SIG. 1										
	SIG. 2										

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REGULAR PRESCRIPTIONS

Notes				
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Drug		Date	Stop date	Pharmacy	Time ▼	Date ►
Dose		Indication				
Route		Signature				
Frequency						
Drug		Date	Stop date	Pharmacy		
Dose		Indication				
Route		Signature				
Frequency						
Drug		Date	Stop date	Pharmacy		
Dose		Indication				
Route		Signature				
Frequency						
Drug		Date	Stop date	Pharmacy		
Dose		Indication				
Route		Signature				
Frequency						
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Route		Signature				
Frequency						
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Dose		Indication				
Route		Signature				
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<div><div>C</div><div>✓</div><div>L</div><div>✗</div></div> <div>38ml 1700hrs JB</div>		C	L	C	L	C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L	C	L	C	L
		C	L	C	L	C	L	C	L	C	L	C	L	C	L
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Codes but no initials to be entered if drug is not given as prescribed:

1. Patient not on ward	5. Incomplete or impossible prescription
2. Drug omitted for clinical reason	6. Out of stock on ward
3. Patient opted not to take drug	7. Other documented reason
4. Patient self-medicating	8. Transdermal patch checked

Notes

Notes	
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[illegible]

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