

Patient Nam	Pa	tient	N	am
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D.O.B.

Hospice No

Drug hypersensitivities, allergies & special requirements

Drugs from the following list can be dispensed once it has been authorised with a medical signature.

Asilone 10ml PRN PO
Lactulose 10-20ml BD PO
Senna 7.5-15mg OD PO
Glycerin Suppository 1 OD PR
Bisacodyl Suppository 10mg OD PR
Arachis Oil Enema 1 OD PR
Fleet Phoshate Enema 1 OD PR
Anusol Ointment PRN PR

Chlorhexidine Mouthwash 0.2% 10mls QDS
Effervescent Vitamin C Tablets ¼ tablet on tongue QDS
Simple Linctus 10ml PRN PO
Nebulized Saline 5ml 4-hrly PRN
Clotrimazole 1% Cream topically BD
Aqueous Cream with/without Menthol topically PRN
50:50 White Soft Paraffin: Liquid Paraffin topically PRN
Normal saline bladder washout 50-100ml BD via catheter
Instillagel topically OD

Signatur	e:			Date:			
Drug	Dose &	Date &	Signature	Drug	Dose &	Date &	Signature
	Route	Time			Route	Time	

ONE-OFF PRESCRIPTIONS

Date and time to be given	Prescription	Route (and rate)	Signature of prescriber	Date and time given	Signature of administrator

"AS REQUIRED" MEDICATION | Patient Name

				Time & date	Dose, r	oute &	z sig	Time & date	Dose, r	oute &	z sig	Time & date	Dose, r	oute &	k sig
Drug and Dose															
Pa	raceta	amol	1g												
Route	Freque		Date												
PO/PR			Date												
FO/FK	4-h	119													
Comments		Signat	ure												
Drug and Dose	Drug and Dose														
Mor	phine	Sulp	hate												
Route	oute Frequency Date		Date												
PO	1-h		Date												
10	1-11	119													
Comments		Signat	ure												
Drug and Dose															
Drug and Dose															
Temazepam 10-20mg															
Route	Freque	encv	Date					<u> </u>							
PO	No														
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Comments		Signat	ure												
Drug and Dose					ļ										
Drug and Dose	: : .1 .	.115	5												
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Drug and Dose															
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SC	1-h	rly													
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Comments		Signat	ure												
Drug and Dose	2														
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Route	Freque		Date												
SC	1-h	rly													
Comments		Signat	ura												
Comments		Signat	uic												
Drug and Dose	2														
		brom	ide 20mg												
Route	Freque		Date												
SC	1-h	rly													
Comments		Signat	ure												
Comments		J. J. J. Hall													
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Drug and Dose	•		·												
D .	Б		ъ.												
Route	Freque	ency	Date		<u> </u>	<u> </u>			<u> </u>				<u></u>		
Comments		Signat	ure												
		2													

"AS REQUIRED" MEDICATION | Patient Name

				Time & date	Dose, 1	route &	k sig	Time & date	Dose	Initi	als	Time & date	Dose, 1	oute &	z sig
Drug and Dos	e														
Route	Freque	ncy	Date												
Comments	Comments Signature		ture												
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Drug and Dos															
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Comments		Signat	ture												
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Comments		Signat	ture												
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Drug and Dos	Α.														
Drug and Dos	C														
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Route	Freque	псу	Date												
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Comments		Signat	ture												
Drug and Dos	e	· <u> </u>													
Route	Freque	ncy	Date												
G	<u> </u>	C.													
Comments		Signat	ure												

REGULAR MEDICATION Month and year in which this page was started: Day: 0100 Drug and Dose 05^{00} 09^{00} Route Signature Date 13^{00} 17⁰⁰ Comments 21⁰⁰ Drug and Dose 01^{00} 05⁰⁰ Route Signature Date 09^{00} 13^{00} 17^{00} Comments 21^{00} Drug and Dose 01^{00} 05^{00} 0900 Route Signature Date 13⁰⁰ 17^{00} Comments 21⁰⁰ Drug and Dose 01^{00} 05^{00} 0900 Route Signature Date 13^{00} 17⁰⁰ Comments 21^{00} 01^{00} Drug and Dose 05^{00} 09^{00} Route Signature Date 1300 Comments 17^{00} 21^{00} Drug and Dose 01^{00} 050 09^{00} Route Signature Date 13^{00} 17^{00} Comments 21^{00} Drug and Dose 01^{00} 05^{00} Route Signature Date 09^{00} 13^{00} 17^{00} Comments 21^{00}

Patient Name

REC	ATION	TION x x x				Dosage change Do not give Not given				I	Unavailable Refused by patient Patient unable to swallow					
Month and year in	which this page v	Day:														
Drug and Dose			0100													
Diag and Door			0500													
Route	Signature	Date	0900													
Route	Signature	Date	1300													
Comments			1700													
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Drug and Dose			01 ⁰⁰													
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Route	Signature	Date	0900													
			1300													
Comments	1		1700													
			2100													

SYRINGE DRIVER PRESCRIPTION

PATIENT NAME:

Make up with	DRUG		DOSE	Date			
Water/Saline			1	Time changed			
& administer over				Butterfly site			
101			<u></u>	Battery change (Y/N)			
124				Site change (Y/N)			
hours.	Signature:	Date:		Initials			
Make up with	DRUG	i	DOSE	Date			
Water/Saline				Time changed			
& administer over				Butterfly site			
101				Battery change (Y/N)			
124				Site change (Y/N)			
hours.	Signature:	Date:	.ā	Date:			
Make up with	DRUG	<u>:</u>	DOSE	Date			
Water/Saline				Time changed			
& administer over				Butterfly site			
101				Battery change (Y/N)			
124				Site change (Y/N)			
hours.	Signature:	Date:		Initials			
Make up with	DRUG	i	DOSE	Date			
Water/Saline				Time changed			
& administer over				Butterfly site			
101			. 	Battery change (Y/N)			
124			<u> </u>	Site change (Y/N)			
hours.	Signature:	Date:		Initials			