

Cut off section

Attach ADR Sticker

Allergies and adverse drug reactions (ADR)
 Nil known Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction / Type / Date	Initials

Sign Print Date

Affix patient identification label here and overleaf

URN:
Family name:
Given names: Not a valid prescription unless identifiers present
Address:
Date of birth: Sex: M F
Medicare No: PBS/RPBS Entitlement No.
 Concessional or dependent RPBS or Safety Net Concession Card Holder Safety Net Entitlement Card Holder

First prescriber to print patient name and check label correct:
.....
Weight (kg): Height (cm): Date: / /

Regular Medicines Brand substitution not permitted PBS/RPBS Year

Variable dose medicine Date and month

Start Date	Medicine (print generic name)/form	Drug level	Time level taken	Continue on discharge? Y / N	Dispense? Y / N	Duration:days Qty:

Route: Frequency: Prescriber to enter dose times and individual dose

Indication: Pharmacy: Imprest:
Prescriber signature: Print name: SAC/AAN:
Time to be given:
Nurse initial:
Date:

Recommended administration times Guidelines only

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

Regular Medicines Brand substitution not permitted PBS/RPBS Year

Prescriber MUST ENTER administration times Date and month

Start Date	Medicine (print generic name)/form	Continue on discharge? Y / N	Dispense? Y / N	Duration:days Qty:

Route: Dose and Frequency: and now enter times

Indication: Pharmacy: Imprest S8 S4R

Prescriber signature: Print name: SAC/AAN:

Start Date: Medicine (print generic name)/form: Tick if slow release

Date:

Venous Thromboembolism (VTE) risk assessment / Anticoagulation

VTE risk considered (refer guidelines) Bleeding risk considered

Pharmacological Prophylaxis: Indicated* Not Indicated Contraindicated
*Consider surgical and anaesthetic implications prior to prescribing

Mechanical Prophylaxis: GCS IPC VFP Not Indicated Contraindicated

Key: GCS – Graduated Compression Stockings; IPC – Intermittent Pneumatic Compression; VFP – Venous Foot Pumps

Risk Assessment completed by: (name) Date/Time: Continue Y / N:

If risk changes document VTE prophylaxis requirements on new chart

Warfarin/Anticoagulant in use Refer to Anticoagulation Chart for administration details

Additional Charts – Tick if in use

Blood Glucose Level (BGL) monitoring (Subcutaneous Insulin or Intravenous Insulin Infusion)
 Clozapine Intravenous (IV) Fluid Chemotherapy
 Agitation & arousal Palliative care Acute Pain
 Long acting injection Variable dose Other

Year 20..... DATE AND MONTH

Prescriber MUST ENTER administration times

Start Date	Medicine (print generic name)/form	Continue on discharge? Y / N	Dispense? Y / N	Duration:days Qty:

Route: Dose and Frequency: and now enter times

Indication: Pharmacy: Imprest S8 S4R

Prescriber signature: Print name: SAC/AAN:

Start Date: Medicine (print generic name)/form: Tick if slow release

Date:

Pharmaceutical review:

SR = Sustained, modified or controlled release formulation
Tick if slow release
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 or contact prescriber	(N)
Refused – notify prescriber	(R)
Self administered	(S)
Vomiting	(V)
Withheld – enter reason in clinical record	(W)

SAC: Streamline Authority Code
AAN: Authority Approval Number

Regular Medicines Brand substitution not permitted PBS/RPBS Year

Prescriber MUST ENTER administration times Date and month

Start Date	Medicine (print generic name)/form	Continue on discharge? Y / N	Dispense? Y / N	Duration:days Qty:

Route: Dose and Frequency: and now enter times

Indication: Pharmacy: Imprest S8 S4R

Prescriber signature: Print name: SAC/AAN:

Start Date: Medicine (print generic name)/form: Tick if slow release

Date:

Pharmaceutical review:

Check if patient has another medication chart

Check if patient has another medication chart