

PAEDIATRIC LONG-STAY MEDICATION CHART of

Facility/Service: _____

WARD/UNIT: _____

ADDITIONAL CHARTS

- IV Fluid BGL/Insulin Acute Pain/P.C.A.
 Inhalation Chemotherapy Palliative Care
 Post op N&V Other _____

ONCE ONLY MEDICINES

Date Prescribed	Medicine (Print Generic Name)	Route	DOSE	DOSE calc e.g. mg/kg per DOSE	Date/Time to be given	Prescriber Signature	Print Name	Given by	Date/Time Given	Pharm

TELEPHONE ORDERS (To be signed within 24 hrs of order)

Date / Time	Medicine (Print Generic Names)	Route	DOSE	DOSE calc e.g. mg/kg per DOSE	Frequency	Nurse/Midwife Initials 1st/2nd	Dr Name	Dr Sign	Date	RECORD OF ADMINISTRATION		
										Time/Given by:	Time/Given by:	Time/Given by:

INITIALS All staff please print name and designation beside your initials

Initials	Print name and designation	Initials	Print name and designation	Initials	Print name and designation

Medicines taken Prior to Presentation to Hospital (Prescribed, over the counter, complementary)

Medicine & Formulation	Dose & Frequency	Duration	Medicine & Formulation	Dose & Frequency	Duration

Doctor/GP: _____ Community Pharmacy: _____
 Documented by: _____ (Sign) _____ (Date) Medicines usually administered by: _____

Hospital Prescription

All doses need units of measure. eg mL, mg, unit, microgram

AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVER LEAF

UR No.: _____
 Family Name: _____
 Given Names: _____
 D.O.B.: _____ Sex: M F

Attach ADR Sticker

See front page for details

AS REQUIRED "PRN" MEDICINES

1st Prescriber to print patient name & check label correct:

YEAR 20 _____

WARD/UNIT: _____

Weight (kg): _____
 IBW (kg): _____
 Date weighed: _____

Date	Medicine (Print Generic Name)	Route	DOSE	Hourly Frequency	Max PRN DOSE/24hrs	Time	Date	Continue on discharge? Yes / No	Dispense? Yes / No	Duration: _____ days / Qty: _____
Pharmacy/Additional Information		Imprest S8 S4R		DOSE						
Indication		Calculation of Dose (eg. mg/kg/DOSE)		Route						
Prescriber Signature		Print Name		Contact/Pager		Sign				
Pharmacy/Additional Information		Imprest S8 S4R		DOSE						
Indication		Calculation of Dose (eg. mg/kg/DOSE)		Route						
Prescriber Signature		Print Name		Contact/Pager		Sign				
Pharmacy/Additional Information		Imprest S8 S4R		DOSE						
Indication		Calculation of Dose (eg. mg/kg/DOSE)		Route						
Prescriber Signature		Print Name		Contact/Pager		Sign				
Pharmacy/Additional Information		Imprest S8 S4R		DOSE						
Indication		Calculation of Dose (eg. mg/kg/DOSE)		Route						
Prescriber Signature		Print Name		Contact/Pager		Sign				

Hospital Prescription

All doses need units of measure. eg mL, mg, unit, microgram
*Schedule 8 Medicines for Discharge – Exact quantity must be specified.

NOT A VALID ORDER UNLESS LEGIBLE

EXAMPLE

WA Paediatric Hospital Medication Chart - Long Stay

MRXX

DO NOT WRITE IN BINDING MARGIN

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

Nil known Unknown (tick appropriate box or complete details below)

Table with columns: Drug (or other), Reaction/Type/Date, Initials

Complete hospital ADR and alert requirements

Sign Print Date

AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVER LEAF

UR No.: Family Name: Given Names: D.O.B.: Sex: M F

1st Prescriber to print patient name & check label correct:

Weight (kg): Date: IBW (kg): Date: Gestational age (GA): Height (cm): Date: Corrected GA: Date: B.S.A. (m²): Date: Age:

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

REGULAR MEDICINES

YEAR 20 DATE & MONTH DOCTOR MUST ENTER administration times

Main grid for medication administration with columns for Date, Medicine, Route, Dose, Frequency, Indication, Prescriber Signature, Print Name, Contact/Pager, Continue on discharge?, Dispense?, Duration, Yes/No, days/Qty.

EXAMPLE ONLY

DO NOT WRITE IN BINDING MARGIN

NOT A VALID ORDER UNLESS LEGIBLE

RECOMMENDED ORAL ADMINISTRATION TIMES GUIDELINES ONLY

REASON FOR NOT ADMINISTERING Codes MUST be circled

Tick if Slow release SR=Sustained, modified or controlled release formulation. If tablet is scored, then half can be given. Dose must be swallowed without crushing.

Hospital Prescription

All doses need units of measure. eg mL, mg, unit, microgram

*Schedule 8 Medicines for Discharge – Exact quantity must be specified.