

## Once Only Medicines, Depots

| Prescription |                     |       |      |  |                            |           | Administration         |      |                            |
|--------------|---------------------|-------|------|--|----------------------------|-----------|------------------------|------|----------------------------|
| Date         | Drug (Generic Name) | Route | Dose | Special Instructions<br>eg. Diluent & Volume | Time & Date<br>to be given | Signature | Given by<br>Checked by | Date | Time given<br>(24Hr Clock) |
|              |                     |       |      |  |                            |           |                        |      |                            |
|              |                     |       |      |  |                            |           |                        |      |                            |
|              |                     |       |      |  |                            |           |                        |      |                            |
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|              |                     |       |      |  |                            |           |                        |      |                            |
|              |                     |       |      |  |                            |           |                        |      |                            |

## Variable Dose Prescriptions (Reducing dose Steroids, Chlordiazepoxide etc).

| Drug (Generic Name) |        |           |           |                |        | Route   | Special Instructions |          |      |          |      |          | Reviewed by |          |      |      |
|---------------------|--------|-----------|-----------|----------------|--------|---|----------------------|----------|------|----------|------|----------|-------------|----------|------|------|
| Date                | Result | Dose      | Frequency | Prescriber Sig | Reg No | Given By  | Time                 | Given By | Time | Given By | Time | Given By | Time        | Given By | Time | Date |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
| Stop Date           | Reason | Signature |           |                |        | <b>Continue at Discharge</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |                      |          |      |          |      | Initials |             |          |      |      |

| Drug (Generic Name) |        |           |           |                |        | Route   | Special Instructions |          |      |          |      |          | Reviewed by |          |      |      |
|---------------------|--------|-----------|-----------|----------------|--------|---|----------------------|----------|------|----------|------|----------|-------------|----------|------|------|
| Date                | Result | Dose      | Frequency | Prescriber Sig | Reg No | Given By  | Time                 | Given By | Time | Given By | Time | Given By | Time        | Given By | Time | Date |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
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|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
|                     |        |           |           |                |        |   |                      |          |      |          |      |          |             |          |      |      |
| Stop Date           | Reason | Signature |           |                |        | <b>Continue at Discharge</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |                      |          |      |          |      | Initials |             |          |      |      |