

Forename:

Medication Record

Hospital Logo Here

Admission Date:/..../

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Sx	Op,
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DOB:	PAT	IENT LAI	BEL OR			Other I	Vledicatio	n Recor	ds In Use (Please Tio	k Or Affix	Sticker)	
DOD.	AD	DRESSO(GRAPH			Insulin			Haemodialysis		TPN	
Hospital No.	:					Chemo	therapy		Syringe Driver Blood Products		Nutrition	
Consultant:							gulants rin		Other			
W : 11 42 > T	Weight		1	Cockcroft Gault)	1		Patien	t Cond	itions Affecting (Oral Dos	es	
Weight (Kg)	Date	Initials	Value	Date	Initials	S	Restric	ted ora	l route (e.g. swall	owina ni	oblems)	
										•	•	_
							Entera	l Feedir	ng (e.g. NG tube, P	'EG feed	ing)	
							Specify	v				
							Opoon	,				
Measured Hei	ght Height	(cm)	Date:	Initials:			Signat	ure:			Date:	
Oral Medic	cation in Su	rgical Pre O	perative Pat	tients								
Prescribed	medication	can be given	up to 2 hou	rs prior to surç	gery wi	ith a sm	all drink	of wate	er (less than 30ml	_) except	t:	
	•	directions to		edication, cation due to r	reasons	s other t	han fast	ing for	surgery, or			
c. if the di	rug is an ora	l hypoglycae	mic agent, a					-	agulant (may requ	ire bridg	ing),	
or as in	idicated in Id	cal guideline	S									
Allergies/	Adverse D	rug React	ions: Com	plete below	<i>i</i> befo	re me	dicatio	n is ac	dministered.			
OR Tick if	No Known	Drug Allerg	y □	Signature:]	Date:		
Medication	/ Other		Nature of F	Reaction					Signature		Date	
Index		Page	How	to use this	Medi	icatio	n Reco	rd				
Index Cover		Page 1		to use this				-	int pen			
Cover Signature Reco		1	• Pri • Ph	nt clearly in un- armacists may	-joined use a p	letters. U ermaner	se a blac t green p	k ballpo en	•			
Cover Signature Reco	n section		PriPhCo	nt clearly in un- armacists may mplete Allergy (-joined use a p Status t	letters. U ermaner oefore pr	se a blac t green p escribing	k ballpo en or admi	nistering medication	1		
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Cover Signature Reco Communication Pre-admission and medication Once only & del Regular As required	n section medication n reconciliation pots & variable o	1 2 3 dose 4 5 6	Pri Ph Co Co An wii To in To Do Pre e.c. bic	int clearly in un- armacists may implete Allergy to implete the sign y medication prescrip at a reference to stop a prescrip administration sechange a prescont ont alter existing escribe by gene go combination pological medicat	-joined luse a p Status thature rescribe to the section, dra section, dra section, cription, ng preseric drug products	letters. U ermaner pefore pr ecord be ed on a si eparate d aw a line Enter th stop it a criptions g name, e s, modifi- nti-epilep	se a blac t green p escribing fore writing eparate d ocument, through he stop da s above a except in ed release tics, imm	k ballpo en or admi ng in the ocumen e.g. Ins the pres tate, the r and write cases we productions	nistering medication Record It should also be write willin, See Diabetes Corrigion and a line areason for stopping the new prescription here the brand namets, controlled drugs	tten in the Chart It the end and sign on. Ie must b , insulins	of the last	filled