

Forename:

Surname:

DOB: Sex: M/F

Hospital No.:

Consultant:

PATIENT LABEL OR
ADDRESSOGRAPH

**Check allergies / adverse drug reactions
before prescribing or
administering medication.**

Forename:

Surname:

DOB: Sex: M/F

Hospital No.:

Consultant:

PATIENT LABEL OR
ADDRESSOGRAPH

Codes for recording omitted doses	Actions to be taken
1. Patient absent from ward	Administer on patient's return
2. Medication not available	If already ordered, check with pharmacy. If not, order. Administer dose on receipt of drug.
3. Route not available, e.g fasting, vomiting, difficulty swallowing, no IV access	Document specific reason and inform team if appropriate.
4. Medication held due to patient condition	
5 Patient refused medication	
6. Other	