



# Medication Record

Hospital Logo Here

**ADULT  
ACUTE**

Forename:  
Surname:  
DOB:  
Hospital No.:  
Consultant:

PATIENT LABEL OR  
ADDRESSOGRAPH

**Admission Date:** ...../...../...../

**Drug Chart No.** .....

**Other Medication Records In Use** (Please Tick Or Affix Sticker)

Insulin	<input type="checkbox"/>	Haemodialysis	<input type="checkbox"/>	TPN	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	Syringe Driver	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
PCA	<input type="checkbox"/>	Blood Products	<input type="checkbox"/>		
Anticoagulants / Warfarin	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Weight			CrCl (Cockcroft Gault) mL/min		
Weight (Kg)	Date	Initials	Value	Date	Initials
<b>Measured Height</b>	Height	(cm)	Date:	Initials:	

**Patient Conditions Affecting Oral Doses**

Restricted oral route (e.g. swallowing problems)

Enteral Feeding (e.g. NG tube, PEG feeding)

Specify .....

Signature: ..... Date: .....

**Oral Medication in Surgical Pre Operative Patients**

Prescribed medication can be given up to 2 hours prior to surgery with a small drink of water (less than 30mL) except:

- if there are specific directions to hold the medication,
- if the patient is unable to swallow oral medication due to reasons other than fasting for surgery, or
- if the drug is an oral hypoglycaemic agent, a diuretic, an ACE inhibitor or ARB, an anticoagulant (may require bridging), or as indicated in local guidelines

**Allergies/Adverse Drug Reactions: Complete below before medication is administered.**

**OR** Tick if No Known Drug Allergy  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medication / Other	Nature of Reaction	Signature	Date

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Regular	6
As required	20
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**How to use this Medication Record**

- Print clearly in un-joined letters. Use a black ballpoint pen
- Pharmacists may use a permanent green pen
- Complete Allergy Status before prescribing or administering medication
- Complete the signature record before writing in the Record
- Any medication prescribed on a separate document should also be written in the regular section with a reference to the separate document, e.g. Insulin, See Diabetes Chart
- To stop a prescription, draw a line through the prescription and a line at the end of the last filled in administration section. Enter the stop date, the reason for stopping and sign
- To change a prescription, stop it as above and write the new prescription. Do not alter existing prescriptions
- Prescribe by generic drug name, except in cases where the brand name must be specified, e.g. combination products, modified release products, controlled drugs, insulins, biological medications, anti-epileptics, immunosuppressants etc
- Check for entries in the Communication Section each time you use this Record