NAME:	WARD:	NAME:	WARD:

N.B. CHECK ALLERGY & CAUTION BOX ON FRONT OF CHART AND OTHER PRESCRIBED MEDICINES TO AVOID INTERACTIONS OR DUPLICATION

AS REQUIRED MEDICINES

(1) Medicine		Dose		Route (One Only)	DATE																						
Hourly interval	Max in 24 hrs		Indication		TIME																						
T2/T3/S62/ NA or other	Within BNF MAX Y/N	Start Date	Stop Date	Review Date	DOSE																						
Prescriber's signature & date		Additional Information		Pharmacy	SIG																						
(2) Medicine		Dose		Route (One Only)	DATE																						
Hourly interval	Max in 24 hrs		Indication		TIME																						
T2/T3/S62/ NA or other	Within BNF MAX Y/N	Start Date	Stop Date	Review Date	DOSE																						
Prescriber's signature & date		Additional Information		Pharmacy	SIG																						
(3) Medicine		Dose		Route (One Only)	DATE																						
Hourly interval	Max in 24 hrs		Indication		TIME																						
T2/T3/S62/ NA or other	Within BNF MAX Y/N	Start Date	Stop Date	Review Date	DOSE																						
Prescriber's signature & date		Additional Information		Pharmacy	SIG																						
(4) Medicine		Dose		Route (One Only)	DATE																						
Hourly interval	Max in 24 hrs		Indication		TIME																						
T2/T3/S62/ NA or other	Within BNF MAX Y/N	Start Date	Stop Date	Review Date	DOSE																						
Prescriber's signature & date		Additional Information		Pharmacy	SIG																						
(5) Medicine		Dose		Route (One Only)	DATE																						
Hourly interval	Max in 24 hrs		Indication		TIME																						
T2/T3/S62/ NA or other	Within BNF MAX Y/N	Start Date	Stop Date	Review Date	DOSE																						
Prescriber's signature & date		Additional Information		Pharmacy	SIG																						
(6) Medicine		Dose		Route (One Only)	DATE																						
Hourly interval	Max in 24 hrs		Indication		TIME																						
T2/T3/S62/ NA or other	Within BNF MAX Y/N	Start Date	Stop Date	Review Date	DOSE																						
Prescriber's signature & date		Additional Information		Pharmacy	SIG																						
(7) Medicine		Dose		Route (One Only)	DATE																						
Hourly interval	Max in 24 hrs		Indication		TIME																						
T2/T3/S62/ NA or other	Within BNF MAX Y/N	Start Date	Stop Date	Review Date	DOSE																						
Prescriber's signature & date		Additional Information		Pharmacy	SIG																						
(8) Medicine		Dose		Route (One Only)	DATE																						
Hourly interval	Max in 24 hrs		Indication		TIME																						
T2/T3/S62/ NA or other	Within BNF MAX Y/N	Start Date	Stop Date	Review Date	DOSE																						
Prescriber's signature & date		Additional Information		Pharmacy	SIG																						

Check Allergies, Sensitivities and Cautions box on the front of the chart, and other prescribed medicines to avoid interactions or duplication

DISCRETIONARY LIST OF HOMELY REMEDIES

The following items can be given for up to two consecutive days provided
a) they are not crossed through
b) the prescriber has signed and dated the boxes below

Paracetamol 500mg tabs. 2 tab 4-6 hourly max 4 doses in 24 hours. Not to be given with any other Paracetamol containing medication
Mucogel 10-20 mls up to qds for indigestion. Not to be given within 1 hour of other medication
Glycerine Suppositories 1-2 once at night for constipation. Not to be given with abdominal pain.
Honey and Lemon cough syrup 5ml every 6-8 hours.
Sun block Apply before exposure to sun as needed.
Bonjela for mouth ulcers max 3 hourly. Max 6 doses a day.
Calamine lotion for itching as needed.
Aqueous cream for dry skin
Yellow soft paraffin for dry lips

PRESCRIBER'S SIGNATURE	DATE	ADDITIONAL INSTRUCTIONS

MEDICINE	DOSE	DATE	TIME	SIGNED	ADDITIONAL COMMENTS

TTA medicine (if a short-term TTA chart is in use, please tick here ☐

number of days treatment prescribed	
date received by pharmacy	
chart received by (pharmacist's signature)	

WEST LONDON MENTAL HEALTH NHS TRUST
IN-PATIENT PRESCRIPTION CHART and ADMINISTRATION RECORD

Charts currently in use *eg1of2*
Date chart started .....
Date discontinued .....

Patient's Surname		Consultant		Ward	
First names		Ward doctor and Bleep number		Transcription checked by:	
Date of Birth	Sex M/F	RiO / NHS Number		Date:	
Weight: / Date recorded:	Height:	**CLINICIANS ARE BREAKING THE LAW IF APPROPRIATE CONSENT IS NOT RECORDED FOR MEDICATION GIVEN TO DETAINED PATIENTS**		T2, T3 or CTO11 or other	
Adherence Issues	Y / N	MHA Consent to treatment applies? Yes / No From ..... to			
Swallowing Difficulties	Y / N	**ALLERGIES, SENSITIVITES AND CAUTIONS: Specify medicine and reason**	Medicines Reconciliation (M11) carried out by Dr..... Date..... Compliance aid authorised? Y/ N Self-administration authorised Y/ N - specify.....		
Medication Care Plan	Y / N				

Instructions to Prescribers - see Medicine Policy (M2) + BNF
Write legibly, in blue or black ink, IN BLOCK CAPITALS
Use the British Approved Name (BAN) of the medicine whenever possible. Avoid abbreviations.
Complete **all** the appropriate sections for each prescription.
The start date refers to the original date when the medicine was first prescribed or the dose changed.
Cancel prescriptions by a definite line through both the item as well as the next vacant administration record. Initial the chart and enter the stop date in the box.
Any changes **must** be re-prescribed on a new prescription. **Do not** [illegible] existing instructions.
Patients should only have one medicine chart, where possible.
Prescribe doses of less than 1mg in micrograms.

"ONCE ONLY" OR STAT MEDICINES

DATE TO BE GIVEN	MEDICINE	T2/T3/S62 OR N/A	DOSE	ROUTE	TIME	PRESCRIBER'S SIGNATURE & DATE	NURSE SIG. & DATE	TIME GIVEN	PHARMACY
		T2/T3/S62 OR N/A							
		T2/T3/S62 OR N/A							
		T2/T3/S62 OR N/A							
		T2/T3/S62 OR N/A							

DEPOT MEDICATION

Please record site used (L/R)

Medicine		Route (one only)	Start Date / Stop Date	Date Due / Date Given													
Dose	Frequency	Within BNF Max Y/N	T2/T3/S62/NA or other	Site													
Prescriber's Signature & Date			Pharmacy	Sig													
Medicine		Route (one only)	Start Date / Stop Date	Date Due / Date Given													
Dose	Frequency	Within BNF Max Y/N	T2/T3/S62/NA or other	Site													
Prescriber's Signature & Date			Pharmacy	Sig													

7th 81497
PROOF
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Medicines prescribed here must also be entered in the regular section of the chart with the note '*see front of chart for variable dose*'

VARIABLE DOSE SCHEDULE

Medicine		T2/T3/S62/NA or other	Route		dose	sig/nurse	dose	sig/nurse	dose	sig/nurse	dose	sig/nurse	dose	sig/nurse	dose	sig/nurse
Additional instructions		Start date	Review date	am												
				noon												
Pharmacy	Prescriber's Signature & Date		Stop date	pm												
				nocte												
Medicine		T2/T3/S62/NA or other	Route		dose	sig/nurse	dose	sig/nurse	dose	sig/nurse	dose	sig/nurse	dose	sig/nurse	dose	sig/nurse
Additional instructions		Start date	Review date	am												
				noon												
Pharmacy	Prescriber's Signature & Date		Stop date	pm												
				nocte												

Instructions to Nurses see Medicine Policy (M2) & NMC guidelines
A. Check all sections to avoid omissions
B. Check the identity of the patient
C. Initial box when the medicine has been administered.
D. If a medicine is not given, enter the appropriate code into the box:

CODES FOR MEDICATION OMITTED

1. Patient self-administering according to agreed care plan
2. Patient could not receive medicine (Nil by mouth, vomiting etc.)
3. Patient refused medicine
4. Medicine not available
5. On Instruction of doctor
6. Patient for ECT.
7. On leave / TTA
8. Self administration
9. Other (enter in notes)

REGULAR MEDICATION NAME: WARD: NAME: WARD: NAME: WARD:

N. CHECK ALLERGY & CAUTION BOX ON FRONT OF CHART AND OTHER PRESCRIBED MEDICINES TO AVOID INTERACTIONS OR DUPLICATION

20 date & month

circle times required in appropriate column

① Medicine | Form - tab/ liq etc | Dose | Route | TIME
T2/T3/S62/ NA or other | Within BNF max Y / N | Date treatment started/dose changed | Stop Date
Prescriber's signature & date | Additional Information | Pharmacy
am / noon / pm / nocte

② Medicine | Form - tab/ liq etc | Dose | Route | TIME
T2/T3/S62/ NA or other | Within BNF max Y / N | Date treatment started/dose changed | Stop Date
Prescriber's signature & date | Additional Information | Pharmacy
am / noon / pm / nocte

③ Medicine | Form - tab/ liq etc | Dose | Route | TIME
T2/T3/S62/ NA or other | Within BNF max Y / N | Date treatment started/dose changed | Stop Date
Prescriber's signature & date | Additional Information | Pharmacy
am / noon / pm / nocte

④ Medicine | Form - tab/ liq etc | Dose | Route | TIME
T2/T3/S62/ NA or other | Within BNF max Y / N | Date treatment started/dose changed | Stop Date
Prescriber's signature & date | Additional Information | Pharmacy
am / noon / pm / nocte

⑤ Medicine | Form - tab/ liq etc | Dose | Route | TIME
T2/T3/S62/ NA or other | Within BNF max Y / N | Date treatment started/dose changed | Stop Date
Prescriber's signature & date | Additional Information | Pharmacy
am / noon / pm / nocte

⑥ Medicine | Form - tab/ liq etc | Dose | Route | TIME
T2/T3/S62/ NA or other | Within BNF max Y / N | Date treatment started/dose changed | Stop Date
Prescriber's signature & date | Additional Information | Pharmacy
am / noon / pm / nocte

⑦ Medicine | Form - tab/ liq etc | Dose | Route | TIME
T2/T3/S62/ NA or other | Within BNF max Y / N | Date treatment started/dose changed | Stop Date
Prescriber's signature & date | Additional Information | Pharmacy
am / noon / pm / nocte

⑧ Medicine | Form - tab/ liq etc | Dose | Route | TIME
T2/T3/S62/ NA or other | Within BNF max Y / N | Date treatment started/dose changed | Stop Date
Prescriber's signature & date | Additional Information | Pharmacy
am / noon / pm / nocte