When prescribing blood check if the patient requires irradiated or CMV negative components

Patient's Name: ..... Hospital Number: .....

Do not make any additions to blood components

Infusions and blood and blood components

Date	Fluid or blood / blood component	Medicine added and dose	Final vol (mls or mm if a syringe)	Route	Rate (ml/hr) or (mm/hr) or duration (hrs/mins)	Prescriber's signature	Batch or blood component unit number	Nurse's signatures	Infusion Start time / Finish time	Vol. given	Pharmacy

Medicines Not Administered

Prescriber must be made aware of doses not administered

Date & Time	Medicines	Reason (use code)	Action	Nurse's signature	Date & Time	Medicines	Reason (use code)	Action	Nurse's signature

Codes

1. Patient away from ward
2. Patient could not receive Medicine (specify reason)
3. On instruction of doctor
4. Medicines not available
5. Not required by patient
6. Patient refused
7. Self administration
8. Other

Medicine Prescription and Administration Chart

Imperial College Healthcare NHS
NHS Trust

Ward: _____	EDC Screened: _____ Given to Patient: _____
Consultant: _____	Chart rewritten by / Date: _____
Junior Doctor: _____ Bleep Number: _____	Chart No: _____ of _____
EDC/TTA written: _____	Pharmacy Cost Centre: _____
All medication on supplementary charts must be indicated on this chart	**Please Specify:**

Prescribers

- Write prescriptions legibly
- Use approved names, block letters, metric dosage, English instructions and avoid abbreviations
- Micrograms and units must be written in full
- Complete the prescription chart in black ink
- Changes in dose and/or frequency: discontinue drug and prescribe on a new line. Do not alter existing instructions
- Discontinue drugs by crossing through, sign and date them

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5.10.10

N.B. Unclear prescriptions or those with no completed allergy status will not be dispensed or administered

Nurses/Midwives

- Check the entries in every section to avoid omissions
- Initial administration in the appropriate box
- Enter the appropriate code in the box in the event of non-administration; specify action taken on the back of the chart for codes 2, 4 and 6

Once Only Medicines and Surgical Antibiotic Prophylaxis

Date	Time	Medicine (approved name)	Dose	Route	Prescriber's signature	Time given	Given by	Pharmacy

Preparations administered by registered nurse or midwife without a prescription (PGDs)

Medicine (approved name)	Dose	Date	Time	Given	Dose	Date	Time	Given	Dose	Date	Time	Given	Dose	Date	Time	Given	Pharm

Medicines Reconciliation

Medicines normally taken at home - record on admission

Medicine	Dose	Frequency	Change in therapy since admission				Reason for change
			New	Dose changed	Withheld	Stopped	

When prescribing blood check if the patient requires irradiated or CMV negative components

Do not make any additions to blood components

Infusions and blood and blood components

Date	Fluid or blood / blood component	Medicine added and dose	Final vol (mls or mm if a syringe)	Route	Rate (ml/hr) or (mm/hr) or duration (hrs/mins)	Prescriber's signature	Batch or blood component unit number	Nurse's signatures	Infusion Start time / Finish time	Vol. given	Pharmacy

Adult Venous Thromboembolism (VTE) Assessment Guidelines (excluding pregnant women*)

*Refer to maternity thromboprophylaxis guidelines on the intranet under CPG5

All admissions (including day cases): should have verbal and written information about VTE risks, options for prevention

Assessment of mobility	Tick			Tick	
	Admission	24-hours		Admission	24-hours
Surgical patient			Medical patient		

Assess for thrombosis and bleeding risk as below

Risk Assessment for Venous Thromboembolism-Tick all boxes that apply, or tick here if NO risk factor ☐

Patient Related	Tick		Admission Related	Tick	
	Admission	24-hours		Admission	24-hours
Active cancer or cancer treatment			Acute surgical admission with inflammatory or intra-abdominal conditions		
Age > 60			Critical care admission		
Dehydration			Hip fracture		
Hormonal therapy (HRT, oral contraception, IVF)			Hip replacement		
Intravenous drug use			Knee replacement		
Known heritable or acquired thrombophilia			Significantly reduced mobility for >3 days		
Obesity (BMI > 30 kg/m^2)			Surgery with significant reduction in mobility		
One or > significant medical co-morbidities (e.g. heart disease; metabolic; endocrine or respiratory; acute infectious diseases; inflammatory conditions)			Surgery involving pelvis or lower limb with a total anaesthetic + surgical time > 60 minutes		
Personal history <u>or</u> first-degree relative with history of VTE			Total anaesthetic + surgical time > 90 minutes		
Pregnancy (see maternity guidelines under CPG 5)			**Risk Stratification: Low = no ticks Medium = 1 tick High > 1 tick**		
< 6 weeks postpartum			**Thrombotic risk score (Total number of risk factors)**		
Varicose veins with phlebitis					

Risk Assessment for bleeding (if yes, discuss with senior Medical staff) , or tick here if NO risk factor ☐

Active bleeding			Acute Head injury		
Active peptic ulcer disease			Eye surgery		
Acute stroke (New-onset stroke, in line with NICE clinical guidelines 68)			Lumbar puncture/epidural/spinal/ deep perineural anaesthesia within the previous 4 hours or expected within the next 12 hours		
Acquired bleeding disorders (such as acute liver failure)			Neurosurgery		
Brain metastasis			Spinal surgery		
Concurrent use of anticoagulants known to increase the risk of bleeding (such as therapeutic anticoagulation, or dual antiplatelet therapy)			Surgery for haemorrhage		
Disseminated Intravascular Coagulation (DIC) with haemorrhage			Urological procedures (e.g. endoscopic stone removal, scrotal surgery, penile surgery)		
Molar pregnancy or choriocarcinoma					
Renal insufficiency with eGFR <30 ml/min					
Subarachnoid haemorrhage					
Thrombocytopenia (platelets < 75x10^9/l)					
Uncontrolled systolic hypertension (≥ 230/120 mmHg)					
Untreated inherited bleeding disorders (such as haemophilia and von Willebrand's disease)					

Other reasons(s) for exclusion from pharmacoprophylaxis

Allergy to heparin or LMWH	**ALWAYS discuss with haematologist**		Acute bacterial endocarditis		
Allergy to rivaroxaban or dabigatran					
Heparin-induced thrombocytopenia					

Eligible for pharmacoprophylaxis

	TICK		
YES (Medium <u>OR</u> high risk)			if YES, Prescribe on appropriate section of drug chart
NO (Low risk <u>OR</u> excluded)			if NO, State Reason here: (as ticked above in the 'risk assessment for bleeding' or 'other reason(s) for exclusion' section(s)):

Mechanical Thromboprophylaxis

Device	Indications	Exclusions
Anti-embolism stockings	Indicated for ALL surgical, Gynae & Trauma patients and for Medical patients not eligible for pharmacoprophylaxis (excluding stroke patients).	Dermatitis, delicate skin, deformed/ unusual limb, diabetic neuropathy, gangrene, gross leg oedema, neuropathy or sensory impairment (other causes), peripheral vascular disease including bypass graft, recent skin graft.
Intermittent compression or foot impulse devices	Indicated for ALL critical care and high-risk orthopaedics and for Medical patients not eligible for pharmacoprophylaxis or stockings (some cases of stroke).	Dermatitis, delicate skin, deformed/ unusual limb, diabetic neuropathy, gross leg oedema, neuropathy or sensory impairment (other causes), recent skin graft.

Completed assessment on admission			Completed assessment at 24-hours		
Assessed by Dr:	Signature	Date	Assessed by Dr:	Signature	Date
Location:			Location:		

Prescribing Section

DVT/PE Prophylaxis Prescriptions

All patients must be risk stratified on admission and re-assessed regularly to ensure appropriate prophylaxis is prescribed

1st choice for mechanical prophylaxis is **Anti-embolism stockings**			Date →														
Anti-embolism stockings (thigh length)	Signature/Bleep	Start Date	Stop Date														
Intermittent sequential compression device (ISCD)	Signature/Bleep	Start Date	Stop Date														

If clinically indicated, prescribe pharmacological prophylaxis here or complete the box below

				Time ↓	Date →												
Medicine (approved name)																	
Route	Dose	Start Date	Stop Date														
Signature/Bleep			Pharmacy														

				Time ↓	Date →												
Medicine (approved name)																	
Route	Dose	Start Date	Stop Date														
Signature/Bleep			Pharmacy														

Warfarin

Dose at 18:00 hours	Date														
Medicine (approved name)	INR														
Warfarin	Dose														
Prescriber's Signature/Bleep	Prescriber's initials														
	Given by:														

Target INR		Pharmacy
Indication	Duration of treatment:	
Anti-coagulation book given by:	Date	
Counselling by:	Date	
Primary Care Monitoring Team:		
Contact details (phone / fax / email):		
Clinic appointment made for (date):	Made by: / Date	

Variable Dose Prescriptions

E.G. steroids

		Month & Year →															
		Date →															
		Start	Change	Change	Change												
Medicine (approved name)	Date →																
	Time ↓	Dose	Dose	Dose	Dose												
Route																	
Signature/Bleep																	
Additional Instructions																	
Pharmacy																	

		Start	Change	Change	Change												
Medicine (approved name)	Date →																
	Time ↓	Dose	Dose	Dose	Dose												
Route																	
Signature/Bleep																	
Additional Instructions																	
Pharmacy																	

As Required Prescriptions

Medicine (approved name)			Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given
Dose	Route	Max Frequency																				
Date	Signature/Bleep	Pharmacy																				
Other Instructions																						
Patient Medicine on admission		New																				

Medicine (approved name)			Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given
Dose	Route	Max Frequency																				
Date	Signature/Bleep	Pharmacy																				
Other Instructions																						
Patient Medicine on admission		New																				

Oxygen Prescription and Administration

The method/rate of oxygen delivery should be altered by a nurse/healthcare professional in order to achieve the target saturation range. In an emergency oxygen can be administered without a prescription. Please ensure that the patients' oxygen saturation, delivery device and flow rate are recorded on their observations chart.

Oxygen	Date														
Circle target oxygen saturation • 94-98% (for most acutely unwell patients) • 88-92% (for those at risk of hypercapnic respiratory failure) • Other _____															
	08														
	12														
Continuous/Intermittent Humidification YES / NO Additional Instructions _____															
	18														
Signature/Bleep _____ Date _____	22														

Oxygen	Date														
Circle target oxygen saturation • 94-98% (for most acutely unwell patients) • 88-92% (for those at risk of hypercapnic respiratory failure) • Other _____															
	08														
	12														
Continuous/Intermittent Humidification YES / NO Additional Instructions _____															
	18														
Signature/Bleep _____ Date _____	22														

Review oxygen when target saturation achieved. Reduce oxygen as appropriate to maintain target saturation

Insulin Sliding Scale (prescribe each new syringe in the continuous infusion section)

Date Start:	Blood glucose range (mmol/l)	Rate of insulin administration (units/hour)	
Date Stop:		1	2
Name of insulin			
		Prescriber's signature	Prescriber's signature

(Cancel rate 1, when prescribing rate 2)

As Required Prescriptions

Medicine (approved name)			Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given
Dose	Route	Max Frequency																				
Date	Signature/Bleep	Pharmacy																				
Other Instructions																						
Patient Medicine on admission		New																				

Medicine (approved name)			Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given
Dose	Route	Max Frequency																				
Date	Signature/Bleep	Pharmacy																				
Other Instructions																						
Patient Medicine on admission		New																				

Medicine (approved name)			Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given
Dose	Route	Max Frequency																				
Date	Signature/Bleep	Pharmacy																				
Other Instructions																						
Patient Medicine on admission		New																				

Medicine (approved name)			Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given
Dose	Route	Max Frequency																				
Date	Signature/Bleep	Pharmacy																				
Other Instructions																						
Patient Medicine on admission		New																				

Medicine (approved name)			Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given
Dose	Route	Max Frequency																				
Date	Signature/Bleep	Pharmacy																				
Other Instructions																						
Patient Medicine on admission		New																				

Regular Prescriptions

Time ↓ | Date ↓ | Year:

Medicine (approved name)			
Dose	Route	Start Date	Stop Date
Signature/Bleep		Additional Instructions	
Pharmacy			
Patient Medicine on admission	New		

08
12
18
22
Additional Instructions

Medicine (approved name)			
Dose	Route	Start Date	Stop Date
Signature/Bleep		Additional Instructions	
Pharmacy			
Patient Medicine on admission	New		

08
12
18
22
Additional Instructions

Medicine (approved name)			
Dose	Route	Start Date	Stop Date
Signature/Bleep		Additional Instructions	
Pharmacy			
Patient Medicine on admission	New		

08
12
18
22
Additional Instructions

Medicine (approved name)			
Dose	Route	Start Date	Stop Date
Signature/Bleep		Additional Instructions	
Pharmacy			
Patient Medicine on admission	New		

08
12
18
22
Additional Instructions

Medicine (approved name)			
Dose	Route	Start Date	Stop Date
Signature/Bleep		Additional Instructions	
Pharmacy			
Patient Medicine on admission	New		

08
12
18
22
Additional Instructions

Codes:

1. Patient away from ward
2. Patient could not receive medicine (specify reason on back)
3. On instruction of doctor
4. Medicines not available (specify reason on back)
5. Not required by patient
6. Patient refused
7. Self administration
8. Other

Regular Prescriptions

Time ↓ | Date ↓ | Year:

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

Additional Instructions

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

Additional Instructions

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

Additional Instructions

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

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Additional Instructions

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

Additional Instructions

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8. Other

Regular Prescriptions

Time ↓ | Date ↓ | Year:

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

Additional Instructions

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

Additional Instructions

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

Additional Instructions

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

Additional Instructions

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

Additional Instructions

Medicine (approved name)

Dose | Route | Start Date | Stop Date

Signature/Bleep | Additional Instructions

Pharmacy

Patient Medicine on admission | New

08 | 12 | 18 | 22

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