PATIENT'S NAME..... HEALTH RECORD NUMBER .....

MORNING (around 0800); MIDDAY (between 1200 & 1400); EVENING (around 1800); BEDTIME (around 2200)

AS REQUIRED MEDICINES

DATE	TIME GIVEN	DOSE / ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE / ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE / ROUTE	GIVEN BY

DATE | MEDICINE(Approved Name) | PHARMACIST / SUPPLY

DOSE | ROUTE | FREQUENCY

PRESCRIBER'S SIGNATURE | INDICATION

bleep No.

DATE | MEDICINE(Approved Name) | PHARMACIST / SUPPLY

DOSE | ROUTE | FREQUENCY

PRESCRIBER'S SIGNATURE | INDICATION

bleep No.

DATE | MEDICINE(Approved Name) | PHARMACIST / SUPPLY

DOSE | ROUTE | FREQUENCY

PRESCRIBER'S SIGNATURE | INDICATION

bleep No.

DATE | MEDICINE(Approved Name) | PHARMACIST / SUPPLY

DOSE | ROUTE | FREQUENCY

PRESCRIBER'S SIGNATURE | INDICATION

bleep No.

DATE | MEDICINE(Approved Name) | PHARMACIST / SUPPLY

DOSE | ROUTE | FREQUENCY

PRESCRIBER'S SIGNATURE | INDICATION

bleep No.

DATE | MEDICINE(Approved Name) | PHARMACIST / SUPPLY

DOSE | ROUTE | FREQUENCY

PRESCRIBER'S SIGNATURE | INDICATION

bleep No.

PATIENT'S NAME..... HEALTH RECORD NUMBER .....

INTRAVENOUS AND SUBCUTANEOUS INFUSIONS

INFUSIONS TO BE ADMINISTERED ONCE ONLY, UNLESS THE PRESCRIBER SPECIFIES THEY ARE TO BE CONTINUOUS*

DATE & START	INFUSION FLUID TYPE / STRENGTH	INFUSION FLUID VOLUME	INFUSION FLUID ROUTE	MEDICINE ADDED APPROVED NAME	MEDICINE ADDED DOSE	INFUSION RATE OR DURATION	PRESCRIBER'S SIGNATURE	PHARM	TIME DATE	TIME START	TIME STOP	VOL. GIVEN	GIVEN BY	CHK'D BY
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							
Batch No.	Device No.			*Prescriber to initial if continuous			bleep No.							

GIG CYMRU NHS WALES

IN-PATIENT MEDICATION ADMINISTRATION RECORD

DRUG ALLERGIES & SENSITIVITIES

NONE KNOWN

SIGNED..... DATE .....

YES

SIGNED..... DATE .....

Drug / Allergen:	Description of Reaction:

THIS SECTION MUST BE COMPLETED

HOSPITAL No: _____

SURNAME: _____

FIRST NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

ADDRESSOGRAPH

Height (m)	Weight (kgs)	Surface Area (m^2)	Age (if under 12)

DATE OF ADMISSION _____

HOSPITAL _____

WARD _____

CONSULTANT _____

MULTIPLE MEDICATION CHARTS

CHART .....

OF .....

MEDICATION ON SUPPLEMENTARY CHARTS SHOULD BE RECORDED ON THE DRUG CHART

DETAILS OF SUPPLEMENTARY CHARTS

TICK APPROPRIATE BOX

ANTICOAGULANT	☐	OXYGEN	☐
SUPPLEMENTARY INFUSION CHART	☐	PATIENT CONTROLLED ANALGESIA/EPIDURAL	☐
INSULIN	☐	SYRINGE DRIVER	☐
OTHER (PLEASE SPECIFY)			

PRESCRIPTION FOR ONCE-ONLY and PRE-ANAESTHETIC MEDICATION

DATE	MEDICINE (APPROVED NAME)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBER'S SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY	CHECKED BY
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					

MEDICINES MANAGEMENT

MEDICATION HISTORY OBTAINED FROM:

PATIENT ☐ GP ☐ NH/RH ☐ CARER ☐

PODS ☐ OTHER .....

COMPLIANCE ISSUES .....

INITIALS ..... DATE .....

MEDICINES RECONCILED

INITIALS ..... DATE .....

COMMENTS / NOTES

GP DETAILS	COMMUNITY PHARMACY DETAILS

DISCHARGE PRESCRIPTION WRITTEN

INITIALS ..... DATE .....

IN-PATIENT MEDICATION ADMINISTRATION RECORD

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31/08/2010 16:10

PATIENT'S NAME ..... **HEALTH RECORD NUMBER** .....

MORNING (around 0800); MIDDAY (between 1200 & 1400); EVENING (around 1800): BEDTIME (around 2200)

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY	REGULAR MEDICINES	MONTH	YEAR
	DATE		

DATE ➡			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	
ROUTE ➡							
SPECIFY TIME IF REQUIRED ⬇	DOSE ⬇	SIGN / DOSE CHANGE ⬇			bleep No.	SUPPLY	
Morning							RE-WRITE CHART
Midday							
Evening							
Bedtime							
DATE ➡			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	
ROUTE ➡							
SPECIFY TIME IF REQUIRED ⬇	DOSE ⬇	SIGN / DOSE CHANGE ⬇			bleep No.	SUPPLY	
Morning							RE-WRITE CHART
Midday							
Evening							
Bedtime							
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ROUTE ➡							
SPECIFY TIME IF REQUIRED ⬇	DOSE ⬇	SIGN / DOSE CHANGE ⬇			bleep No.	SUPPLY	
Morning							RE-WRITE CHART
Midday							
Evening							
Bedtime							
DATE ➡			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	
ROUTE ➡							
SPECIFY TIME IF REQUIRED ⬇	DOSE ⬇	SIGN / DOSE CHANGE ⬇			bleep No.	SUPPLY	
Morning							RE-WRITE CHART
Midday							
Evening							
Bedtime							
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ROUTE ➡							
SPECIFY TIME IF REQUIRED ⬇	DOSE ⬇	SIGN / DOSE CHANGE ⬇			bleep No.	SUPPLY	
Morning							RE-WRITE CHART
Midday							
Evening							
Bedtime							

CHART MUST BE RE-WRITTEN BEFORE FURTHER DOSES ARE ADMINISTERED

NON-ADMINISTRATION OF MEDICINES

When a patient does not receive a prescribed dose, the nurse should enter one of the code numbers given below in the administration box, to explain the reason for non-administration. Please attempt to obtain any unavailable medicines.

X. Prescriber's request
2. Patient not on ward
3. Patient unable to receive medicines/or no access
4. Patient refused medicine
5. Medicine unavailable
6. See Notes

PATIENT'S NAME ..... **HEALTH RECORD NUMBER** .....

MORNING (around 0800); MIDDAY (between 1200 & 1400); EVENING (around 1800): BEDTIME (around 2200)

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Morning							RE-WRITE CHART
Midday							
Evening							
Bedtime							
DATE ➡			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST	
ROUTE ➡							
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Morning							RE-WRITE CHART
Midday							
Evening							
Bedtime							
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