ADULT INPATIENT MEDICATION ADMINISTRATION RECORD

University Hospitals of Leicester NHS
NHS Trust

Chart ☐ of ☐ Consultant ☐ Ward ☐ Site ☐

PATIENT DETAILS

BSA(m^2) ☐ Wt (kg) ☐ Ht ☐

DETAILS OF SUPPLEMENTARY CHARTS IN USE

Anticoagulant	☐	Chemotherapy	☐
Diabetes	☐	Syringe driver	☐
Supplementary infusion chart	☐	Gentamicin/Tobramycin	☐
Other (please specify)	☐	Haemodialysis	☐

PRESCRIPTION FOR ONCE-ONLY MEDICATION / PRE-ANAESTHETIC / ANTIMICROBIAL PROPHYLAXIS

	Date	Time to be given	Medicine (approved name)	Dose	Route	Prescriber's signature and name	Bleep No.	Date given	Time given	Given by
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

DRAFT

MEDICINES MANAGEMENT CHECKLIST

Check		Initial	Date
Pre-admission	☐		
Drug history check	☐		
Source:			
Rewritten drug chart checked	☐		
Allergy check	☐		
Patient's own medicines	☐		
Self-administration	☐		
Compliance aid	☐		

Patient discharge		Initial	Date
TTO written ☐	Signed ☐		
TTO supplied	☐		
Counselling	☐		

MEDICINE PRIOR TO ADMISSION NOT PRESCRIBED

Medicine	Dosage	Freq.	Reason

DISCHARGE INFORMATION

(Causon7/09)6090623KR

IV CANNULATION

Intravenous Cannulation Aseptic Technique Used ☐					Intravenous Cannulation Aseptic Technique Used ☐					Intravenous Cannulation Aseptic Technique Used ☐					
INTRAVENOUS CANNULA 1	Indication				INTRAVENOUS CANNULA 2	Indication				INTRAVENOUS CANNULA 3	Indication				
Date Inserted	Removal Date				Date Inserted	Removal Date				Date Inserted	Removal Date				
Inserter's Name/Signature/Bleep					Inserter's Name/Signature/Bleep					Inserter's Name/Signature/Bleep					
Insertion Site					Insertion Site					Insertion Site					
Phlebitis Score 0-5	Date				Phlebitis Score 0-5	Date				Phlebitis Score 0-5	Date				
	Score					Score					Score				
	Signature					Signature					Signature				
Intravenous Cannulation Aseptic Technique Used ☐					Intravenous Cannulation Aseptic Technique Used ☐					Intravenous Cannulation Aseptic Technique Used ☐					
INTRAVENOUS CANNULA 4	Indication				INTRAVENOUS CANNULA 5	Indication				INTRAVENOUS CANNULA 6	Indication				
Date Inserted	Removal Date				Date Inserted	Removal Date				Date Inserted	Removal Date				
Inserter's Name/Signature/Bleep					Inserter's Name/Signature/Bleep					Inserter's Name/Signature/Bleep					
Insertion Site					Insertion Site					Insertion Site					
Phlebitis Score 0-5	Date				Phlebitis Score 0-5	Date				Phlebitis Score 0-5	Date				
	Score					Score					Score				
	Signature					Signature					Signature				

DRAFT

OXYGEN THERAPY

13

DRUG	OXYGEN	OXYGEN SHOULD NOT BE WITHHELD WHILST AWAITING A PRESCRIPTION, IF IT IS REQUIRED													
CIRCLE TARGET OXYGEN SATURATION		DATE	DATE ADMINISTERED												
88 - 92% 94 - 98% Other ☐															
PRN / Continuous (refer to O_2 guideline)		09													
Tick here if saturation not indicated ☐		14													
Signature:		18													
Date:		22													
Print name:															

14

DRUG	OXYGEN	OXYGEN SHOULD NOT BE WITHHELD WHILST AWAITING A PRESCRIPTION, IF IT IS REQUIRED													
CIRCLE TARGET OXYGEN SATURATION		DATE	DATE ADMINISTERED												
88 - 92% 94 - 98% Other ☐															
PRN / Continuous (refer to O_2 guideline)		09													
Tick here if saturation not indicated ☐		14													
Signature:		18													
Date:		22													
Print name:															

CODE FOR DRUG OMISSIONS When drug is not administered, record the appropriate number in the box, circle and sign. Doctors to be informed at discretion of nurse.

REGULAR ANTIMICROBIAL THERAPY

MORNING (AROUND 0800); MIDDAY (BETWEEN 1200 & 1400); TEATIME (AROUND 1800); BEDTIME (AROUND 2200)

ENTER DOSE AGAINST TIME REQUIRED | SWITCH FROM IV ROUTE TO ORAL AS SOON AS POSSIBLE - **MAX 48HRS** | YEAR

15

Date →	MEDICINE (approved name)	COURSE LENGTH	VERIFICATION No.	PRESCRIBER'S SIGNATURE & NAME	PHARMACIST
Route →					
Specify time required ↓ / Dose ↓ / Sign / Date	INDICATION	SPECIAL INSTRUCTIONS		Bleep no.	SUPPLY
DATE / Dose change ↓		STOP after 5 days (unless otherwise stated)			
Morning					
Midday					
Teatime					
Bedtime					

16

Date →	MEDICINE (approved name)	COURSE LENGTH	VERIFICATION No.	PRESCRIBER'S SIGNATURE & NAME	PHARMACIST
Route →					
Specify time required ↓ / Dose ↓ / Sign / Date	INDICATION	SPECIAL INSTRUCTIONS		Bleep no.	SUPPLY
DATE / Dose change ↓		STOP after 5 days (unless otherwise stated)			
Morning					
Midday					
Teatime					
Bedtime					

17

Date →	MEDICINE (approved name)	COURSE LENGTH	VERIFICATION No.	PRESCRIBER'S SIGNATURE & NAME	PHARMACIST
Route →					
Specify time required ↓ / Dose ↓ / Sign / Date	INDICATION	SPECIAL INSTRUCTIONS		Bleep no.	SUPPLY
DATE / Dose change ↓		STOP after 5 days (unless otherwise stated)			
Morning					
Midday					
Teatime					
Bedtime					

18

Date →	MEDICINE (approved name)	COURSE LENGTH	VERIFICATION No.	PRESCRIBER'S SIGNATURE & NAME	PHARMACIST
Route →					
Specify time required ↓ / Dose ↓ / Sign / Date	INDICATION	SPECIAL INSTRUCTIONS		Bleep no.	SUPPLY
DATE / Dose change ↓		STOP after 5 days (unless otherwise stated)			
Morning					
Midday					
Teatime					
Bedtime					

1 Declined
2 Vomiting/Nausea
3 Nil by mouth
4 Not required
5 Drug not on ward
6 Omission - other treatment in progress
7 No access (NG PEG/IV)
8 Unable to take
9 Patient not on ward
10 Inappropriate/unclear prescription
11 Awaiting medical advice
12 Self-administration

DRAFT

REGULAR MEDICINES

MORNING (AROUND 0800); MIDDAY (BETWEEN 1200 & 1400); TEATIME (AROUND 1800); BEDTIME (AROUND 2200)

ENTER DOSE AGAINST TIME REQUIRED | DATE | YEAR

19 **MRSA DECOLONISATION PROPHYLAXIS REGIMEN**

Antibacterial Wash Brand:	Apply directly onto skin using a cloth ONCE daily instead of soap
Use to wash hair TWICE A WEEK	
For high risk patients only **Nasal Antibiotic Cream** Brand:	Apply to both nostrils THREE/..... times a day
Prescriber's signature:	Dr D Jenkins

20 MEDICINE (approved name) | Date → | Route → SC | PRESCRIBER'S SIGNATURE & NAME | Bleep No | PHARMACIST

DALTEPARIN	Dose ↓	Sign / Date / Dose change ↓	INDICATION **FOR THROMBOPROPHYLAXIS ONLY**	SPECIAL INSTRUCTIONS If for treatment prescribe in Regular Medicine	SUPPLY
Teatime					

DRAFT

21 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓ | Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time	Dose	Date
Morning		
Midday		
Teatime		
Bedtime		

22 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓ | Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time	Dose	Date
Morning		
Midday		
Teatime		
Bedtime		

CODE FOR DRUG OMISSIONS When drug is not administered, record the appropriate number in the box, circle and sign. Doctors to be informed at discretion of nurse.

REGULAR MEDICINES

MORNING (AROUND 0800); MIDDAY (BETWEEN 1200 & 1400); TEATIME (AROUND 1800); BEDTIME (AROUND 2200)

ENTER DOSE AGAINST TIME REQUIRED | YEAR | DATE

23 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

24 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

25 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

26 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

DRAFT

1 Declined | 2 Vomiting/Nausea | 3 Nil by mouth | 4 Not required | 5 Drug not on ward | 6 Omission - other treatment in progress
7 No access (NG PEG/IV) | 8 Unable to take | 9 Patient not on ward | 10 Inappropriate/unclear prescription | 11 Awaiting medical advice | 12 Self-administration

REGULAR MEDICINES

MORNING (AROUND 0800); MIDDAY (BETWEEN 1200 & 1400); TEATIME (AROUND 1800); BEDTIME (AROUND 2200)

ENTER DOSE AGAINST TIME REQUIRED

DATE | YEAR

27 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

28 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

29 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

30 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

CODE FOR DRUG OMISSIONS When drug is not administered, record the appropriate number in the box, circle and sign. Doctors to be informed at discretion of nurse.

DRAFT

REGULAR MEDICINES

MORNING (AROUND 0800); MIDDAY (BETWEEN 1200 & 1400); TEATIME (AROUND 1800); BEDTIME (AROUND 2200)

ENTER DOSE AGAINST TIME REQUIRED | YEAR | DATE

31 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

32 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

33 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

34 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

1 Declined
2 Vomiting/Nausea
3 Nil by mouth
4 Not required
5 Drug not on ward
6 Omission - other treatment in progress
7 No access (NG PEG/IV)
8 Unable to take
9 Patient not on ward
10 Inappropriate/unclear prescription
11 Awaiting medical advice
12 Self-administration

DRAFT

REGULAR MEDICINES

MORNING (AROUND 0800); MIDDAY (BETWEEN 1200 & 1400); TEATIME (AROUND 1800); BEDTIME (AROUND 2200)

ENTER DOSE AGAINST TIME REQUIRED

DATE | YEAR

35 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time	Dose	Date
Morning		
Midday		
Teatime		
Bedtime		

36 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time	Dose	Date
Morning		
Midday		
Teatime		
Bedtime		

37 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time	Dose	Date
Morning		
Midday		
Teatime		
Bedtime		

38 **MEDICINE** (approved name) | INDICATION | SPECIAL INSTRUCTIONS | Bleep No. | PHARMACIST

Date | Dose change ↓

Route | Sign | PRESCRIBER'S SIGNATURE & NAME | SUPPLY | POD

Enter Dose against Time	Dose	Date
Morning		
Midday		
Teatime		
Bedtime		

CODE FOR DRUG OMISSIONS When drug is not administered, record the appropriate number in the box, circle and sign. Doctors to be informed at discretion of nurse.

DRAFT

REGULAR MEDICINES

MORNING (AROUND 0800); MIDDAY (BETWEEN 1200 & 1400); TEATIME (AROUND 1800); BEDTIME (AROUND 2200)

ENTER DOSE AGAINST TIME REQUIRED

YEAR

DATE

39 **MEDICINE** (approved name)

INDICATION

SPECIAL INSTRUCTIONS

Bleep No.

PHARMACIST

Date

Dose change ↓

Route

Sign

PRESCRIBER'S SIGNATURE & NAME

SUPPLY

POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

40 **MEDICINE** (approved name)

INDICATION

SPECIAL INSTRUCTIONS

Bleep No.

PHARMACIST

Date

Dose change ↓

Route

Sign

PRESCRIBER'S SIGNATURE & NAME

SUPPLY

POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

41 **MEDICINE** (approved name)

INDICATION

SPECIAL INSTRUCTIONS

Bleep No.

PHARMACIST

Date

Dose change ↓

Route

Sign

PRESCRIBER'S SIGNATURE & NAME

SUPPLY

POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

42 **MEDICINE** (approved name)

INDICATION

SPECIAL INSTRUCTIONS

Bleep No.

PHARMACIST

Date

Dose change ↓

Route

Sign

PRESCRIBER'S SIGNATURE & NAME

SUPPLY

POD

Enter Dose against Time | Dose | Date

Morning

Midday

Teatime

Bedtime

1 Declined
2 Vomiting/Nausea
3 Nil by mouth
4 Not required
5 Drug not on ward
6 Omission - other treatment in progress
7 No access (NG PEG/IV)
8 Unable to take
9 Patient not on ward
10 Inappropriate/unclear prescription
11 Awaiting medical advice
12 Self-administration

DRAFT

AS REQUIRED MEDICINES

43	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
44	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
45	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
46	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
47	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
48	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
49	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												

DRAFT

CODE FOR DRUG OMISSIONS When drug is not administered, record the appropriate number in the box, circle and sign. Doctors to be informed at discretion of nurse.

DRUG ALLERGIES (MUST BE COMPLETED)

Medicine	Reaction
No known allergies ☐	

Signature Designation Date

S No.

Patient's name

Date of birth

AS REQUIRED MEDICINES

50	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
51	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
52	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
53	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
54	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
55	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												
56	MEDICINE				DATE												
	DATE	DOSE	ROUTE		TIME												
	INDICATION		MAX FREQUENCY		DOSE												
					ROUTE												
	SIGN	BLEEP No.	PHARM.	SUPPLY	GIVEN												

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AS REQUIRED MEDICINES

1 Declined 2 Vomiting/Nausea 3 Nil by mouth 4 Not required 5 Drug not on ward 6 Omission - other treatment in progress
7 No access (NG PEG/IV) 8 Unable to take 9 Patient not on ward 10 Inappropriate/unclear prescription 11 Awaiting medical advice 12 Self-administration

PARENTERAL INFUSIONS

	Infusion Fluid		Additions to Infusion							Signatures	
Date	Type/Strength	Volume	Medicine	Dose	Route	Time to run or ml/hr	Prescriber	Fluid Batch No.	Start Time	Given by	Checked by

DRAFT