Medicines Administration Chart

Patient First Name: EXAMPLE

Patient Second Name: PATIENT

Hospital No: XXXXXX

DOB: DD/MM/YYYY

Allergies: NKDA

Sensitivities: Nil

NHS No.: XXXXXXXXX

Consultant: Dr Test

Ward: TESTWARD

New Chart Started by: DR TEST

Date new chart started: DD/MM/YYYY

SAMPLE PAGE ONLY

REGULAR SCHEDULED MEDICATIONS

DRUG
DOSE, ROUTE & FREQUENCY/RATE
Prescriber

Month / Year: FEB 2021
Enter date of administration below

Time	1st	2nd	3rd	4th	5th	6th	7th
09:00							
13:00							
18:00							
22:00							

Drug Name: OLANZAPINE
Dose: 10mg
Form: Tablets
Route: Oral
Frequency: ON

Prescriber signature: DR TEST
Date of prescription: DD/MM/YYYY
Time Prescribed: hh/mm

SAMPLE ONLY DO NOT ADMINISTER

Drug Name: LITHIUM (PRIADEL)
Dose: 200mg
Form: Modified-Release Tablets
Route: Oral
Frequency: ON

Prescriber signature: DR TEST
Date of prescription: DD/MM/YYYY
Time Prescribed: hh/mm

SAMPLE ONLY DO NOT ADMINISTER

Drug Name:
Dose:
Form:
Route:
Frequency:

Prescriber signature: DR TEST
Time Prescribed: hh/mm

SAMPLE ONLY DO NOT USE

Drug Name:
Dose:
Form:
Route:
Frequency:

Prescriber signature: DR TEST
Time Prescribed: hh/mm

SAMPLE ONLY DO NOT USE

[+] - Order Notes exist ** The order is suspended for all or part of the period included in the chart.

Medicines Administration Chart

Patient First Name: EXAMPLE

Patient Second Name: PATIENT

Hospital No: XXXXXX

DOB: DD/MM/YYYY

Allergies: NKDA

NHS No.: XXXXXX

Consultant: DR TEST

Ward: TESTWARD

Prescribed by: DR TEST

Sensitivities:

SAMPLE PAGE ONLY

DRUG DOSE, ROUTE & FREQUENCY/RATE Prescriber Start date/time	ONCE ONLY AND PREMEDICATION DRUGS
Drug Name: INFLUENZA VACCINE (QUADRIVALENT) 2020-21 Dose: 1 dose Form: Prefilled Syringe Route: Intramuscular injection Prescriber signature: DRTESTSIGNATURE Date of prescription: XX/XX/XXXX Time prescribed: 12:00	Date 17/02 Time 12:00 SAMPLE ONLY DO NOT ADMINISTER
Drug Name: Dose: Form: Route: Prescriber signature: Date of prescription: Time prescribed: SAMPLE ONLY DO NOT USE	Date Time Init
Drug Name: Dose: Form: Route: Prescriber signature: Date of prescription: Time prescribed: SAMPLE ONLY DO NOT USE	Date Time Init
Drug Name: Dose: Form: Route: Prescriber signature: Date of prescription: Time prescribed: SAMPLE ONLY DO NOT USE	Date Init
Drug Name: Dose: Form: Route: Prescriber signature: Date of prescription: Time prescribed: SAMPLE ONLY DO NOT USE	Date Time Init
Drug Name: Dose: Form: Route: Prescriber signature: Date of prescription: Time prescribed: SAMPLE ONLY DO NOT USE	Date Init
Drug Name: Dose: Form: Route: Prescriber signature: Date of prescription: Time prescribed: SAMPLE ONLY DO NOT USE	Date Init
Drug Name: Dose: Form: Route: Prescriber signature: Date of prescription: Time prescribed: SAMPLE ONLY DO NOT USE	Date Init

[+] - Order Notes exist ** The order is suspended for all or part of the period included in the chart.

Medicines Administration Chart

Patient First Name: EXAMPLE

Patient Second Name: PATIENT

Hospital No: XXXXXX

DOB: DD/MM/YYYY

Allergies: NKDA

NHS No.: XXXXXXX

Consultant: DR Test

Ward: TEST WARD

Prescribed by: DR TEST

Sensitivities: SAMPLE PAGE ONLY

DRUG - drug names in brackets [ ] require witnessing
DOSE, ROUTE & FREQUENCY/RATE
Prescriber Start date/time

AS REQUIRED PRESCRIPTIONS

Drug Name: **Salbutamol 100micrograms per dose**
Dose: **1 Puff**
Form: **Inhaler**
Route: **Inhaled** Frequency: **QDS PRN**
Prescriber signature: DR Test
Date of prescription: DD/MM/YYYY
Time Prescribed: hh/mm

Date							
Time							
Init							

SAMPLE ONLY DO NOT ADMINISTER

Drug Name:
Dose:
Form:
Route: Frequency:
Prescriber signature:
Date of prescription:
Time Prescribed:

SAMPLE ONLY DO NOT USE

Drug Name:
Dose:
Form:
Route: Frequency:
Prescriber signature:
Date of prescription:
Time Prescribed:

SAMPLE ONLY DO NOT USE

Drug Name:
Dose:
Form:
Route: Frequency:
Prescriber signature:
Date of prescription:
Time Prescribed:

SAMPLE ONLY DO NOT USE

Drug Name:
Dose:
Form:
Route: Frequency:
Prescriber signature:
Date of prescription:
Time Prescribed:

SAMPLE ONLY DO NOT USE

Drug Name:
Dose:
Form:
Route: Frequency:
Prescriber signature:
Date of prescription:
Time Prescribed:

SAMPLE ONLY DO NOT USE

Drug Name:
Dose:
Form:
Route: Frequency:
Prescriber signature:
Date of prescription:
Time Prescribed:

SAMPLE ONLY DO NOT USE

[+] - Order Notes exist ** The order is suspended for all or part of the period included in the chart.