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|------|------------|--------------------------------|----------------------------------|
| Name | Surname | Date of birth | Hospital number |
| | First name | Gender | Date of admission DD/MM/YYYY |
| Ward | Weight | Chart number of | Date chart written DD/MM/YYYY |

Drug allergies

| Known allergies | Yes | No known allergy | Identifier(s): |
|--------------------|-----|------------------|----------------|
| If yes, list here: | | | |
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Once only prescriptions

| Date | Time | Drug | Dose | Route | Identifier(s) |
|------|------|------|------|-------|---------------|
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Oral anticoagulation

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|----------------|--------|-------------|-------|--|--|--|--|--|
| Indication: | | Target INR: | Date: | | | | | |
| Drug: | | | INR: | | | | | |
| Frequency: | | Time: | Dose: | | | | | |
| Identifier(s): | Bleep: | | SIG: | | | | | |

Thromboprophylaxis

Patients must be **reassessed** at 24 hours and regularly thereafter to ensure appropriate prophylaxis is prescribed

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|----------------|--------|------------|------|------|--|--|--|
| Drug: | | | | Date | | | |
| Dose: | Route: | Frequency: | Time | | | | |
| Identifier(s): | | Bleep: | | | | | |
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Oxygen

If oxygen saturation drops **below** target range, on prescribed oxygen: patient needs to be reviewed by a doctor
 If oxygen saturation **above** target range, on prescribed oxygen: reduce/remove oxygen and ask doctor to review

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|-----------------------------|-------------------------|------|------|--|--|--|
| Device*: | Additional information: | | Date | | | |
| Flow rate (L/min): | | Time | | | | |
| Identifier(s): | Bleep: | | | | | |
| Target saturation (circle): | | | | | | |
| 88-92% | | | | | | |
| 94-98% | | | | | | |
| Other (Specify): | | | | | | |
| Not applicable | | | | | | |

Device* N= nasal cannula, V = Venturi, H= humidified, RM= reservoir mask, OTH= other

Regular prescriptions

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|--------------------------------|---------------|-------------------|-------------|-------------|--|--|--|--|--|--|--|
| Drug: | | | | Date | | | | | | | |
| Dose: | Route: | Frequency: | Time | | | | | | | | |
| Identifier(s): | Bleep: | | | | | | | | | | |
| Additional information: | | | | | | | | | | | |
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| Drug: | | | | Date | | | | | | | |
| Dose: | Route: | Frequency: | Time | | | | | | | | |
| Identifier(s): | Bleep: | | | | | | | | | | |
| Additional information: | | | | | | | | | | | |
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| Drug: | | | | Date | | | | | | | |
| Dose: | Route: | Frequency: | Time | | | | | | | | |
| Identifier(s): | Bleep: | | | | | | | | | | |
| Additional information: | | | | | | | | | | | |
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| Drug: | | | | Date | | | | | | | |
| Dose: | Route: | Frequency: | Time | | | | | | | | |
| Identifier(s): | Bleep: | | | | | | | | | | |
| Additional information: | | | | | | | | | | | |
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As required prescriptions (PRN)

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|--------------------------------|---------------|---------------------------|-------------|-------------|--|--|--|--|--|
| Drug: | | | | Date | | | | | |
| Dose: | Route: | Maximum frequency: | Time | | | | | | |
| Identifier(s): | Bleep: | | | | | | | | |
| Additional information: | | | | | | | | | |

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|--------------------------------|---------------|---------------------------|-------------|-------------|--|--|--|--|--|
| Drug: | | | | Date | | | | | |
| Dose: | Route: | Maximum frequency: | Time | | | | | | |
| Identifier(s): | Bleep: | | | | | | | | |
| Additional information: | | | | | | | | | |

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|--------------------------------|---------------|---------------------------|-------------|-------------|--|--|--|--|--|
| Drug: | | | | Date | | | | | |
| Dose: | Route: | Maximum frequency: | Time | | | | | | |
| Identifier(s): | Bleep: | | | | | | | | |
| Additional information: | | | | | | | | | |

Infusions

| Date | Fluid | | | | Drug added (If any) | | Identifier(s) | Bleep |
|------|-------|--------|----------|-------|---------------------|------|---------------|-------|
| | Type | Volume | Duration | Route | Name | Dose | | |
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