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Medication chart page 2 of 4

Allergies and adverse drug reactions

See page 1 for details

	SR = Sus
Tick if	Orr = Ou.
slow	If scored
release	

tablet, then half can be given. Dose must be swallowed without crushing.

stained, modified or controlled release formulation.

Date of birth:	Sex: □ M □ F										
Address:	identifiers present										
Given names:	prescription unless										
Family name:	Not a valid										
URN:											

Affix patient identification label here

Reason for not administering Recommended administration times Codes MUST be circled **Guidelines only** Mane 0800 Morning (A) Absent (L) On leave Night 1800 or 2000 Nocte

	Anticoagulant education record
_	Medicine:
	Education
0	Provided Declined Not appropriate
T	Written information
4	Provided Declined
4	Written information provided:
)	CMI Other
	Signature:
-	Designation: Date:

(F) Fastin	ting Not available – obtain supply or contact prescriber		Twice		+	3D	0800	1400		000		Provided Declined										
	efused – notify Withheld – enter reason in				imes a day r 6 hourly	+	DS hrly	0600	_	_	800	2400	11	Written information provided: CMI Other								
	oonbor Common rooord				r 8 hourly	+	hrly	0600	+	_	200	2400			Julei [
(V) Vomiti	miting S Self administered			1	nes a day	+	QID	0600	+	_	800	2200			on:				······			
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Prescriber s	signature	Prir	nt your	name	Co	ontact	Time give	en													Continue on discharge? Yes / No Dispense? Yes / No	Juration
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URN:

Initials

Family name:

Medication chart Page 3 of 4 Allergies and adverse drug reactions (ADR)

□ Nil known □ Unknown (tick appropriate box or complete details below

Reaction / type / date

Medicine (or other)

DO NOT WRITE IN THIS BINDING MARGIN

Indication

Prescriber signature

Pharmacy

Contact

Pharmaceutical review:

Print your name

Affix patient identification label here

Not a valid

ontinue on discharge?

Medication chart page 4 of 4

Allergies and adverse drug reactions

See page 2 for details

As required PRN medicines

Date of birth:	Sex: □ M □ F								
Address:	identifiers present								
Given names:	prescription unless								
Family name:	Not a valid								
URN:									

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