

The National Residential Medication Chart (NRM/C) was developed by the Australian Commission on Safety and Quality in Health Care (the Commission) to facilitate the direct supply and claiming from a medication chart of most medicines under the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS), and to define national standards for medication charts in residential care facilities.

Further information may be obtained at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au) or by emailing [medsafety@safetyandquality.gov.au](mailto:medsafety@safetyandquality.gov.au)



### Further information

The information on this form, including your Medicare, Centrelink and/or Department of Veterans' Affairs number, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme (PBS) or the Repatriation Pharmaceutical Benefits Scheme (RPBS) and to determine payments due to approved suppliers. This information will also be used to record details of an under co-payment prescription (where there is no entitlement to a payment of benefit under PBS or RPBS). With your consent, the PBS approved supplier or PBS Prescriber may store your details for use on future prescriptions. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed to PBS Prescribers, the Department of Health and Ageing, Department of Veterans' Affairs, Centrelink, the Department of Human Services or as authorised or required by law. This information will be handled in accordance with the provisions in the *Privacy Act 1988* (Cth) (the **Privacy Act**).

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### Privacy statement

**National Residential Medication Chart v.4**

**AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE**

**ALERT**  
Consumer with similar name?  
**Y / N**

Consumer name \_\_\_\_\_  
Preferred name \_\_\_\_\_  
Date of Birth / / Gender Photo date / /  
URN/MRN IHI  
RACS ID RACF name

Insert photo

**CONSIDERATIONS**

Swallowing difficulties Y / N  
Cognitive impairment Y / N  
Dexterity difficulties Y / N  
Resistive to medicine Y / N  
Nil by mouth Y / N  
Self administers Y / N  
Other Y / N

Details if Y to above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non packed medicines

**ALERT: Complex medications**

Variable dose Y / N  
Insulin Y / N  
Other Y / N (specify): \_\_\_\_\_

Medicare number \_\_\_\_\_  
Pension number \_\_\_\_\_  
DVA number \_\_\_\_\_

**PRIMARY GENERAL PRACTITIONER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Out of hours \_\_\_\_\_  
Prescriber number \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_

**PRESCRIBER details (if not primary GP)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Out of hours \_\_\_\_\_  
Prescriber number \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_

Chart commenced \_\_\_/\_\_\_/\_\_\_ Expiry date \_\_\_/\_\_\_/\_\_\_  
Review date \_\_\_/\_\_\_/\_\_\_ Maximum chart validity is 4 months from the date the chart is commenced

**PHARMACY**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**PRESCRIBER details (if not primary GP)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Out of hours \_\_\_\_\_  
Prescriber number \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_

**PRESCRIBER details (if not primary GP)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Out of hours \_\_\_\_\_  
Prescriber number \_\_\_\_\_  
Email \_\_\_\_\_  
Signature \_\_\_\_\_

RACF Name \_\_\_\_\_  
RACF Address \_\_\_\_\_  
\_\_\_\_\_

Chart \_\_\_\_\_ of \_\_\_\_\_

Front page MUST be sent to pharmacy on each change


**! Allergies and Adverse Drug Reactions (ADR)** Y / Nil known

Drug (or other)	Reaction / type / date

Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALERT**  
Consumer with similar name?  
**Y / N**

Consumer name \_\_\_\_\_  
Preferred name \_\_\_\_\_  
Date of Birth / / Gender Photo date / /  
URN/MRN \_\_\_\_\_ IHI \_\_\_\_\_  
RACS ID \_\_\_\_\_ RACF name \_\_\_\_\_

Insert photo  


(W) Withheld (clinical reason) (S) Sleeping (C) Contraindicated (R) Refused (A) Absent (N) Not available

**Nutritional supplement intake and weight monitoring (under 80kgs)**

**Start date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Stop date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Valid for duration of chart

OR

**Stop date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Nutritional supplement** \_\_\_\_\_

**Dose** \_\_\_\_\_

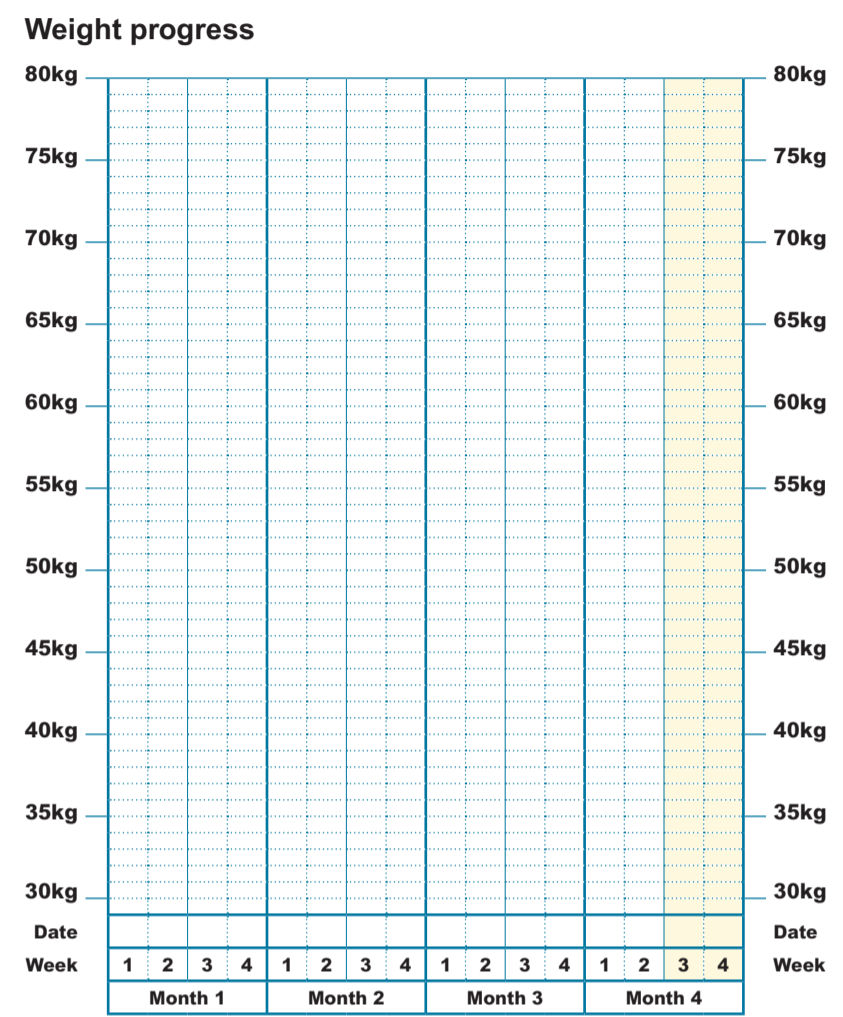
**Route** \_\_\_\_\_

**Frequency** \_\_\_\_\_

**Additional instructions** \_\_\_\_\_

PBS/RPBS  CTG   
Brand substitution not permitted

**Prescriber signature and name** \_\_\_\_\_  
Date of prescribing \_\_\_\_/\_\_\_\_/\_\_\_\_



**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nutritional supplement directions**  
(if ordered by dietician or registered nurse)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Intake**  
Enter amount of nutritional supplement taken per shift as morning/lunch ☀ and afternoon/evening 🌙.

For example, one cup = 1 serve; half a cup = ½ serve; one third cup = ⅓ serve.

**Weight progress**  
Plot weight on chart by using a dot to indicate weight progress.

**BMI** \_\_\_\_\_

**Review and evaluation**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

**Prescribing and administration**

**For prescribers**

**PBS/RPBS:** Strike through the option which does not apply. If private (non-PBS), strike out both PBS and RPBS.

**Brand substitution not permitted:** Indicate if the specified brand must be supplied by ticking the box.

**CTG:** Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait Islander people. If applicable, tick the box.

**Streamlined authority code:** write the streamlined authority code in the spaces provided, where applicable. Streamlined authority codes are available at [www.pbs.gov.au](http://www.pbs.gov.au)

**Remember:** Certain PBS/RPBS medicines will still require a written prescription from the prescriber, in addition to an order on the medication chart, including:

- all Authority required items requiring prior approval (including PBS/RPBS items with increased quantities and/or repeats)
- all items only available under special arrangements (Section 100)
- Controlled Drugs (Schedule 8 medicines).

**Commonly used abbreviations in residential care**

**Route**

**PO:** per oral (via the mouth e.g. tablets)

**PR:** per rectum (via the rectum e.g. suppository for constipation)

**topical:** per the skin (applied to the skin e.g. cream)

**subcut:** subcutaneous (an injection into the upper skin layers e.g. insulin)

**subling:** sublingual (under the tongue)

**NG:** nasogastric (via a specialised tubing inserted into the nose e.g. nutritional supplements)

**PEG:** percutaneous enteral gastrostomy (via a specialised tubing inserted into the stomach e.g. nutritional supplements)

**IM:** intramuscular (an injection into the muscle e.g. influenza vaccination)

**IV:** intravenous (a fluid inserted via an inserted line into a vein)

**Frequency (suggested times most commonly used in residential care)**

**mane:** morning (e.g. breakfast)

**nocte:** night (e.g. dinner)

**bd:** twice per day (e.g. breakfast and dinner)

**tds:** three times per day (e.g. breakfast, lunch and dinner)

**qid:** four times per day (e.g. breakfast, lunch, dinner and bed time)

**The six rights of medicine administration**

- 1 Right consumer
- 2 Right medicine
- 3 Right dose
- 4 Right time
- 5 Right route
- 6 Right documentation



**Abbreviations when medicine not administered**

(W) Withheld (clinical reason)

(S) Sleeping

(C) Contraindicated

(R) Refused

(A) Absent

(N) Not available

**Reason for PRN Administration**

(At) Agitation

(Ag) Aggression

(Ps) Psychosis

(H) Hallucinations

(Wa) Wandering


(P) Pain


(Co) Constipation

(NV) Nausea / Vomiting

(Z) Sleep

Please refer to supplemental information provided within the NRMCM user guides:

 NRMCM – Nurse User Guide

 NRMCM – User guide for prescribers




# Prescriber checklist



## 1 Consumer Identification Panel

Allergies and Adverse Drug Reactions (ADR)		Y / Nil known
Drug (or other)	Reaction / type / date	

Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>ALERT</b> Consumer with similar name? <b>Y / N</b>	Consumer name John Richard Brown	
	Preferred name John	
	Date of Birth 07/01/1935 Gender M Photo date 02/08/20	
	DRN/MRN L979797 IHI 289897248602	
	RACS ID 04123 RACF name	

These fields **MUST** be completed for the NRMCM to be a valid prescription. This is often pre populated by the residential care facility.

## 2 Prescriber Information

<b>PRIMARY GENERAL PRACTITIONER</b>	
Name	Dr Joseph Smith
Address	123 Apple Avenue, Moree NSW 2063
Phone	9123 4567 Fax 9123 4568
Out of hours	9123 4569
Prescriber number	X122334456
Email	namesurname@healthservice.com.au
Signature	<i>Joseph Smith</i>

These fields **MUST** be completed to be a valid prescription. This is often pre populated by the residential care facility.

Each chart **MUST** be signed by the prescriber.

## 3 Essential Prescription Fields required for a valid prescription

All fields circled in **RED** must be completed by a prescriber to enable a pharmacist to supply and claim for a PBS/RPBS medicine. All fields circled in **GREEN** are to be completed by the prescriber where applicable.

The prescriber **MUST** fill a start and indicate a stop start date by either ticking the valid for duration of chart or a stop date.

<b>Start date</b> 01/01/21	<b>1. Medicine/form/strength</b> <i>Digoxin Oral liquid</i>	Dose 5ml	<input checked="" type="checkbox"/> Non packed
<b>Stop date</b> <input checked="" type="checkbox"/> Valid for duration of chart		Route PO	
<b>OR</b>	<b>Additional instructions</b> <i>50 microg / ml</i>	Frequency daily	
<b>Stop date</b> _/_/			
PBS/RPBS <input checked="" type="checkbox"/>	Streamlined authority code <b>36322</b>		
CTG <input type="checkbox"/>	Brand substitution not permitted <input checked="" type="checkbox"/>		
Prescriber signature and name <i>Joseph Smith</i> <b>Joe Smith</b>			
Date of prescribing <i>26/12/20</i>			

The prescriber **MUST** write legibly the dose, route, frequency and strength as well as the medicine name as indicated in the prescription box.

The prescriber **MUST** complete the streamlined authority code for medicines to be supplied as Authority Required STREAMLINED.

The prescriber **MUST** complete this box.

## Nutritional supplements daily intake record

Month 1:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																			
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Date	
<b>Start weight</b>		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	
kg		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	

Month 2:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																			
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Date	
<b>Start weight</b>		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	
kg		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	

Month 3:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																			
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Date	
<b>Start weight</b>		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	
kg		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	

Month 4:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																			
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Date	
<b>Start weight</b>		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	
kg		initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	initial	

New chart required within 2 weeks

# Regular medicine

Month 1: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**Sign in this section for multi-dose delivery (eg. multi-dose packs)**

Date Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Breakfast																															
Lunch																															
Dinner																															
Bed time																															

**Sign in this section for individual medicine administration**

**Start date**

**Stop date**  Valid for duration of chart

**OR**

**Stop date**

**1. Medicine/form/strength** \_\_\_\_\_

**Dose** \_\_\_\_\_

**Route** \_\_\_\_\_

**Additional instructions** \_\_\_\_\_

**Frequency** \_\_\_\_\_

PBS/RPBS  Streamlined authority code

CTG  Brand substitution not permitted

**Prescriber signature and name** \_\_\_\_\_

Date of prescribing

Date Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Non packed																															

Prescription 2 on next page

# Insulin PRN (as required) medicine

**Start date**

**Stop date**  Valid for duration of chart

**OR**

**Stop date**

**Medicine/form/strength** \_\_\_\_\_

**Dose** \_\_\_\_\_ units

**Route** \_\_\_\_\_

**Time** \_\_\_\_\_

Max dose / 24 hr \_\_\_\_\_

PBS/RPBS

CTG

**Prescriber signature and name** \_\_\_\_\_

Date of prescribing

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time																															
Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	
Initial																															
Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
Date																															
Time																															
Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	
Initial																															
Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		

**Start date**

**Stop date**  Valid for duration of chart

**OR**

**Stop date**

**Medicine/form/strength** \_\_\_\_\_

**Dose** \_\_\_\_\_ units

**Route** \_\_\_\_\_

**Time** \_\_\_\_\_

Max dose / 24 hr \_\_\_\_\_

PBS/RPBS

CTG

**Prescriber signature and name** \_\_\_\_\_

Date of prescribing

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time																															
Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	
Initial																															
Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
Date																															
Time																															
Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	
Initial																															
Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		



# Insulin PRN (as required) medicine



<b>Start date</b> ___/___/___	<b>Medicine/form/strength</b>  <b>Insulin order</b>	<b>Dose</b> units	<b>Route</b>	<b>Time</b>	<input type="checkbox"/> <b>Non packed</b>	Date																				
						Time																				
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>Medicine/form/strength</b>  <b>Insulin order</b>	<b>Dose</b> units	<b>Route</b>	<b>Time</b>	<input type="checkbox"/> <b>Non packed</b>	Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	
						Initial																				
<b>Prescriber signature and name</b> Date of prescribing ___/___/___						Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
						Date																				
						Time																				
						Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units
						Initial																				
						Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	

<b>Start date</b> ___/___/___	<b>Medicine/form/strength</b>  <b>Insulin order</b>	<b>Dose</b> units	<b>Route</b>	<b>Time</b>	<input type="checkbox"/> <b>Non packed</b>	Date																				
						Time																				
<b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>Medicine/form/strength</b>  <b>Insulin order</b>	<b>Dose</b> units	<b>Route</b>	<b>Time</b>	<input type="checkbox"/> <b>Non packed</b>	Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	
						Initial																				
<b>Prescriber signature and name</b> Date of prescribing ___/___/___						Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
						Date																				
						Time																				
						Dose	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units	units
						Initial																				
						Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	

Month 1:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 1																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 1																															

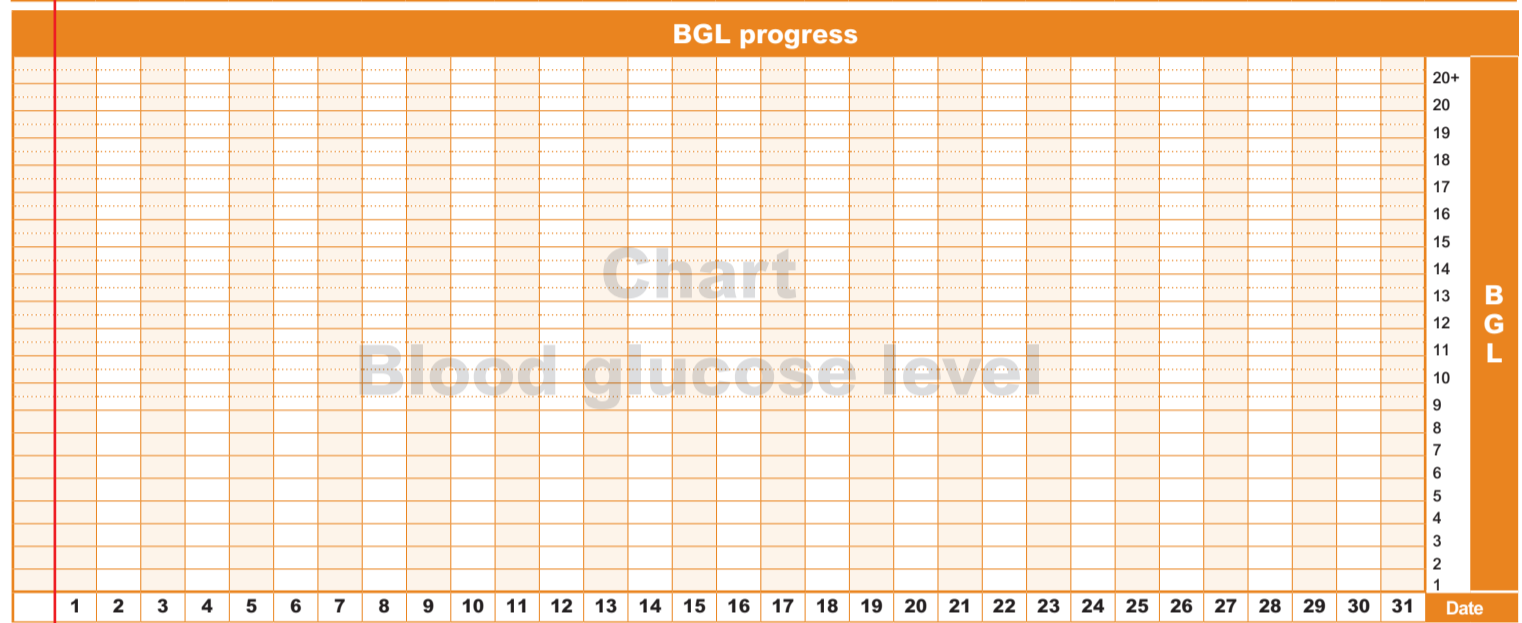
Month 2:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31												
Month 2																																										
Month 2																																										
Month 2																																										

Each prescribing box below is to be used for one insulin dose-time only

Month 4:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Date										
<b>Start date</b> ___/___/___ <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>Medicine/form/strength</b>										Dose units	Non packed	<b>Time</b>											<b>Time</b>																		
	Insulin order										Route		<b>Dose</b>											<b>Dose</b>																		
	PBS/RPBS CTG <input type="checkbox"/>										Time		<b>Initial 1</b>	Insulin administration										<b>Initial 1</b>																		
	Prescriber signature and name Date of prescribing ___/___/___												<b>Initial 2</b>											<b>Initial 2</b>																		
<b>Start date</b> ___/___/___ <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>Medicine/form/strength</b>										Dose units	Non packed	<b>Time</b>											<b>Time</b>																		
	Insulin order										Route		<b>Dose</b>											<b>Dose</b>																		
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	Insulin order										Route		<b>Dose</b>											<b>Dose</b>																		
	PBS/RPBS CTG <input type="checkbox"/>										Time		<b>Initial 1</b>	Insulin administration										<b>Initial 1</b>																		
	Prescriber signature and name Date of prescribing ___/___/___												<b>Initial 2</b>											<b>Initial 2</b>																		

Check for PRN dose

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Month 3:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date
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New chart required within 2 weeks

Month 2:																															Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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### Regular medicine

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<b>Start date</b> _/_/	<b>2. Medicine/form/strength</b>	Month 4																																															Non packed		
<b>Stop date</b> _/_/	<b>Dose</b>																																																		
<input type="checkbox"/> Valid for duration of chart	<b>Route</b>																																																		
<b>OR</b>	<b>Additional instructions</b>																																																		
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Month 4:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																																						
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Date of prescribing _/_/																																																				

Prescription 4 on next page

New chart required within 2 weeks

page 11



# Regular medicine

## Month 1:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

		Date Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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<b>Prescriber signature and name</b> Date of prescribing ___/___/___																																	

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<b>Start date</b> ___/___/___  <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>5. Medicine/form/strength</b>	Dose	<h1>Month 1</h1>																														
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Prescription 6 on next page

		Month 1:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Date																			
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		<h1>Insulin administration</h1>																															Initial 1	
																																	Initial 2	
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		<h1>Insulin administration</h1>																															Initial 1	
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Month 2:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																			
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Dose prescribed																																		
Dose given																																		
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Pathology result																																				
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Initial 1																																				
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New chart required within 2 weeks page 39









Month 4:																	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
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Month 4																															

New chart required within 2 weeks



### Nurse initiated medicine



Medicine	Dose	Date																												
			Time																											
Indication	Route	Date																												
			Initial																											
Date	RN signature and name	Frequency	Time																											
___/___/___			Dose																											
			Initial																											
Medicine	Dose	Date																												
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Indication	Route	Date																												
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Date	RN signature and name	Frequency	Time																											
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Medicine	Dose	Date																												
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Indication	Route	Date																												
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Date	RN signature and name	Frequency	Time																											
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Medicine	Dose	Date																												
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Indication	Route	Date																												
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**Regular medicine** Month 1: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

<p><b>Start date</b> _/_/</p> <p><b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> _/_/</p> <p>PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/></p> <p><b>Prescriber signature and name</b> Date of prescribing _/_/</p>	<p><b>8. Medicine/form/strength</b></p> <p>Dose</p> <p>Route</p> <p>Frequency</p> <p><b>Additional instructions</b></p>	<input type="checkbox"/> Non packed	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Date Times</th> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th> </tr> <tr> <td colspan="32" style="text-align: center; font-size: 48px; opacity: 0.5;">Month 1</td> </tr> </table>	Date Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month 1																															
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Month 1																																																																			

<p><b>Start date</b> _/_/</p> <p><b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> _/_/</p> <p>PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/></p> <p><b>Prescriber signature and name</b> Date of prescribing _/_/</p>	<p><b>9. Medicine/form/strength</b></p> <p>Dose</p> <p>Route</p> <p>Frequency</p> <p><b>Additional instructions</b></p>	<input type="checkbox"/> Non packed	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Date Times</th> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th> </tr> <tr> <td colspan="32" style="text-align: center; font-size: 48px; opacity: 0.5;">Month 1</td> </tr> </table>	Date Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month 1																															
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Month 1																																																																			

Prescription 10 on next page

**PRN (as required) medicine**

<p><b>Start date</b> _/_/</p> <p><b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> _/_/</p> <p>PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/></p> <p><b>Prescriber signature and name</b> Date of prescribing _/_/</p>	<p><b>Medicine/form/strength</b></p> <p>Dose</p> <p>Route</p> <p>Nocte</p> <p><b>Indication</b></p> <p>Max dose / 24 hr</p>	<input type="checkbox"/> Non packed	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Date</th> 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</table>	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Time																																	Dose																																	Initial																																	Reason																																	Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Date																																	Time																																	Dose																																	Initial																																	Reason																																	Effective	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
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Reason for PRN Administration key on page 51.

**PRN (as required) medicine**

<b>Start date</b> ___/___/___ <b>Stop date</b> <input type="checkbox"/> Valid for duration of chart OR <b>Stop date</b> ___/___/___	<b>Medicine/form/strength</b> _____ _____ <b>Indication</b> _____ <b>Max dose / 24 hr</b> _____	<b>Dose</b> _____ <b>Route</b> _____ <b>Frequency</b> _____	<input type="checkbox"/> <b>Non packed</b>	<b>Date</b> _____ <b>Time</b> _____ <b>Dose</b> _____ <b>Initial</b> _____ <b>Reason</b> ⓘ <b>Effective</b> Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N	<b>Date</b> _____ <b>Time</b> _____ <b>Dose</b> _____ <b>Initial</b> _____ <b>Reason</b> ⓘ <b>Effective</b> Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N   Y / N
<b>Prescriber signature and name</b> _____ <b>Date of prescribing</b> ___/___/___			<b>PBS/ RPBS</b> Streamlined authority code [ ][ ][ ][ ][ ] <b>CTG</b> [ ]   Brand substitution not permitted [ ]		

ⓘ Reason for PRN Administration key on page 51.

Month 1:																														
							Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec												
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 1																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 1																														





# Short term medicine



			Month:											
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Start date _/_/	Medicine/form/strength	Dose	Date Times											
		Route												
Stop date _/_/	Additional instructions	Frequency												
		PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>												
Prescriber signature and name														
Date of prescribing _/_/														

			Month:											
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Start date _/_/	Medicine/form/strength	Dose	Date Times											
		Route												
Stop date _/_/	Additional instructions	Frequency												
		PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>												
Prescriber signature and name														
Date of prescribing _/_/														

Month 2:																														
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 2																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 2																														







# Short term medicine



			Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec												
Start date _/_/	Medicine/form/strength	Dose	Date Times												
		Route													
Stop date _/_/	Additional instructions	Frequency													
PBS/RPBS <input type="checkbox"/>	Streamlined authority code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
CTG <input type="checkbox"/>	Brand substitution not permitted	<input type="checkbox"/>													
Prescriber signature and name															
Date of prescribing _/_/															

			Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec												
Start date _/_/	Medicine/form/strength	Dose	Date Times												
		Route													
Stop date _/_/	Additional instructions	Frequency													
PBS/RPBS <input type="checkbox"/>	Streamlined authority code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
CTG <input type="checkbox"/>	Brand substitution not permitted	<input type="checkbox"/>													
Prescriber signature and name															
Date of prescribing _/_/															

Month 3: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec																														
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Month 3																														
Month 3																														

Month 4:																	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 4																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 4																															

New chart required within 2 weeks

 Regular medicine

Month 4:																	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
Date Times		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 4																																
Date Times		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month 4																																

**10. Medicine/form/strength**

Start date: \_\_\_/\_\_\_/\_\_\_

Stop date: \_\_\_/\_\_\_/\_\_\_

Valid for duration of chart

OR

Stop date: \_\_\_/\_\_\_/\_\_\_

Dose: \_\_\_\_\_

Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

PBS/RPBS Streamlined authority code: □□□□□□

CTG  Brand substitution not permitted

Prescriber signature and name: \_\_\_\_\_

Date of prescribing: \_\_\_/\_\_\_/\_\_\_

**11. Medicine/form/strength**

Start date: \_\_\_/\_\_\_/\_\_\_

Stop date: \_\_\_/\_\_\_/\_\_\_

Valid for duration of chart

OR

Stop date: \_\_\_/\_\_\_/\_\_\_

Dose: \_\_\_\_\_

Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

PBS/RPBS Streamlined authority code: □□□□□□

CTG  Brand substitution not permitted

Prescriber signature and name: \_\_\_\_\_

Date of prescribing: \_\_\_/\_\_\_/\_\_\_

Check if consumer has another medication chart

New chart required within 2 weeks