

The National Residential Medication Chart (NRM) 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 or by emailing 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**).

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



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 _____

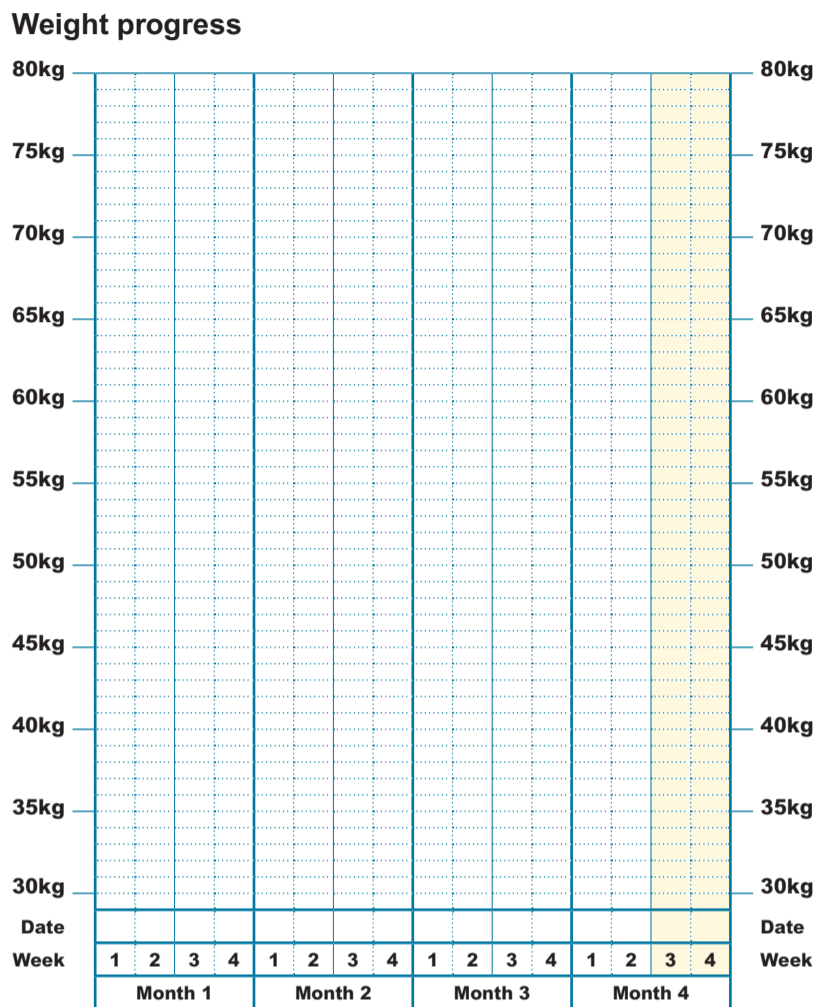
Frequency _____

Additional instructions _____

PBS/RPBS CTG
Brand substitution not permitted

Prescriber signature and name _____
Date of prescribing ____/____/____

Non packed



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 _____

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

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 NRMC user guides:

NRMC – Nurse User Guide

NRMC – 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: ____/____/____

| | | |
|-------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|
| ALERT Consumer with similar name? Y / N | Consumer name: John Richard Brown |  |
| | Preferred name: John | |
| | Date of Birth: 07/01/1935 Gender: M Photo date: 02/08/20 | |
| | URN/MRN: L979797 IHI: 289897248602 | |
| | RACS ID: 04123 RACF name: _____ | |

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

2 Prescriber Information

| | |
|-------------------------------------------|-------------------------------------------------------------------------------------|
| PRIMARY GENERAL PRACTITIONER | |
| 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 name: surname@healthservice.com.au | |

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.

| | | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------|------------------------------------------------|
| Start date <i>01 / 01 / 21</i> | 1. Medicine/form/strength <i>Digoxin Oral liquid</i> | Dose <i>5ml</i> | <input checked="" type="checkbox"/> Non packed |
| Stop date <input checked="" type="checkbox"/> Valid for duration of chart | | Route <i>PO</i> | |
| OR Stop date ____/____/____ | Additional instructions <i>50 microg / ml</i> | Frequency <i>daily</i> | |
| PBS/RPBS <input checked="" type="checkbox"/> | Streamlined authority code: 3 6 3 2 2 | | |
| CTG <input type="checkbox"/> | Brand substitution not permitted <input checked="" type="checkbox"/> | | |
| Prescriber signature and name <i>Joseph Smith</i> | | 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 |
| Start weight | 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 |
| Start weight | 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 |
| Start weight | 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 |
| Start weight | 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

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 | 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 | 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 | 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 | Y/N | | |

Start date

Stop date Valid for duration of chart
OR
Stop date

Medicine/form/strength

Dose

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 | 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 | 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 | 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 | Y/N | |



Insulin PRN (as required) medicine



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|------------|-----------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Start date _/_/ | Medicine/form/strength Insulin order | Dose units | Non packed | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date _/_/ | | | | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Route | 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 |
| | | | | Time | 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 | |
| Prescriber signature and name Date of prescribing _/_/ | | | | 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 | |
| | | | | 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 | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------|------------|-----------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Start date _/_/ | Medicine/form/strength Insulin order | Dose units | Non packed | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date _/_/ | | | | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Route | 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 |
| | | | | Time | 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 |
| Prescriber signature and name Date of prescribing _/_/ | | | | 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 |
| | | | | 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 | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|---|---|---|---|---|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

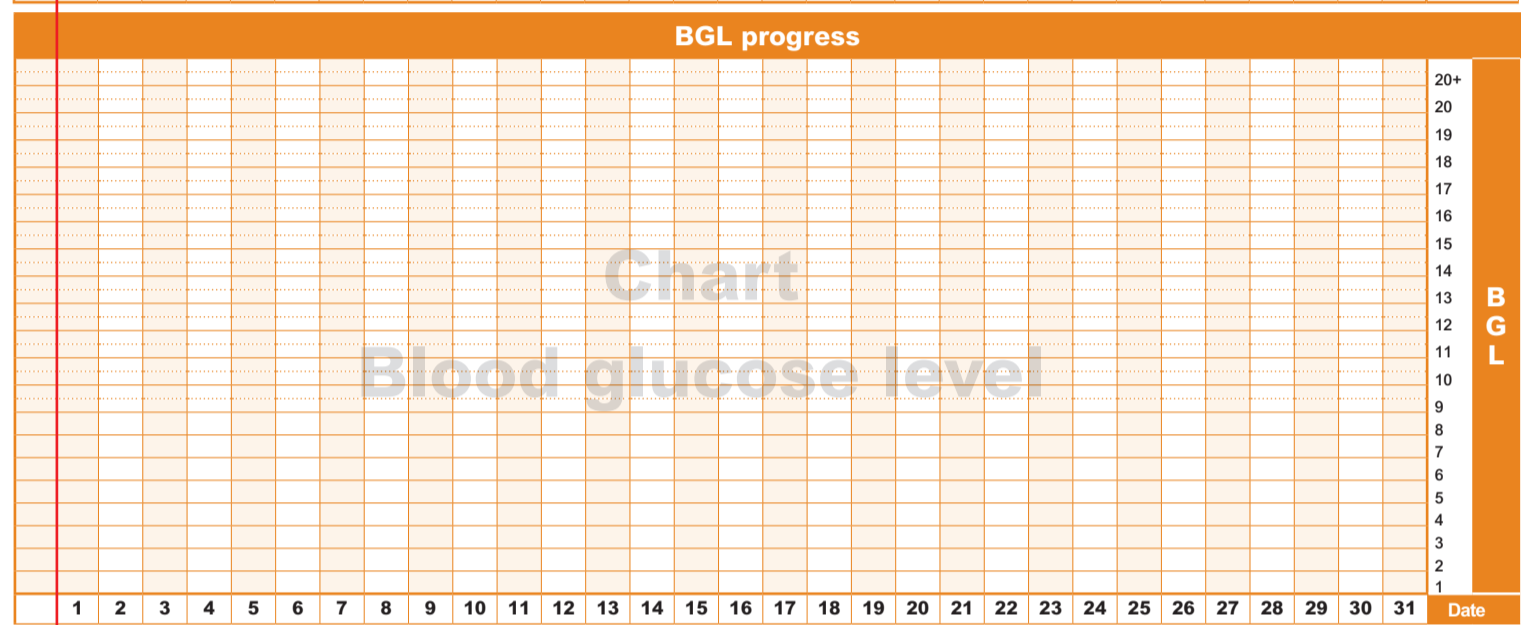
Each prescribing box below is to be used for one insulin dose-time only

| 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 | |
| Start date ___/___/___ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___ | Medicine/form/strength | | | | | | Dose units | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | Time | |
| | Insulin order | | | | | | Route | | | | | | | | | | | | | | | | | | | | | | | | | Dose | |
| | PBS/RPBS | | | | | | Time | | | | | | | | | | | | | | | | | | | | | | | | | Initial 1 | |
| | <input type="checkbox"/> CTG Prescriber signature and name Date of prescribing ___/___/___ | | | | | | Initial 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start date ___/___/___ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___ | Medicine/form/strength | | | | | | Dose units | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | Time | |
| | Insulin order | | | | | | Route | | | | | | | | | | | | | | | | | | | | | | | | | Dose | |
| | PBS/RPBS | | | | | | Time | | | | | | | | | | | | | | | | | | | | | | | | | Initial 1 | |
| | <input type="checkbox"/> CTG Prescriber signature and name Date of prescribing ___/___/___ | | | | | | Initial 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start date ___/___/___ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___ | Medicine/form/strength | | | | | | Dose units | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | Time | |
| | Insulin order | | | | | | Route | | | | | | | | | | | | | | | | | | | | | | | | | Dose | |
| | PBS/RPBS | | | | | | Time | | | | | | | | | | | | | | | | | | | | | | | | | Initial 1 | |
| | <input type="checkbox"/> CTG Prescriber signature and name Date of prescribing ___/___/___ | | | | | | Initial 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |

Check for PRN dose

New chart required within 2 weeks

| 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 | |
| Blood glucose level | | | | | | | | | | | | | | | | Time | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | BGL | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | Time | | | | | | | | | | | | | | | |
| Blood glucose level | | | | | | | | | | | | | | | | BGL | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | Time | | | | | | | | | | | | | | | |
| Blood glucose level | | | | | | | | | | | | | | | | BGL | | | | | | | | | | | | | | | |



| Month 2: | | | | 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 | |
| Month 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Month 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Month 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

New chart required within 2 weeks
page 10

| 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 | Date |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dose |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initial 1 |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initial 2 |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dose |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initial 1 |
| Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initial 2 |

| Month 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood glucose level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood glucose level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood glucose level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| BGL progress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20+ | 20 | 19 | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | Date | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|------|--|--|--|--|--|--|--|--|--|
| Chart | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood glucose level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 | | | | | | | | | | | |
| Start date ___/___/___ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___ | 2. Medicine/form/strength <div style="font-size: 48px; text-align: center; opacity: 0.5;">2</div> | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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 ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start date ___/___/___ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___ | 3. Medicine/form/strength <div style="font-size: 48px; text-align: center; opacity: 0.5;">3</div> | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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 ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Prescription 4 on next page

New chart required within 2 weeks



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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Start date ___/___/___ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___ | 4. Medicine/form/strength | Dose | <h1>Month 1</h1> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Additional instructions | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PBS/RPBS Streamlined authority code <input type="checkbox"/> <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 ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Start date ___/___/___ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___ | 5. Medicine/form/strength | Dose | <h1>Month 1</h1> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Additional instructions | Frequency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PBS/RPBS Streamlined authority code <input type="checkbox"/> <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 ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Prescription 6 on next page

| | | Month 1: | | 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 | |
| | | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time |
| | | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dose |
| | | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initial 1 |
| | | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initial 2 |
| | | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time |
| | | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dose |
| | | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initial 1 |
| | | Insulin administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initial 2 |

Insulin and blood glucose level (BGL) recording

BGL instructions

Frequency _____

Contact prescriber if BGL above _____ mmols

Contact prescriber if BGL below _____ mmols

Prescriber signature _____

BGL recording

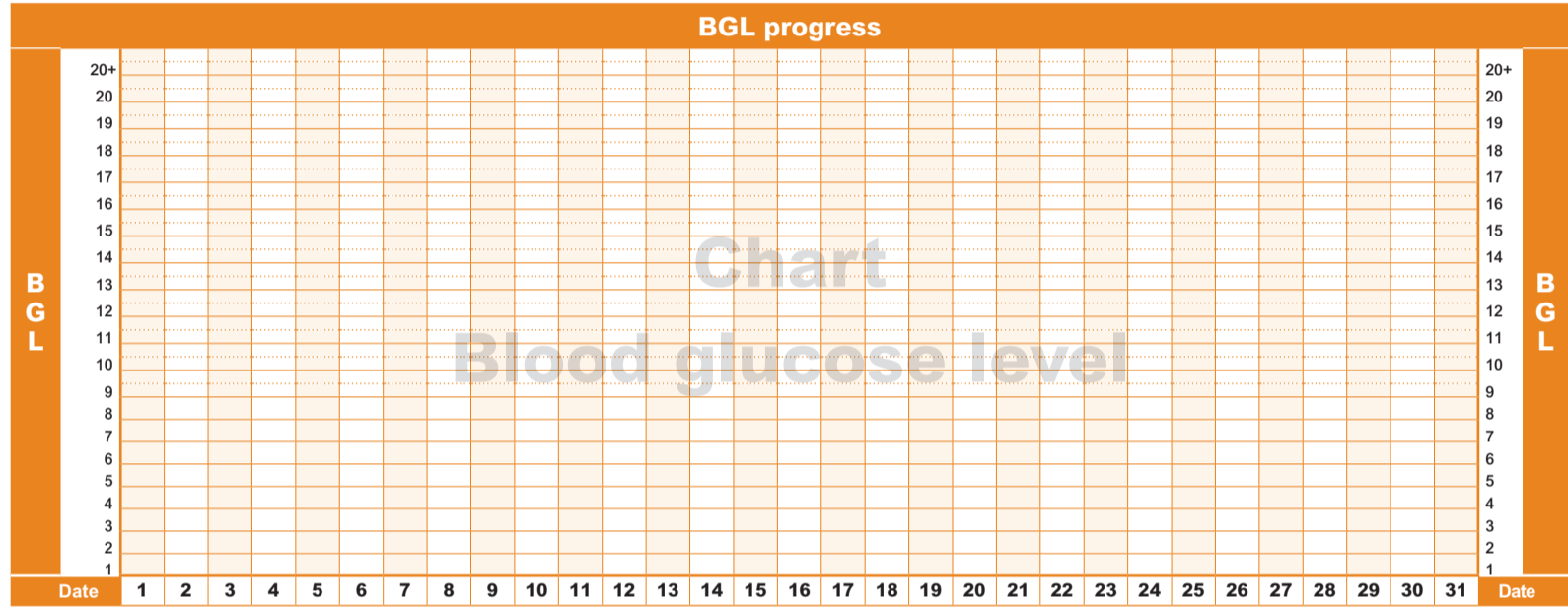
Write the time taken and the BGL in the space provided under the correct date. You may record up to 3 BGLs per day if required by prescriber.

BGL progress

Plot BGL on chart by using a dot to indicate BGL progress. You may plot up to three BGLs per day if required.

Comments

| 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 | | |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time |
| BGL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | BGL |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time |
| BGL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | BGL |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time |
| BGL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | BGL |



| Month 1: | | 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 |
| 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 | Date |
| Month 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Month 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pathology result | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose prescribed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose given | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Variable dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Variable dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Month 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pathology result | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose prescribed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose given | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Variable dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Variable dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month 4: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pathology result | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose prescribed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose given | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Variable dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Variable dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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New chart required within 2 weeks

| 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 page 18

Nurse initiated medicine

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|------------------------------|------------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Medicine | Dose | Date | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Time | | | | | | | | | | | | | | | | | | | | | | | | |
| Indication | Route | Dose | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initial | | | | | | | | | | | | | | | | | | | | | | | | |
| Date _/_/___ | RN signature and name | Date | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Frequency | Time | | | | | | | | | | | | | | | | | | | | | | | |
| | | Dose | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initial | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicine | Dose | Date | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Time | | | | | | | | | | | | | | | | | | | | | | | | |
| Indication | Route | Dose | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initial | | | | | | | | | | | | | | | | | | | | | | | | |
| Date _/_/___ | RN signature and name | Date | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Frequency | Time | | | | | | | | | | | | | | | | | | | | | | | |
| | | Dose | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initial | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicine | Dose | Date | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Time | | | | | | | | | | | | | | | | | | | | | | | | |
| Indication | Route | Dose | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initial | | | | | | | | | | | | | | | | | | | | | | | | |
| Date _/_/___ | RN signature and name | Date | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Frequency | Time | | | | | | | | | | | | | | | | | | | | | | | |
| | | Dose | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Initial | | | | | | | | | | | | | | | | | | | | | | | | |

PRN (as required) medicine

| | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------|-------------------|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Start date ___/___/___ | Medicine/form/strength _____ | Dose _____ | Non packed | Date _____ | | | | | | | | | | | | | | | |
| Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___ | Indication _____ | Route _____ | | Date _____ | | | | | | | | | | | | | | | |
| | Max dose / 24 hr _____ | Frequency _____ | | 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 |
| 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 ___/___/___ | | | Date _____ | | | | | | | | | | | | | | | |
| | | | | 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 |

Reason for PRN Administration key on page 51.

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Start date ___/___/___ | 6. Medicine/form/strength _____ | Dose _____ | Non packed | 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 | | |
| Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___ | Additional instructions _____ | Route _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 ___/___/___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Prescription 8 on next page

New chart required within 2 weeks



Regular medicine

Month 1:

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

| Date Times | Month 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 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 |
| 8. Medicine/form/strength Dose _____ Route _____ Frequency _____ Additional instructions _____ Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> Prescriber signature and name _____ Date of prescribing ___/___/___ | Month 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Date Times | Month 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 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 |
| 9. Medicine/form/strength Dose _____ Route _____ Frequency _____ Additional instructions _____ Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> Prescriber signature and name _____ Date of prescribing ___/___/___ | Month 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Prescription 10 on next page



PRN (as required) medicine

| Date Times | Month 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 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 |
| Medicine/form/strength Dose _____ Route _____ Nocte _____ Indication _____ Max dose / 24 hr _____ Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> Prescriber signature and name _____ Date of prescribing ___/___/___ | Month 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[?](#) Reason for PRN Administration key on page 51.



PRN (as required) medicine



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

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

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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"/> <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 _/_/ | | | | | | | | | | | | | | | |



Short term medicine



| Month: | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Start date ___/___/___ Stop date ___/___/___ | Medicine/form/strength | | | | | | | | | | | | |
| | Dose | | | | | | | | | | | | |
| | Route | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | |
| PBS/RPBS Streamlined authority code <input type="checkbox"/> <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 ___/___/___ Stop date ___/___/___ | Medicine/form/strength | | | | | | | | | | | | |
| | Dose | | | | | | | | | | | | |
| | Route | | | | | | | | | | | | |
| | Frequency | | | | | | | | | | | | |
| PBS/RPBS Streamlined authority code <input type="checkbox"/> <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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 | | | |
|----------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|----|--|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

10. Medicine/form/strength 10

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 / /

Non packed

11. Medicine/form/strength 11

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 / /

Non packed

Check if consumer has another medication chart

New chart required within 2 weeks