

INTRAMUSCULAR LONG-ACTING INJECTION CHART

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
 Nil known Unknown (tick appropriate box or complete below)

Drug (or other)	Reaction/Type/Date	Initials

Sign _____ Print _____ Date _____

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVERLEAF

UMRN: _____

Family Name: _____

Given Name(s): _____

Address: _____

DOB: _____ Sex M F

NOT A VALID
PRESCRIPTION UNLESS
IDENTIFIERS PRESENT

Facility/Service: _____

Ward/Unit: _____

Consultant: _____

1ST Prescriber Print Patient Name and Check Label Correct: _____

TEST DOSE OR LOADING DOSE INJECTIONS

Date Prescribed	Medicine (Print Generic Name)	Dose	Site to be given	Date Due	Dr Sign	Print Name	Pharmacy

REGULAR INJECTION (New chart required for a new depot medicine)

Date Prescribed	Medicine (Print Generic Name)	Dose	Frequency of Administration (in days)	Site to be given	Start date	Dr Sign	Print Name	Pharmacy

TREATMENT CHART (indicate month) YEAR _____

Month 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						

Indicate on treatment chart (on administration): Medication name (batch and expiry - affix product sticker), Dose, Date, Time, Site given, Signature & Print Name
Site Given: **LD:** Left Deltoid **RD:** Right Deltoid **LG:** Left Gluteal **RG:** Right Gluteal

xxx
10/21

MRXXX INTRAMUSCULAR LONG-ACTING INJECTION CHART