



Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

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

Table with columns: Drug (or other), Reaction / Type / Date, Initials

Complete hospital ADR and alert requirements

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

AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVER LEAF

UR No.:

Family Name:

Given Names:

D.O.B.:

Sex:  M  F

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

1st Prescriber to print patient name & check label correct:

Weight (kg):

Date weighed (kg):

Gestational age at birth (wks):

Height (cm):

Date:

B.S.A. (m<sup>2</sup>):

Date:

REGULAR MEDICINE/MEDICINES

YEAR 20 \_\_\_\_ DATE & MONTH \_\_\_\_ DOCTOR MUST ENTER administration times

Main grid table for medication administration with columns for Date, Medicine / Medicines, Route, Dose, Frequency, Indication, and Discharge/Dispense status.

DO NOT WRITE IN BINDING MARGIN

NOT A VALID ORDER UNLESS LEGIBLE

Pharmacist Review:

RECOMMENDED ORAL ADMINISTRATION TIMES GUIDELINES ONLY table with columns for Morning, Night, Twice a day, Three times a day, Four times a day and rows for various frequencies.

REASON FOR NOT ADMINISTERING Codes MUST be circled table with columns for Absent, Fasting, Refused - Notify Prescriber and rows for various reasons.

Tick if Slow release SR=Sustained, modified or controlled release formulation. If tablet is scored, then half can be given. Dose must be swallowed without crushing.

Hospital Prescription

All doses need units of measure. eg mL, mg, unit, microgram

\*Schedule 8 Medications for Discharge - Exact quantity must be specified.