

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

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

Table with 3 columns: Drug (or other), Reaction/Type/Date, Initials

Complete hospital ADR and alert requirements

SignPrint.....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:

Age:
Weight (kg): Date:
Height (cm): Date:
B.S.A. (m²): Date:

REGULAR MEDICINES

Grid for medication administration with columns for Date, Medicine, Dose, Frequency, Indication, and Discharge/Dispense status.

BINDING MARGIN - DO NOT WRITE

NOT A VALID ORDER UNLESS LEGIBLE

RECOMMENDED ORAL ADMINISTRATION TIMES GUIDELINES ONLY. Table with columns for Morning, Night, Twice a day, Three times a day, Four times a day and various frequency codes.

REASON FOR NOT ADMINISTERING. Codes MUST be circled. Table with columns for Absent, Fasting, Refused, Not available, Withheld, Self Administration, Vomiting, On Leave, Parent/Carer Administration.

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.