

# Long Stay In-patient Medicine Prescription and Administration Record (‘kardex’)

Training Presentation

Elderly Care Version

Developed by The Northern Ireland Medicines Governance Team



# Training session

- Learning objectives
- Background
- New Kardex design
- Examples of new Kardex in use

# Learning objectives

- Aim:
  - To reduce risk and improve patient care
- Objectives:
  - To be familiar with prescription writing standards and how to apply them
  - To know how to complete Kardexes correctly
  - To be aware of potentially serious or common errors in prescribing

# Background

- Regional templates for in-patient medicine prescription and administration ('kardex') developed in 2006 – acute template of 2 week duration
- Long stay template follows acute template and is of 8 week duration.
- Closer link between prescription and administration record required

# New Kardex design

- 6 double sided A4 pages Hole punched
- Administration record beside prescription
- New allergy box
- Once only and premedications (including administration under PGD) (37)
- As required (21)
- Regular (18)
- Documentation of non-administration of medicines coded 'O'



# Medicine Prescription and Administration Record (Long Stay)

NSV Code

Record: \_\_\_\_\_ of \_\_\_\_\_

Rewritten on (date): \_\_\_\_\_

### Allergies / Medicine Sensitivities

THIS SECTION MUST BE COMPLETED

Date	Medicine (generic) / allergen	Type or reaction e.g. rash	Signature
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

OR

No known allergies  Please tick

Signature: ..... Date: .....

Write in CAPITAL LETTERS or use addressograph

Surname: .....

First Names: .....

Hospital no: .....

DOB: .....

Check identity

Hospital: ..... Ward: .....

Date of admission: ..... Consultant: .....

Weight (kg)	Height (cm)	Date
.....	.....	.....
.....	.....	.....

### Requirements for Prescribing and Administration

THIS SECTION MAY BE USED TO HIGHLIGHT KEY POINTS FROM USE AND CONTROL OF MEDICINES, FEBRUARY 2008

Insert Photograph here

(Optional / According to local policy)

### Abbreviations for routes of administration

Oral = PO	Intra-arterial = IA	Nebulised = NEB	Vaginal = PV
Sublingual = SL	Subcutaneous = SC	Topical = TOP	Buccal = BUC
Nasogastric = NG	Intramuscular = IM	Intravenous = IV	Intravenous central venous catheter = IVCVC
Per gastrostomy = PEG	Inhalations = INH	Per rectum = PR	

### Special Instructions / Additional Notes on Medicines (please sign and date)



# Multiple Kardexes and Rewriting the Kardex

<b>LOGO</b>	<b>Medicine Prescription and Administration Record (Long Stay)</b>	NSV Code	
		Record: <u>  1  </u> of <u>  1  </u>	
		Rewritten on (date): <u>  N/A  </u>	
<b>Allergies / Medicine Sensitivities</b>			
<b>THIS SECTION MUST BE COMPLETED</b>			
<b>Date</b>	<b>Medicine (generic) / allergen</b>	<b>Type or reaction e.g. rash</b>	<b>Signature</b>
1/2/09	PENICILLIN	RASH	A. Doctor
<b>OR</b>			
No known allergies <input type="checkbox"/> Please tick			
Signature: ..... Date: .....			
Write in CAPITAL LETTERS or use addressograph			
Surname: ..... SMITH .....			
First Names: ..... ANN .....			
Hospital no: ..... 123456 .....			
DOB: ..... 14/07/1921 .....			
Hospital: ..... HOLBY ..... Ward: ..... 4 .....			
Date of admission: ..... 1/2/09 ..... Consultant: ..... JONES .....			
<b>Weight (kg)</b>	<b>Height (cm)</b>	<b>Date</b>	

# Patient information and Hospital Details

<b>LOGO</b>	<b>Medicine Prescription and Administration Record (Long Stay)</b>	<small>NSV Code</small> Record: <u>  1  </u> of <u>  1  </u> Rewritten on (date): <u>  N/A  </u>												
Write in CAPITAL LETTERS or use addressograph														
Surname: .....SMITH..... First Names: ....ANN..... Hospital no: .....123456..... DOB: .....14/07/1921.....														
Hospital: ...HOLBY..... Ward: ...4..... Date of admission: ...1/2/09..... Consultant: ...JONES.....														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Weight (kg)</th> <th style="width: 33%;">Height (cm)</th> <th style="width: 33%;">Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Weight (kg)	Height (cm)	Date									
Weight (kg)	Height (cm)	Date												

  

Allergies / Medicine Sensitivities			
THIS SECTION MUST BE COMPLETED			
Date	Medicine (generic) / allergen	Type or reaction e.g. rash	Signature
1/2/09	PENICILLIN	RASH	A. Doctor

  

<b>OR</b>	
No known allergies <input type="checkbox"/> Please tick	
Signature: ..... Date: .....	

# Allergy documentation

- Patient with allergy

<b>LOGO</b>	<b>Medicine Prescription and Administration Record</b>			NSV Code
	<b>(Long Stay)</b>			Record: <u>  1  </u> of <u>  1  </u> Rewritten on (date): <u>  N/A  </u>
<b>Allergies / Medicine Sensitivities</b>				Write in CAPITAL LETTERS or use addressograph
<b>THIS SECTION MUST BE COMPLETED</b>				Surname: .....SMITH.....
Date	Medicine (generic) / allergen	Type or reaction e.g. rash	Signature	First Names: ....ANN.....
1/2/09	PENICILLIN	RASH	A. Doctor	Hospital no: ....123456.....
.....	.....	.....	.....	DOB: .....14/07/1921.....
.....	.....	.....	.....	Hospital: ...HOLBY..... Ward: ...4.....
.....	.....	.....	.....	Date of admission: ...1/2/09..... Consultant: ...JONES.....
<b>OR</b>				Weight (kg)
No known allergies <input type="checkbox"/> Please tick				Height (cm)
Signature: ..... Date: .....				Date

- Patient with no known allergy

<b>LOGO</b>	<b>Medicine Prescription and Administration Record</b>			NSV Code
	<b>(Long Stay)</b>			Record: <u>  1  </u> of <u>  1  </u> Rewritten on (date): <u>  N/A  </u>
<b>Allergies / Medicine Sensitivities</b>				Write in CAPITAL LETTERS or use addressograph
<b>THIS SECTION MUST BE COMPLETED</b>				Surname: .....SMITH.....
Date	Medicine (generic) / allergen	Type or reaction e.g. rash	Signature	First Names: ....ANN.....
.....	.....	.....	.....	Hospital no: ....123456.....
.....	.....	.....	.....	DOB: .....14/07/1921.....
.....	.....	.....	.....	Hospital: ...HOLBY..... Ward: ...4.....
.....	.....	.....	.....	Date of admission: ...1/2/09..... Consultant: ...JONES.....
<b>OR</b>				Weight (kg)
No known allergies <input checked="" type="checkbox"/> Please tick				Height (cm)
Signature: ..... A. Doctor ..... Date: ..... 1/2/09 .....				Date

# Requirements for prescribing and administration

**LOGO**

## Medicine Prescription and Administration Record (Long Stay)

NSV Code

Record: 1 of 1

Rewritten on (date): N/A

### Allergies / Medicine Sensitivities

THIS SECTION MUST BE COMPLETED

Date	Medicine (generic) / allergen	Type or reaction e.g. rash	Signature
1/2/09	PENICILLIN	RASH	A. Doctor
.....	.....	.....	.....
.....	.....	.....	.....

**OR**

No known allergies  Please tick

Signature: ..... Date: .....

Write in CAPITAL LETTERS or use addressograph

Surname: SMITH

First Names: ANN

Hospital no: 123456

DOB: 14/07/1921

Hospital: HOLBY Ward: 4

Date of admission: 1/2/09 Consultant: JONES

Weight (kg)	Height (cm)	Date
.....	.....	.....
.....	.....	.....

### Requirements for Prescribing and Administration

THIS SECTION MAY BE USED TO HIGHLIGHT KEY POINTS FROM USE AND  
CONTROL OF MEDICINES, FEBRUARY 2008

Insert Photograph here  
(Optional / According to  
local policy)

# Special instructions / Additional notes

Allergies / Medicine Sensitivities			
<b>THIS SECTION MUST BE COMPLETED</b>			
Date	Medicine (generic) / allergen	Type or reaction e.g. rash	Signature
1/2/09	PENICILLIN	Rash	A. Doctor
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
<b>OR</b> No known allergies <input type="checkbox"/> Please tick Signature: ..... Date: .....			

<b>Medicine Prescription and Administration Record</b> <b>(Long Stay)</b>			NSV Code
Record: <u>1</u> of <u>1</u>		Rewritten on (date): <u>N/A</u>	
Write in CAPITAL LETTERS or use addressograph			
Surname: <u>SMITH</u>			
First Names: <u>ANN</u>			
Hospital no: <u>123456</u>			
DOB: <u>14/3/1921</u>			
Hospital: <u>HOLBY</u>		Ward: <u>4</u>	
Date of admission: <u>1/2/09</u>		Consultant: <u>JONES</u>	
Weight (kg)	Height (cm)	Date	

Requirements for Prescribing and Administration	
THIS SECTION MAY BE USED TO HIGHLIGHT KEY POINTS FROM USE AND CONTROL OF MEDICINES, FEBRUARY 2008	
Insert Photograph here (Optional / According to local policy)	

Abbreviations for routes of administration							
Oral	= PO	Intra-arterial	= IA	Nebulised	= NEB	Vaginal	= PV
Sublingual	= SL	Subcutaneous	= SC	Topical	= TOP	Buccal	= BUC
Nasogastric	= NG	Intramuscular	= IM	Intravenous	= IV	Intravenous central	venous catheter =IVCVC
Per gastrostomy	= PEG	Inhalations	= INH	Per rectum	= PR		

Special Instructions / Additional Notes on Medicines (please sign and date)





# Regular medicines

## Prescription and administration

REGULAR MEDICINES				Patient Name: .....			
Check patient identity and allergy status				Hospital Number: ..... (complete if photocopying page)			
				D.O.B: .....			
<b>CODES FOR RECORDING OMITTED DOSES</b>							
(N) = Nil by mouth	(P) = Patient not available	(V) = Vomiting	(DR) = Prescribed omission	(O) = Other (please state reason on page 12)			
(R) = Patient refused	(S) = Unable to swallow	(D) = Drug not available	(L) = Patient on leave				
Year: 2009	Day and month: →		1	2	3	4	
Circle times or enter variable dose / time			1	2	3	4	
			2	2	2	2	
Medicine <b>WARFARIN</b>				08 <sup>30</sup>			
Dose <b>As per chart</b>	Route <b>PO</b>	Start date <b>1/2/09</b>	Stop date	12 <sup>30</sup>			
Special instructions / Directions			Signature	17 <sup>30</sup>	BM	BM	
Signature <b>A Doctor</b>	Bleep	Pharmacy		21 <sup>30</sup>			
Print name <b>A Doctor</b>	<b>1111</b>						
Medicine <b>PERINDOPRIL</b>				08 <sup>30</sup>	RG	DW	
Dose <b>4mg</b>	Route <b>PO</b>	Start date <b>1/2/09</b>	Stop date	12 <sup>30</sup>			
Special instructions / Directions			Signature	17 <sup>30</sup>			
Signature <b>A Doctor</b>	Bleep	Pharmacy		21 <sup>30</sup>			
Print name <b>A Doctor</b>	<b>1111</b>						
Medicine <b>SIMVASTATIN</b>				08 <sup>30</sup>			
Dose <b>40mg</b>	Route <b>PO</b>	Start date <b>1/2/09</b>	Stop date	12 <sup>30</sup>			
Special instructions / Directions			Signature	17 <sup>30</sup>			
Signature <b>A Doctor</b>	Bleep	Pharmacy		21 <sup>30</sup>	TP	TP	
Print name <b>A Doctor</b>	<b>1111</b>						
Medicine <b>CITALOPRAM</b>				08 <sup>30</sup>	RG	DW	
Dose <b>10mg</b>	Route <b>PO</b>	Start date <b>1/2/09</b>	Stop date	12 <sup>30</sup>			
Special instructions / Directions			Signature	17 <sup>30</sup>			
Signature <b>A Doctor</b>	Bleep	Pharmacy		21 <sup>30</sup>			
Print name <b>A Doctor</b>	<b>1111</b>						
Medicine <b>OMEPRAZOLE</b>				08 <sup>30</sup>	RG	DW	
Dose <b>20mg</b>	Route <b>PO</b>	Start date <b>1/2/09</b>	Stop date	12 <sup>30</sup>			
Special instructions / Directions			Signature	17 <sup>30</sup>			
Signature <b>A Doctor</b>	Bleep	Pharmacy		21 <sup>30</sup>			
Print name <b>A Doctor</b>	<b>1111</b>						
Medicine <b>FUROSEMIDE</b>				08 <sup>30</sup>	RG	DW	
Dose <b>40mg</b>	Route <b>PO</b>	Start date <b>1/2/09</b>	Stop date	12 <sup>30</sup>	RG	DW	
Special instructions / Directions			Signature	17 <sup>30</sup>			
Signature <b>A Doctor</b>	Bleep	Pharmacy		21 <sup>30</sup>			
Print name <b>A Doctor</b>	<b>1111</b>						

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# Regular medicines

## Prescription – changes in treatment

**REGULAR MEDICINES**  
**Check patient identity and allergy status**

Patient Name: .....  
 Hospital Number: ..... (complete if photocopying page)  
 D.O.B: .....

**CODES FOR RECORDING OMITTED DOSES**

<b>(N)</b> = Nil by mouth	<b>(P)</b> = Patient not available	<b>(V)</b> = Vomiting	<b>(DR)</b> = Prescribed omission	<b>(O)</b> = Other (please state reason on page 12)
<b>(R)</b> = Patient refused	<b>(S)</b> = Unable to swallow	<b>(D)</b> = Drug not available	<b>(L)</b> = Patient on leave	

Year: _____	Day and month: _____	3	/	2													
<b>Circle times or enter variable dose / time</b>					08 <sup>30</sup>												
Medicine <b>FUROSEMIDE</b>					12 <sup>30</sup>												
Dose	Route	Start date	Stop date	Signature	17 <sup>30</sup>												
Special instructions / Directions				Signature	21 <sup>30</sup>												
Signature <b>B Doctor</b>		Bleep	Pharmacy									08 <sup>30</sup>					
Print name <b>B Doctor</b>		2222									12 <sup>30</sup>						
Medicine					17 <sup>30</sup>												
Dose	Route	Start date	Stop date	Signature	21 <sup>30</sup>												
Special instructions / Directions				Signature									08 <sup>30</sup>				
Signature		Bleep	Pharmacy									12 <sup>30</sup>					
Print name										17 <sup>30</sup>							
Medicine					21 <sup>30</sup>												
Dose	Route	Start date	Stop date	Signature									08 <sup>30</sup>				
Special instructions / Directions				Signature									12 <sup>30</sup>				
Signature		Bleep	Pharmacy									17 <sup>30</sup>					
Print name										21 <sup>30</sup>							
Medicine													08 <sup>30</sup>				
Dose	Route	Start date	Stop date	Signature									12 <sup>30</sup>				
Special instructions / Directions				Signature									17 <sup>30</sup>				
Signature		Bleep	Pharmacy									21 <sup>30</sup>					
Print name																	
Medicine													08 <sup>30</sup>				
Dose	Route	Start date	Stop date	Signature									12 <sup>30</sup>				
Special instructions / Directions				Signature									17 <sup>30</sup>				
Signature		Bleep	Pharmacy									21 <sup>30</sup>					
Print name																	
Medicine													08 <sup>30</sup>				
Dose	Route	Start date	Stop date	Signature									12 <sup>30</sup>				
Special instructions / Directions				Signature									17 <sup>30</sup>				
Signature		Bleep	Pharmacy									21 <sup>30</sup>					
Print name																	

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# Regular medicines

## Prescription – limited courses of treatment

REGULAR MEDICINES		Patient Name:.....	
Check patient identity and allergy status		Hospital Number:..... (complete if photocopying page)	
		D.O.B:.....	
<b>CODES FOR RECORDING OMITTED DOSES</b>			
<input type="radio"/> N	= Nil by mouth	<input type="radio"/> P	= Patient not available
<input type="radio"/> R	= Patient refused	<input type="radio"/> S	= Unable to swallow
<input type="radio"/> V	= Vomiting	<input type="radio"/> D	= Drug not available
<input type="radio"/> DR	= Prescribed omission	<input type="radio"/> L	= Patient on leave
<input type="radio"/> O	= Other (please state reason on page 12)		
Year: 2009	Day and month: →	2 / 2	3 / 2
Circle times or enter variable dose / time		4 / 2	5 / 2
Medicine	TRIMETHOPRIM		
Dose	Route	Start date	Stop date
200mg	PO	2/2/09	4/2/09
Special instructions / Directions	Signature		
3 DAYS			
Signature	A Doctor	Bleep	Pharmacy
Print name	A Doctor	1111	

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# Regular medicines

## Prescription – supplementary charts

### REGULAR MEDICINES

Check patient identity and allergy status

Patient Name:.....  
 Hospital Number:..... (complete if photocopying page)  
 D.O.B. ....

#### CODES FOR RECORDING OMITTED DOSES

(N) = Nil by mouth      (P) = Patient not available      (V) = Vomiting      (DR) = Prescribed omission      (O) = Other (please state reason on page 12)  
 (R) = Patient refused      (S) = Unable to swallow      (D) = Drug not available      (L) = Patient on leave

Year: 2009		Day and month: →		1	2	3	4														
Circle times or enter variable dose / time				1 / 2	2 / 2	3 / 2	4 / 2														
Medicine <b>WARFARIN</b>				08 <sup>30</sup>																	
Dose	Route	Start date	Stop date	12 <sup>30</sup>																	
As per chart	PO	1/2/09		17 <sup>30</sup>																	
Special instructions / Directions				Signature																	
Signature <b>A Doctor</b> Bleep				Pharmacy																	
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																	
Medicine <b>PERINDOPRIL</b>				08 <sup>30</sup>																	
Dose	Route	Start date	Stop date	12 <sup>30</sup>																	
4mg	PO	1/2/09		17 <sup>30</sup>																	
Special instructions / Directions				Signature																	
Signature <b>A Doctor</b> Bleep				Pharmacy																	
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																	
Medicine <b>SIMVASTATIN</b>				08 <sup>30</sup>																	
Dose	Route	Start date	Stop date	12 <sup>30</sup>																	
40mg	PO	1/2/09		17 <sup>30</sup>																	
Special instructions / Directions				Signature																	
Signature <b>A Doctor</b> Bleep				Pharmacy																	
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																	
Medicine <b>CITALOPRAM</b>				08 <sup>30</sup>																	
Dose	Route	Start date	Stop date	12 <sup>30</sup>																	
10mg	PO	1/2/09		17 <sup>30</sup>																	
Special instructions / Directions				Signature																	
Signature <b>A Doctor</b> Bleep				Pharmacy																	
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																	
Medicine <b>OMEPRAZOLE</b>				08 <sup>30</sup>																	
Dose	Route	Start date	Stop date	12 <sup>30</sup>																	
20mg	PO	1/2/09		17 <sup>30</sup>																	
Special instructions / Directions				Signature																	
Signature <b>A Doctor</b> Bleep				Pharmacy																	
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																	
Medicine <b>FUROSEMIDE</b>				08 <sup>30</sup>																	
Dose	Route	Start date	Stop date	12 <sup>30</sup>																	
40mg	PO	1/2/09		17 <sup>30</sup>																	
Special instructions / Directions				Signature																	
Signature <b>A Doctor</b> Bleep				Pharmacy																	
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																	

# Regular medicines

Prescription – less than once a day, times other than pre-printed times, different formulations

REGULAR MEDICINES				Patient Name:.....					
Check patient identity and allergy status				Hospital Number:..... (complete if photocopying page)					
				D.O.B:.....					
CODES FOR RECORDING OMITTED DOSES									
(N)	= Nil by mouth	(P)	= Patient not available	(V)	= Vomiting	(DR)	= Prescribed omission	(O)	= Other (please state reason on page 12)
(R)	= Patient refused	(S)	= Unable to swallow	(D)	= Drug not available	(L)	= Patient on leave		
Year:	2009	Day and month:	→	1	2	3	4		
Circle times or enter variable dose / time				↓	↓	↓	↓		
Medicine <b>BISOPROLOL</b>				08 <sup>30</sup>	RG	DW			
Dose	5mg	Route	PO	Start date	1/2/09	Stop date			
Special instructions / Directions				12 <sup>30</sup>					
Signature <b>A Doctor</b>				17 <sup>30</sup>					
Bleep				21 <sup>30</sup>					
Print name <b>A Doctor 1111</b>									
Pharmacy									
Medicine <b>LACTULOSE</b>				08 <sup>30</sup>	RG	DW			
Dose	20ml	Route	PO	Start date	1/2/09	Stop date			
Special instructions / Directions				12 <sup>30</sup>					
Signature <b>A Doctor</b>				17 <sup>30</sup>					
Bleep				21 <sup>30</sup>	TP	TP			
Print name <b>A Doctor 1111</b>									
Pharmacy									
Medicine <b>ADCAL D3</b>				08 <sup>30</sup>	RG	DW			
Dose	TT	Route	PO	Start date	1/2/09	Stop date			
Special instructions / Directions				12 <sup>30</sup>					
Signature <b>A Doctor</b>				17 <sup>30</sup>					
Bleep				21 <sup>30</sup>					
Print name <b>A Doctor 1111</b>									
Pharmacy									
Medicine <b>RISEDRONATE</b>				08 <sup>30</sup>	07 <sup>30</sup>				
Dose	35mg	Route	PO	Start date	1/2/09	Stop date			
Special instructions / Directions				12 <sup>30</sup>					
Signature <b>WEDNESDAY</b>				17 <sup>30</sup>					
Bleep				21 <sup>30</sup>					
Print name <b>A Doctor 1111</b>									
Pharmacy									
Medicine <b>NOVOMIX 30 FLEXPEN</b>				08 <sup>30</sup>	RG	DW			
Dose	80 UNITS	Route	SC	Start date	1/2/09	Stop date			
Special instructions / Directions				12 <sup>30</sup>					
Signature <b>A Doctor</b>				17 <sup>30</sup>					
Bleep				21 <sup>30</sup>					
Print name <b>A Doctor 1111</b>									
Pharmacy									
Medicine <b>NOVOMIX 30 FLEXPEN</b>				08 <sup>30</sup>					
Dose	74 UNITS	Route	SC	Start date	1/2/09	Stop date			
Special instructions / Directions				12 <sup>30</sup>					
Signature <b>A Doctor</b>				17 <sup>30</sup>	BM	BM			
Bleep				21 <sup>30</sup>					
Print name <b>A Doctor 1111</b>									
Pharmacy									



# Regular medicines

## Prescription – different doses

REGULAR MEDICINES				Patient Name:.....	
Check patient identity and allergy status				Hospital Number:..... (complete if photocopying page)	
				D.O.B:.....	
<b>CODES FOR RECORDING OMITTED DOSES</b>					
(N)	= Nil by mouth	(P)	= Patient not available	(V)	= Vomiting
(R)	= Patient refused	(S)	= Unable to swallow	(DR)	= Prescribed omission
		(D)	= Drug not available	(L)	= Patient on leave
				(O)	= Other (please state reason on page 12)
Year: _____		Day and month: _____			
Circle times or enter variable dose / time					
Medicine <b>LEVOTHYROXINE</b>					
Dose	Route	Start date	Stop date	08 <sup>30</sup>	
100microgram	PO	1/2/09		12 <sup>30</sup>	
Special instructions / Directions			Signature	17 <sup>30</sup>	
ALTERNATE DAYS				21 <sup>30</sup>	
Signature <b>A Doctor</b>		Bleep	Pharmacy		
Print name <b>A Doctor</b>		1111			
Medicine <b>LEVOTHYROXINE</b>					
Dose	Route	Start date	Stop date	08 <sup>30</sup>	
125microgram	PO	1/2/09		12 <sup>30</sup>	
Special instructions / Directions			Signature	17 <sup>30</sup>	
ALTERNATE DAYS				21 <sup>30</sup>	
Signature <b>A Doctor</b>		Bleep	Pharmacy		
Print name <b>A Doctor</b>		1111			

# Regular medicines

## Prescription – doses to be withheld

REGULAR MEDICINES		Patient Name:.....	
Check patient identity and allergy status		Hospital Number:..... (complete if photocopying page)	
		D.O.B.....	
<b>CODES FOR RECORDING OMITTED DOSES</b>			
<input type="radio"/> N	= Nil by mouth	<input type="radio"/> P	= Patient not available
<input type="radio"/> R	= Patient refused	<input type="radio"/> S	= Unable to swallow
<input type="radio"/> V	= Vomiting	<input type="radio"/> D	= Drug not available
<input type="radio"/> DR	= Prescribed omission	<input type="radio"/> L	= Patient on leave
<input type="radio"/> O	= Other (please state reason on page 12)		
Year: 2009	Day and month: →	1 / 2	3 / 2
Circle times or enter variable dose / time		4 / 2	5 / 2
Medicine	WARFARIN		
Dose	Route	Start date	Stop date
As per chart	PO	1/2/09	
Special instructions / Directions	Signature	08 <sup>30</sup>	
		12 <sup>30</sup>	
		17 <sup>30</sup>	BM BM <input type="radio"/> R <input type="radio"/> DR <input type="radio"/> LB
Signature <b>A Doctor</b>	Bleep	Pharmacy	21 <sup>30</sup>
Print name <b>A Doctor</b>	1111		

# Regular medicines Administration

## REGULAR MEDICINES

Check patient identity and allergy status

Patient Name:.....  
 Hospital Number:..... (complete if photocopying page)  
 D.O.B. ....

### CODES FOR RECORDING OMITTED DOSES

- N = Nil by mouth      P = Patient not available      V = Vomiting      DR = Prescribed omission      O = Other (please state reason on page 12)  
 R = Patient refused      S = Unable to swallow      D = Drug not available      L = Patient on leave

Year: 2009		Day and month: →		1	2	3	4																	
Circle times or enter variable dose / time				1 / 2	2 / 2	3 / 2	4 / 2																	
Medicine <b>WARFARIN</b>				08 <sup>30</sup>																				
Dose	Route	Start date	Stop date	12 <sup>30</sup>																				
As per chart	PO	1/2/09		17 <sup>30</sup>																				
Special instructions / Directions				Signature																				
Signature <b>A Doctor</b> Bleep				Pharmacy																				
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																				
Medicine <b>PERINDOPRIL</b>				08 <sup>30</sup>																				
Dose	Route	Start date	Stop date	12 <sup>30</sup>																				
4mg	PO	1/2/09		17 <sup>30</sup>																				
Special instructions / Directions				Signature																				
Signature <b>A Doctor</b> Bleep				Pharmacy																				
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																				
Medicine <b>SIMVASTATIN</b>				08 <sup>30</sup>																				
Dose	Route	Start date	Stop date	12 <sup>30</sup>																				
40mg	PO	1/2/09		17 <sup>30</sup>																				
Special instructions / Directions				Signature																				
Signature <b>A Doctor</b> Bleep				Pharmacy																				
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																				
Medicine <b>CITALOPRAM</b>				08 <sup>30</sup>																				
Dose	Route	Start date	Stop date	12 <sup>30</sup>																				
10mg	PO	1/2/09		17 <sup>30</sup>																				
Special instructions / Directions				Signature																				
Signature <b>A Doctor</b> Bleep				Pharmacy																				
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																				
Medicine <b>OMEPRAZOLE</b>				08 <sup>30</sup>																				
Dose	Route	Start date	Stop date	12 <sup>30</sup>																				
20mg	PO	1/2/09		17 <sup>30</sup>																				
Special instructions / Directions				Signature																				
Signature <b>A Doctor</b> Bleep				Pharmacy																				
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																				
Medicine <b>FUROSEMIDE</b>				08 <sup>30</sup>																				
Dose	Route	Start date	Stop date	12 <sup>30</sup>																				
40mg	PO	1/2/09		17 <sup>30</sup>																				
Special instructions / Directions				Signature																				
Signature <b>A Doctor</b> Bleep				Pharmacy																				
Print name <b>A Doctor 1111</b>				21 <sup>30</sup>																				







# Regular medicines

## Administration - Non-administration of medicines coded 'O'

Patient Name:.....  
 Hospital Number:..... (complete if photocopying page)

**CODES FOR RECORDING OMITTED DOSES**

- N = Nil by mouth    
  P = Patient not available    
  V = Vomiting    
  DR = Prescribed omission    
  O = Other (please state reason on page 12)  
 R = Patient refused    
 S = Unable to swallow    
 D = Drug not available    
 L = Patient on leave

**Documentation of non-administration of medicines coded  O**

Date	Time	Medicine	Reason	Signature
3/2/09	08 <sup>30</sup>	LACTULOSE	Patient has diarrhoea	D White



# Any questions?

Developed by The Northern Ireland Medicines Governance Team

