

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

Training Presentation
Mental Health 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) (18)
- Regular depot injections (3)
- 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

| | | | |
|--|--|---------------------------------|-----------|
| LOGO | Medicine Prescription and Administration Record (Long Stay) | NSV Code | |
| | | Record: <u>1</u> of <u>1</u> | |
| | | Rewritten on (date): <u>N/A</u> | |
| Allergies / Medicine Sensitivities | | | |
| THIS SECTION MUST BE COMPLETED | | | |
| Date | Medicine (generic) / allergen | Type or reaction e.g. rash | Signature |
| | | | |
| | | | |
| | | | |
| OR | | | |
| No known allergies <input checked="" type="checkbox"/> Please tick Signature: <u>A. Doctor</u> Date: <u>20/10/08</u> | | | |
| Write in CAPITAL LETTERS or use addressograph | | | |
| Surname: <u>JONES</u> | | | |
| First Names: <u>MARY</u> | | | |
| Hospital no: <u>DOH1234</u> | | | |
| DOB: <u>6/4/1927</u> | | | |
| Hospital: <u>HOLBY</u> Ward: <u>8</u> | | | |
| Date of admission: <u>20/10/08</u> Consultant: <u>SMITH</u> | | | |
| Weight (kg) | Height (cm) | Date | |
| | | | |
| | | | |

Patient Information and Hospital Details



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

OR

No known allergies Please tick

Signature: A. Doctor Date: 20/10/08

Write in CAPITAL LETTERS or use addressograph

Surname: JONES

First Names: MARY

Hospital no: DOH1234

DOB: 6/4/1927

Hospital: HOLBY Ward: 8

Date of admission: 20/10/08 Consultant: SMITH

| Weight (kg) | Height (cm) | Date |
|-------------|-------------|-------|
| | | |
| | | |

Allergy documentation

- Patient with penicillin allergy

| | | | | |
|---|--|---|------------------|---|
| LOGO | Medicine Prescription and Administration Record (Long Stay) | | | NSV Code |
| | | | | Record: <u>1</u> of <u>1</u> Rewritten on (date): <u>N/A</u> |
| Allergies / Medicine Sensitivities | | | | Write in CAPITAL LETTERS or use addressograph |
| THIS SECTION MUST BE COMPLETED | | | | |
| Date | Medicine (generic) / allergen | Type or reaction e.g. rash | Signature | |
| 20/10/08 | PENICILLIN | RASH | A. Doctor | |
| | | | | |
| | | | | |
| OR | | | | |
| No known allergies <input type="checkbox"/> Please tick | | | | |
| Signature: Date: | | | | |
| | | Hospital: Ward: .....8..... | | |
| | | Date of admission: 20/10/08 Consultant: SMITH | | |
| Weight (kg) | | Height (cm) | | Date |
| | | | | |

- Patient with no known allergies

| | | | | |
|--|--|---|------------------|---|
| LOGO | Medicine Prescription and Administration Record (Long Stay) | | | NSV Code |
| | | | | Record: <u>1</u> of <u>1</u> Rewritten on (date): <u>N/A</u> |
| Allergies / Medicine Sensitivities | | | | Write in CAPITAL LETTERS or use addressograph |
| THIS SECTION MUST BE COMPLETED | | | | |
| Date | Medicine (generic) / allergen | Type or reaction e.g. rash | Signature | |
| | | | | |
| | | | | |
| OR | | | | |
| No known allergies <input checked="" type="checkbox"/> Please tick | | | | |
| Signature: .....A. Doctor..... Date: 20/10/08..... | | | | |
| | | Hospital: .....HOLBY..... Ward: .....8..... | | |
| | | Date of admission: 20/10/08 Consultant: SMITH | | |
| Weight (kg) | | Height (cm) | | Date |
| | | | | |

Requirements for prescribing and administration

| | | | |
|--|--|---|---------------------------------|
| LOGO | Medicine Prescription and Administration Record (Long Stay) | | NSV Code |
| | Record: <u>1</u> of <u>1</u> | | Rewritten on (date): <u>N/A</u> |
| Allergies / Medicine Sensitivities | | | |
| THIS SECTION MUST BE COMPLETED | | | |
| Date | Medicine (generic) / allergen | Type or reaction e.g. rash | Signature |
| | | | |
| | | | |
| | | | |
| OR | | | |
| No known allergies <input checked="" type="checkbox"/> Please tick | | | |
| Signature: <u>A. Doctor</u> Date: <u>20/10/08</u> | | | |
| Write in CAPITAL LETTERS or use addressograph | | | |
| Surname: <u>JONES</u> | | | |
| First Names: <u>MARY</u> | | | |
| Hospital no: <u>DOH1234</u> | | | |
| DOB: <u>6/4/1927</u> | | | |
| Hospital: <u>HOLBY</u> Ward: <u>8</u> | | | |
| Date of admission: <u>20/10/08</u> Consultant: <u>SMITH</u> | | | |
| Weight (kg) | Height (cm) | Date | |
| | | | |
| Requirements for Prescribing and Administration | | Insert Photograph here (Optional / According to local policy) | |
| THIS SECTION MAY BE USED TO HIGHLIGHT KEY POINTS FROM USE AND CONTROL OF MEDICINES, FEBRUARY 2008 | | | |

Special instructions / Additional notes

| Allergies / Medicine Sensitivities | | | | Write in CAPITAL LETTERS or use addressograph | | |
|---|-------------------------------|----------------------------|---|---|--|--|
| THIS SECTION MUST BE COMPLETED | | | | Surname: .....JONES..... | | |
| Date | Medicine (generic) / allergen | Type or reaction e.g. rash | Signature | First Names: .....MARY..... | | |
| ..... | ..... | ..... | ..... | Hospital no: .....DOH1234..... | | |
| ..... | ..... | ..... | ..... | DOB: .....6/4/1927..... | | |
| ..... | ..... | ..... | ..... | Hospital: .....HOLBY..... Ward: .....8..... | | |
| OR | | | | Date of admission: .....20/10/08..... Consultant: .....SMITH..... | | |
| No known allergies <input checked="" type="checkbox"/> Please tick | | | | Weight (kg) | | |
| Signature: <i>A. Doctor</i> Date: <i>20/10/08</i> | | | | Height (cm) | | |
| | | | | Date | | |
| | | | | | | |
| | | | | | | |
| Requirements for Prescribing and Administration | | | | Insert Photograph here (Optional / According to local policy) | | |
| THIS SECTION MAY BE USED TO HIGHLIGHT KEY POINTS FROM USE AND CONTROL OF MEDICINES, FEBRUARY 2008 | | | | | | |
| 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 – discontinued medicines and 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

- (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: 2008 | Day and month: → | 20/10 | 21/10 | 22/10 | 23/10 | 24/10 | | | | | | | | | | | | |
|---|------------------|----------------------------|----------------------------|------------------|---------------------|-------|----|----|----|----|--|--|--|--|--|--|--|--|
| Circle times or enter variable dose / time | | | | | | | | | | | | | | | | | | |
| Medicine PRIADEL TABLETS | | | | | | | | | | | | | | | | | | |
| Dose 400mg | Route PO | Start date 20/10/08 | Stop date | 08 ⁰⁰ | | | | | | | | | | | | | | |
| Special instructions / Directions | | | Signature | 12 ⁰⁰ | | | | | | | | | | | | | | |
| Signature A. Doctor | | | Bleep 257 | 17 ⁰⁰ | | | | | | | | | | | | | | |
| Print name A. Doctor | | | Pharmacy | 21 ⁰⁰ | (21 ³⁰) | CH | CH | AM | CH | PB | | | | | | | | |
| Medicine RISEDRONATE | | | | | | | | | | | | | | | | | | |
| Dose 35mg | Route PO | Start date 20/10/08 | Stop date | 08 ⁰⁰ | (10 ⁰⁰) | | | | | | | | | | | | | |
| Special instructions / Directions Tuesdays | | | Signature | 12 ⁰⁰ | | | | | | | | | | | | | | |
| Signature A. Doctor | | | Bleep 257 | 17 ⁰⁰ | | | | | | | | | | | | | | |
| Print name A. Doctor | | | Pharmacy | 21 ⁰⁰ | | | | | | | | | | | | | | |
| Medicine ADCAL D3 | | | | | | | | | | | | | | | | | | |
| Dose 2 tabs | Route PO | Start date 20/10/08 | Stop date | 08 ⁰⁰ | (12) | AL | AL | AL | DW | DW | | | | | | | | |
| Special instructions / Directions | | | Signature | 17 ⁰⁰ | | | | | | | | | | | | | | |
| Signature A. Doctor | | | Bleep 257 | 21 ⁰⁰ | | | | | | | | | | | | | | |
| Print name A. Doctor | | | Pharmacy | | | | | | | | | | | | | | | |
| Medicine MIRTAZAPINE | | | | | | | | | | | | | | | | | | |
| Dose 30mg | Route PO | Start date 20/10/08 | Stop date 23/10/08 | 08 ⁰⁰ | | | | | | | | | | | | | | |
| Special instructions / Directions | | | Signature A. Doctor | 12 ⁰⁰ | | | | | | | | | | | | | | |
| Signature A. Doctor | | | Bleep 257 | 17 ⁰⁰ | | | | | | | | | | | | | | |
| Print name A. Doctor | | | Pharmacy | 21 ⁰⁰ | (21 ³⁰) | CH | CH | AM | CH | | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ⁰⁰ | | | | | | | | | | | | | | |
| Special instructions / Directions | | | Signature | 12 ⁰⁰ | | | | | | | | | | | | | | |
| Signature | | | Bleep | 17 ⁰⁰ | | | | | | | | | | | | | | |
| Print name | | | Pharmacy | 21 ⁰⁰ | | | | | | | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ⁰⁰ | | | | | | | | | | | | | | |
| Special instructions / Directions | | | Signature | 12 ⁰⁰ | | | | | | | | | | | | | | |
| Signature | | | Bleep | 17 ⁰⁰ | | | | | | | | | | | | | | |
| Print name | | | Pharmacy | 21 ⁰⁰ | | | | | | | | | | | | | | |

Regular medicines

Prescription – doses to be withheld

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: | 2008 | Day and month: | → | 20/10 | 21/10 | 22/10 | 23/10 | 24/10 | 25/10 | 26/10 | 27/10 | 28/10 | 29/10 | 30/10 | 31/10 |
|-----------------------------------|------------------|----------------|------------|------------|-----------------|----------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|
| Medicine PRIADEL TABLETS | | | | | | | | | | | | | | | |
| Dose | 400mg | Route | PO | Start date | 20/10/08 | | Stop date | | | | | | | | |
| Special instructions / Directions | | | Signature | | | | | | | | | | | | |
| Signature | A. Doctor | | Bleep | 257 | | Pharmacy | | | | | | | | | |
| Print name | A. Doctor | | | | | | | | | | | | | | |
| Medicine RISEDRONATE | | | | | | | | | | | | | | | |
| Dose | 35mg | Route | PO | Start date | 20/10/08 | | Stop date | | | | | | | | |
| Special instructions / Directions | | | Signature | | | | | | | | | | | | |
| Signature | A. Doctor | | Bleep | 257 | | Pharmacy | | | | | | | | | |
| Print name | A. Doctor | | | | | | | | | | | | | | |
| Medicine ADCAL D3 | | | | | | | | | | | | | | | |
| Dose | 2 tabs | Route | PO | Start date | 20/10/08 | | Stop date | | | | | | | | |
| Special instructions / Directions | | | Signature | | | | | | | | | | | | |
| Signature | A. Doctor | | Bleep | 257 | | Pharmacy | | | | | | | | | |
| Print name | A. Doctor | | | | | | | | | | | | | | |
| Medicine MIRTAZAPINE | | | | | | | | | | | | | | | |
| Dose | 30mg | Route | PO | Start date | 20/10/08 | | Stop date | | | | | | | | |
| Special instructions / Directions | | | Signature | | | | | | | | | | | | |
| Signature | A. Doctor | | Bleep | 257 | | Pharmacy | | | | | | | | | |
| Print name | A. Doctor | | | | | | | | | | | | | | |
| Medicine MIRTAZAPINE | | | | | | | | | | | | | | | |
| Dose | 45mg | Route | PO | Start date | 24/10/08 | | Stop date | | | | | | | | |
| Special instructions / Directions | | | Signature | | | | | | | | | | | | |
| Signature | A. Doctor | | Bleep | 257 | | Pharmacy | | | | | | | | | |
| Print name | A. Doctor | | | | | | | | | | | | | | |
| Medicine AQUEOUS CREAM | | | | | | | | | | | | | | | |
| Dose | Apply | Route | TOP | Start date | 24/10/08 | | Stop date | | | | | | | | |
| Special instructions / Directions | | | Signature | | | | | | | | | | | | |
| Signature | A. Doctor | | Bleep | 257 | | Pharmacy | | | | | | | | | |
| Print name | A. Doctor | | | | | | | | | | | | | | |



Regular medicines

Prescription – endorsement by pharmacy

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: | 2008 | | Day and month: | → | | 20/10 | 21/10 | 22/10 | 23/10 | 24/10 | 25/10 | 26/10 | 27/10 | 28/10 | 29/10 | | | | | | |
|--|--------|-------|----------------|-----------------|----------|-----------|----------|-------|-------|-------|-------|-------|-------|-------|-------|----------|--|--|--|--|--|
| Circle times or enter variable dose / time | | | | | | | | | | | | | | | | | | | | | |
| Medicine | | | | PRIADEL TABLETS | | | | | | | | | | | | | | | | | |
| Dose | 400mg | Route | PO | Start date | 20/10/08 | Stop date | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | | Signature | | | | | | | | | | | | | | | | | |
| Signature | | | | A. Doctor | | | | Bleep | | | | 257 | | | | Pharmacy | | | | | |
| Print name | | | | A. Doctor | | | | | | | | | | | | | | | | | |
| Medicine | | | | RISEDRONATE | | | | | | | | | | | | | | | | | |
| Dose | 35mg | Route | PO | Start date | 21/10/08 | Stop date | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | | Tuesdays | | | | | | | | | | | | | | | | | |
| Signature | | | | A. Doctor | | | | Bleep | | | | 257 | | | | Pharmacy | | | | | |
| Print name | | | | A. Doctor | | | | | | | | | | | | | | | | | |
| Medicine | | | | ADCAL D3 | | | | | | | | | | | | | | | | | |
| Dose | 2 tabs | Route | PO | Start date | 21/10/08 | Stop date | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | | Signature | | | | | | | | | | | | | | | | | |
| Signature | | | | A. Doctor | | | | Bleep | | | | 257 | | | | Pharmacy | | | | | |
| Print name | | | | A. Doctor | | | | | | | | | | | | | | | | | |
| Medicine | | | | MIRTAZAPINE | | | | | | | | | | | | | | | | | |
| Dose | 30mg | Route | PO | Start date | 20/10/08 | Stop date | 23/10/08 | | | | | | | | | | | | | | |
| Special instructions / Directions | | | | Signature | | | | | | | | | | | | | | | | | |
| Signature | | | | A. Doctor | | | | Bleep | | | | 257 | | | | Pharmacy | | | | | |
| Print name | | | | A. Doctor | | | | | | | | | | | | | | | | | |
| Medicine | | | | MIRTAZAPINE | | | | | | | | | | | | | | | | | |
| Dose | 45mg | Route | PO | Start date | 24/10/08 | Stop date | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | | Signature | | | | | | | | | | | | | | | | | |
| Signature | | | | A. Doctor | | | | Bleep | | | | 257 | | | | Pharmacy | | | | | |
| Print name | | | | A. Doctor | | | | | | | | | | | | | | | | | |
| Medicine | | | | AQUEOUS CREAM | | | | | | | | | | | | | | | | | |
| Dose | Apply | Route | TOP | Start date | 24/10/08 | Stop date | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | | Signature | | | | | | | | | | | | | | | | | |
| Signature | | | | A. Doctor | | | | Bleep | | | | 257 | | | | Pharmacy | | | | | |
| Print name | | | | A. Doctor | | | | | | | | | | | | | | | | | |

Regular medicines

Prescription - increasing doses / cross titration

| 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: | Day and month: → | 20/10 | 21/10 | 22/10 | 23/10 | 24/10 | 25/10 | | | | | | | | | | | | | | |
|--|------------------|----------------------|------------------|------------------|-------|-------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Circle times or enter variable dose / time | | | | | | | | | | | | | | | | | | | | | |
| Medicine | | OLANZAPINE | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | | | |
| 10mg | PO | 20/10/08 | 22/10/08 | 12 ³⁰ | | | | | | | | | | | | | | | | | |
| Special instructions / Directions | | For 3 days | | | | | | | | | | | | | | | | | | | |
| Signature | Bleep | Pharmacy | 08 ³⁰ | | | | | | | | | | | | | | | | | | |
| A. Doctor | | | 21 ³⁰ | CH | CH | AM | | | | | | | | | | | | | | | |
| Print name | | A. Doctor 257 | | | | | | | | | | | | | | | | | | | |
| Medicine | | RISPERIDONE | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | | | |
| 2mg | PO | 20/10/08 | 22/10/08 | 12 ³⁰ | | | | | | | | | | | | | | | | | |
| Special instructions / Directions | | For 3 days | | | | | | | | | | | | | | | | | | | |
| Signature | Bleep | Pharmacy | 08 ³⁰ | | | | | | | | | | | | | | | | | | |
| A. Doctor | | | 21 ³⁰ | AL | AL | AL | | | | | | | | | | | | | | | |
| Print name | | A. Doctor 257 | | | | | | | | | | | | | | | | | | | |
| Medicine | | OLANZAPINE | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | | | |
| 20mg | PO | 23/10/08 | | 12 ³⁰ | | | | | | | | | | | | | | | | | |
| Special instructions / Directions | | Continue on 20mg | | | | | | | | | | | | | | | | | | | |
| Signature | Bleep | Pharmacy | 08 ³⁰ | | | | | | | | | | | | | | | | | | |
| A. Doctor | | | 21 ³⁰ | | | | | | | | | | | | | | | | | | |
| Print name | | A. Doctor 257 | | | | | | | | | | | | | | | | | | | |
| Medicine | | RISPERIDONE | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | | | |
| 2mg | PO | 23/10/08 | 25/10/08 | 12 ³⁰ | | | | | | | | | | | | | | | | | |
| Special instructions / Directions | | For 3 days then stop | | | | | | | | | | | | | | | | | | | |
| Signature | Bleep | Pharmacy | 08 ³⁰ | | | | | | | | | | | | | | | | | | |
| A. Doctor | | | 21 ³⁰ | | | | | | | | | | | | | | | | | | |
| Print name | | A. Doctor 257 | | | | | | | | | | | | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | | | |
| | | | | 12 ³⁰ | | | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | | | | | | | | | | | | | | | | | | | |
| Signature | Bleep | Pharmacy | 08 ³⁰ | | | | | | | | | | | | | | | | | | |
| | | | 21 ³⁰ | | | | | | | | | | | | | | | | | | |
| Print name | | | | | | | | | | | | | | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | | | |
| | | | | 12 ³⁰ | | | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | | | | | | | | | | | | | | | | | | | |
| Signature | Bleep | Pharmacy | 08 ³⁰ | | | | | | | | | | | | | | | | | | |
| | | | 21 ³⁰ | | | | | | | | | | | | | | | | | | |
| Print name | | | | | | | | | | | | | | | | | | | | | |



Regular medicines

Prescription - variable doses at different times

REGULAR MEDICINES

Check patient identity and allergy status

Patient Name:.....

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

D.O.B (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

| Year: | Day and month: → | 20/10 | 21/10 | 22/10 | 23/10 | 24/10 | 25/10 | | | | | | | | | | | | |
|--|------------------|----------------------------|-----------|------------------|------------------|-------|-------|----|----|----|----|--|--|--|--|--|--|--|--|
| Circle times or enter variable dose / time | | | | | | | | | | | | | | | | | | | |
| Medicine CHLORPROMAZINE | | | | | | | | | | | | | | | | | | | |
| Dose See times | Route PO | Start date 20/10/08 | Stop date | 08 ³⁰ | 100mg | CH | CH | AM | PB | PB | AM | | | | | | | | |
| Special instructions / Directions | | | Signature | 12 ³⁰ | 100mg | CH | CH | AM | PB | PB | AM | | | | | | | | |
| Signature A. Doctor Bleep | | | Pharmacy | 17 ³⁰ | 150mg | UC | UC | ME | JL | UC | JL | | | | | | | | |
| Print name A. Doctor 257 | | | | 21 ³⁰ | 200mg | KN | SQ | SQ | KN | PB | PB | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | Signature | 12 ³⁰ | | | | | | | | | | | | | | | |
| Signature | | | Bleep | Pharmacy | 17 ³⁰ | | | | | | | | | | | | | | |
| Print name | | | | 21 ³⁰ | | | | | | | | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | Signature | 12 ³⁰ | | | | | | | | | | | | | | | |
| Signature | | | Bleep | Pharmacy | 17 ³⁰ | | | | | | | | | | | | | | |
| Print name | | | | 21 ³⁰ | | | | | | | | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | Signature | 12 ³⁰ | | | | | | | | | | | | | | | |
| Signature | | | Bleep | Pharmacy | 17 ³⁰ | | | | | | | | | | | | | | |
| Print name | | | | 21 ³⁰ | | | | | | | | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | Signature | 12 ³⁰ | | | | | | | | | | | | | | | |
| Signature | | | Bleep | Pharmacy | 17 ³⁰ | | | | | | | | | | | | | | |
| Print name | | | | 21 ³⁰ | | | | | | | | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | | | | | |
| Dose | Route | Start date | Stop date | 08 ³⁰ | | | | | | | | | | | | | | | |
| Special instructions / Directions | | | Signature | 12 ³⁰ | | | | | | | | | | | | | | | |
| Signature | | | Bleep | Pharmacy | 17 ³⁰ | | | | | | | | | | | | | | |
| Print name | | | | 21 ³⁰ | | | | | | | | | | | | | | | |



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 |
|----------|------------------|----------|-----------------------|-----------|
| 29/10/08 | 12 ³⁰ | ADCAL D3 | Patient has diarrhoea | M White |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Regular medicines

Administration – Non-administration of medicines using codes

| 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: 2008 | | Day and month: → | | 20/10 | 21/10 | 22/10 | 23/10 | 24/10 | 25/10 | 26/10 | 27/10 | 28/10 | 29/10 | | | | | |
| Circle times or enter variable dose / time | | | | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | |
| Medicine: PRIADEL TABLETS | | | | 08 ⁰⁰ | | | | | | | | | | | | | | |
| Dose: 400mg | Route: PO | Start date: 20/10/08 | Stop date: | 12 ⁰⁰ | | | | | | | | | | | | | | |
| Special instructions / Directions | | | | 17 ⁰⁰ | | | | | | | | | | | | | | |
| Signature: A. Doctor | | Bleep: 257 | Pharmacy: | 21 ⁰⁰ | CH | CH | AM | CH | PB | PB | AM | AM | PB | DR | | | | |
| Print name: A. Doctor | | | | | | | | | | | | | | | | | | |
| Medicine: RISEDRONATE | | | | 08 ⁰⁰ | 10 ⁰⁰ | | | | DW | | | | | | | | | |
| Dose: 35mg | Route: PO | Start date: 20/10/08 | Stop date: | 12 ⁰⁰ | | | | | | | | | | | | | | |
| Special instructions / Directions: Thursdays | | | | 17 ⁰⁰ | | | | | | | | | | | | | | |
| Signature: A. Doctor | | Bleep: 257 | Pharmacy: | 21 ⁰⁰ | | | | | | | | | | | | | | |
| Print name: A. Doctor | | | | | | | | | | | | | | | | | | |
| Medicine: ADCAL D3 | | | | 08 ⁰⁰ | | | | | | | | | | | | | | |
| Dose: 2 tabs | Route: PO | Start date: 20/10/08 | Stop date: | 12 ⁰⁰ | AL | AL | AL | DW | DW | AL | AL | AL | CH | O | | | | |
| Special instructions / Directions | | | | 17 ⁰⁰ | | | | | | | | | | | | | | |
| Signature: A. Doctor | | Bleep: 257 | Pharmacy: | 21 ⁰⁰ | | | | | | | | | | | | | | |
| Print name: A. Doctor | | | | | | | | | | | | | | | | | | |
| Medicine: | | | | | | | | | | | | | | | | | | |

Any questions?

Developed by The Northern Ireland Medicines Governance Team

