STUDENT IN-PATIENT MEDICATION ADMINISTRATION RECORD

DRUG ALLERGIES & SENSITIVITIES

NONE KNOWN

SIGNED ..... DATE .....

YES

SIGNED ..... DATE .....

THIS SECTION MUST BE COMPLETED

Drug / Allergen:	Description of Reaction:

HOSPITAL No: _____

SURNAME: _____

FIRST NAME: _____

ADDRESS: _____

_____

DATE OF BIRTH: _____

ADDRESSOGRAPH

Height (m)	Weight (kgs)	Surface Area (m^2)	Age (if under 12)

DATE OF ADMISSION _____

HOSPITAL _____

WARD _____

CONSULTANT _____

MULTIPLE MEDICATION CHARTS

CHART .....

OF .....

MEDICATION ON SUPPLEMENTARY CHARTS SHOULD BE RECORDED ON THE DRUG CHART

DETAILS OF SUPPLEMENTARY CHARTS
TICK APPROPRIATE BOX

ANTICOAGULANT	☐	OXYGEN	☐
SUPPLEMENTARY INFUSION CHART	☐	PATIENT CONTROLLED ANALGESIA/EPIDURAL	☐
INSULIN	☐	SYRINGE DRIVER	☐
OTHER (PLEASE SPECIFY)			

PRESCRIPTION FOR ONCE-ONLY and PRE-ANAESTHETIC MEDICATION

DATE	MEDICINE (APPROVED NAME)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBER'S SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY	CHECKED BY
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					
					bleep No.					

MEDICINES MANAGEMENT

MEDICATION HISTORY OBTAINED FROM:

PATIENT ☐ GP ☐ NH/RH ☐ CARER ☐

PODS ☐ OTHER .....

COMPLIANCE ISSUES .....

INITIALS ..... DATE .....

MEDICINES RECONCILED

INITIALS ..... DATE .....

COMMENTS / NOTES

GP	COMMUNITY PHARMACY

DISCHARGE PRESCRIPTION WRITTEN

INITIALS ..... DATE .....

IN-PATIENT MEDICATION ADMINISTRATION RECORD

PATIENT'S NAME .... **HEALTH RECORD NUMBER** ....

MORNING (around 0800); MIDDAY (between 1200 & 1400); EVENING (around 1800): BEDTIME (around 2200)

ENTER DOSE AGAINST TIME REQUIRED. USE ONE ROUTE ONLY FOR EACH ENTRY	REGULAR MEDICINES	MONTH	YEAR
	DATE		

DATE →			MEDICINE (Approved Name)	SPECIAL INSTRUCTIONS	PRESCRIBER'S SIGNATURE	PHARMACIST
ROUTE →						
SPECIFY TIME IF REQUIRED ↓	DOSE ↓	SIGN / DOSE CHANGE ↓			bleep No.	SUPPLY
Morning						RE-WRITE CHART
Midday						
Evening						
Bedtime						

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Morning						RE-WRITE CHART
Midday						
Evening						
Bedtime						

CHART MUST BE RE-WRITTEN BEFORE FURTHER DOSES ARE ADMINISTERED

NON-ADMINISTRATION OF MEDICINES

When a patient does not receive a prescribed dose, the nurse should enter one of the code numbers given below in the administration box, to explain the reason for non-administration. Please attempt to obtain any unavailable medicines.

X. Prescriber's request
2. Patient not on ward
3. Patient unable to receive medicines/or no access
4. Patient refused medicine
5. Medicine unavailable
6. See Notes

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AS REQUIRED MEDICINES

DATE	MEDICINE(Approved Name)	PHARMACIST / SUPPLY
DOSE	ROUTE	FREQUENCY
PRESCRIBER'S SIGNATURE bleep No.	INDICATION	
DATE	MEDICINE(Approved Name)	PHARMACIST / SUPPLY
DOSE	ROUTE	FREQUENCY
PRESCRIBER'S SIGNATURE bleep No.	INDICATION	
DATE	MEDICINE(Approved Name)	PHARMACIST / SUPPLY
DOSE	ROUTE	FREQUENCY
PRESCRIBER'S SIGNATURE bleep No.	INDICATION	
DATE	MEDICINE(Approved Name)	PHARMACIST / SUPPLY
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PRESCRIBER'S SIGNATURE bleep No.	INDICATION	
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DATE	MEDICINE(Approved Name)	PHARMACIST / SUPPLY
DOSE	ROUTE	FREQUENCY
PRESCRIBER'S SIGNATURE bleep No.	INDICATION	

DATE	TIME GIVEN	DOSE / ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE / ROUTE	GIVEN BY	DATE	TIME GIVEN	DOSE / ROUTE	GIVEN BY

PATIENT'S NAME .... HEALTH RECORD NUMBER ....

INTRAVENOUS AND SUBCUTANEOUS INFUSIONS

INFUSIONS TO BE ADMINISTERED ONCE ONLY, UNLESS THE PRESCRIBER SPECIFIES THEY ARE TO BE CONTINUOUS*

DATE & START	INFUSION FLUID		ROUTE	MEDICINE ADDED		INFUSION RATE OR DURATION	PRESCRIBER'S SIGNATURE	PHARM	DATE	TIME		VOL GIVEN	GIVEN BY	CH'KD BY
	TYPE / STRENGTH	VOLUME		APPROVED NAME	DOSE					START	STOP			
Batch No.		Device No.		*Prescriber to initial if continuous		→	bleep No.							
Batch No.		Device No.		*Prescriber to initial if continuous		→	bleep No.							
Batch No.		Device No.		*Prescriber to initial if continuous		→	bleep No.							
Batch No.		Device No.		*Prescriber to initial if continuous		→	bleep No.							
Batch No.		Device No.		*Prescriber to initial if continuous		→	bleep No.							

Provided to health professionals in training to promote and encourage best prescribing practice.

This chart has been endorsed by the All Wales Medicines Strategy Group (AWMSG) at **www.wales.nhs.uk/awmsg** which advises Welsh Government on issues relating to prescribing and medicines management. Production of the chart has been funded by the Welsh Medicines Partnership (WMP), which involves the following organisations:

- The Section of Pharmacology, Therapeutics and Toxicology, Cardiff University School of Medicine at **http://medicine.cf.ac.uk/en/departments/pharmacology-oncology-radiology-palliative-care/pharmacology-therapeutics-toxicology**, which contributes to undergraduate and postgraduate training programmes for health professionals
- The Welsh Medicines Resource Centre (WeMeReC) at **www.wemerec.org** which provides educational resources for prescribers (including those in training) in Wales.
- The Yellow Card Centre Wales (YCC Wales) at **www.yellowcardwales.org** which has an educational role in encouraging reporting of suspected adverse drug reactions via the Yellow Card Scheme.
- The Welsh Medicines Information Centre (WMIC) at **www.wmic.wales.nhs.uk** which provides an information service for healthcare professionals on the therapeutic use of medicines.

Visit their websites for more information.