

Affix Patient Identification label

MEDICATION PRESCRIPTION & ADMINISTRATION RECORD

**Allergies:**

PRESCRIPTIONS				T I M E	NURSES RECORD					
TO BE RECORDED BY DOCTORS					DATE & MONTH					
DRUG										
DOSE	ROUTE	FREQUENCY								
Start Date	Dr's Initials	End Date	Dr's Initials							
DRUG										
DRUG										
DRUG										
DRUG										
Pharmacist Check										

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DOSE	ROUTE	FREQUENCY										
Start Date	Dr's Initials	End Date	Dr's Initials									
Pharmacist Check												



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### FLUID PRESCRIPTION & ADMINISTRATION CHART

Date	Infusion Fluid/Oral	Vol	Rate	Drug And Dose To Be Added (If Any)	Time Hours	Dr.'s Initial	NURSES RECORD						
							Batch No. Of Fluid	Drip Started		Drug Added		Drip Stopped	
								Time	Initials	Time	Initials	Time	Initials

<b>PHARMACIST CHECK &amp; DATE :</b>											
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