The hands-on guide to practical prescribing
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Appendix: Sample prescription form

The following sample prescription form gives examples of sections found in most hospital prescription forms.

Generic General Hospital NHS Trust
Prescription and Administration Record

Date of admission	3 / 4 / 20 03

Date of planned discharge	/ / 20

TTOs written	TTOs received by pharmacy

(Space for patient identification label)

Name (Surname) NOTHER	Unit No. 0123456
First Names ANN	DOB 10/4/1945
Consultant	
Ward 6H	Site
Height ...150..... cm	Weight .....65..... kg
House Officer ADOC	Bleep 1234

Chart Number 1 of 1

Allergies, Drug Intolerances and other useful information
ELASTOPLAST – CONTACT DERMATITIS
MIGRAINE INDUCED BY CAFFEINE

Notes to prescribers

Write legibly in black ink and use approved names for all drugs (Except where trade names are essential).
Please avoid use of decimal point where possible.
Any changes in drug therapy must be ordered by a new prescription, DO NOT alter existing instructions.
This prescription sheet is valid for two weeks only.
Antibiotics:

- Review IV antibiotics after 24 hours.
- The IV route should be changed to oral as soon as clinically possible.
- Please indicate a stop date when initiating oral treatment.

Pre-medication, Once only drugs and Prophylactic Antibiotics

Date	Time	Drug	Dose	Route	Signature	Given			Pharmacy
						Date	Time	Initials	
4/4	0800	TEMAZEPAM	10 mg	O	ADOC				
4/4	on induction	CEFUROXIME	1.5 g	IV (induction)	ADOC				
4/4		METRONIDAZOLE	500 mg	IV	ADOC				
4/4	0800	BRUFEN	800 mg	O	ADOC				

Oxygen Therapy

Drug: Oxygen Low concentration (Venturi Connector)			Date						
Concentration: 24/28/31%	Frequency (Delete*): PRN* or Continuous*		Time						
Target saturation	Signature	Start date	Given by						
Drug: Oxygen Low concentration (Nasal cannulae)			Date						
Rate: 1–4 litres/min	Frequency (Delete*): PRN* or Continuous*		Time						
Target saturation	Signature	Start date	Given by						
Drug: Oxygen Medium to High concentration			Date						
Rate: 4–15 litres/min	Frequency (Delete*): PRN*		Time						
Target saturation: 95%	Signature: ADOC	Start date: 4/4	Given by						

When required medication

Drug				Date						
Dose	Frequency	Route	Start date	Time						
Additional instructions			Pharmacy	Dose						
				Route						
Signature				Given by						

Infusion Therapy

Each prescription is once only. A new prescription must be written if the infusion is repeated

Date	Infusion solution	Additives and dose	Volume	Rate	Route	Doctors's signature	Time started and stopped	Added by and given by	Pharmacy
4/4	N/SALINE		IL	6°	IV	ADOC	0800 / 1400	AN / AN	
4/4	N/SALINE	+ 20mmol KCl	IL	8°	IV	ADOC			
4/4	GELOFUSINE	500mls		STAT	IV	ADOC			

Regular Medication

Notes to nursing staff

When a drug is NOT administered, record the appropriate number and your initials, in the relevant box and if appropriate document in the nursing records:–

1. Patient away from ward
2. Patient could not take drug or supplement (e.g. Nil by mouth, Vomiting)
3. Patient refused drug or supplement
4. Drug or supplement not available
5. Nursing decision (document in nursing records)
6. On instructions of doctor (document in nursing records)
7. Patient is self-administering medication or supplement
8. Not all drug or supplement taken

Warfarin at 6pm		Date									
Target INR/Indication	Start date	INR									
		Dose									
Signature	Pharmacy	Sig.									
		Given by									

			Date / Time	4/4	5/4							
Drug PARACETAMOL			06 –	X								
Dose	Frequency	Route	Start date									
1g	qds	O	4/4	12 –								
Additional instructions			Pharmacy									
Signature ADOC				18 –								
				24 –								
Drug BRUFEN				08 –	X							
Dose	Frequency	Route	Start date									
400mg	tds	O	4/4	14 –								
Additional instructions with food			Pharmacy									
Signature ADOC				22 –								
Drug CEFUROXIME				06 –	X							
Dose	Frequency	Route	Start date									
1.5g	tds	IV	4/4	14 –								
Additional instructions			Pharmacy									
Signature ADOC				22 –								
Drug METRONIDAZOLE				06 –	X							
Dose	Frequency	Route	Start date									
500mg	tds	IV	4/4	14 –								
Additional instructions			Pharmacy									
Signature ADOC				22 –								

Blood/Blood Components/Blood Products

Date	Type of Blood/ component/ product	CMV Neg Yes/No	Irradiated Yes/No	Volume	Rate	Doctor's Signature	Unit/Batch No.	Time started & stopped	Checked by and given by
4/4	PACKED RED CELLS	N	N	1 unit	4°	ADOC			
	FFP			1 bag	20 min	ADOC			

PCA and Epidural Prescriptions

				Syringe 1	Syringe 2	Syringe 3
Patient Controlled Analgesia			Date started			
Drug 1 & amount added MORPHINE 50mg	Drug 2 & amount added		Time started			
			Signature / Checked			
Diluent & syringe volume N/SALINE 50 mls	Loading dose NONE	Route IV	Date stopped			
Background infusion NONE	PCA Bolus dose 1 mg	Lockout time 5 min	Time stopped			
			Stopped by			
Follow PCA guidelines, DO NOT GIVE OTHER SYSTEMIC OPIOIDS WHILST ON PCA						
Naloxone	Dose 400 mg	Route IV	Date			
If respiratory rate ≤ 8 per minute, or patient unrousable			Time			
Signature ADOC	Date 4/4	Pharm.	Given by			

				Syringe 1	Syringe 2	Syringe 3
Epidural Analgesia			Date started			
If epidural opioids administered, Do not give systemic opioids			Time started			
Drug 1 & Concentration	Drug 2 & Concentration Route		Signature / Checked			
Diluent & syringe volume	Infusion rate		Date stopped			
			Time stopped			
Naloxone	Dose Route IV		Date			
			Time			
If respiratory rate ≤ 8 per minute, or patient unrousable			Given by			
Ephedrine	Dose	Route IV	Date			
If required for severe or persistent hypertension			Time			
Signature	Date	Pharm.	Given by			