

MEDICATION PROFILE

Pharmacy: Morisset Soul Pattinson Pharmacy

Patient Details

Facility: Elizabeth Jenkins Place Aged Care Centre

Trolley: Dee Why

Allergies: Sudafed

There is a resident with similar or same name.

Gordon ALLAN

Preferred Name: Gordon

Room: Dee Why-07

DOB: 01/09/1933

Medication Notes:

Assistance with medication by staff member. Has creams that need to be applied by staff.

Doctor Details

Doctor Name: HARPUR, Tim (02 8978 3900)

Phone(AH):



Mobile: 040897 8905

Fax: 9972 0162

Email: claudine.allan@optusnet.com.au

Photo Taken date
12/01/2023

Chart Complete When Signed

Regular Medications - Packed Medications															
	Drug Name	Instruction	Route	Frequency	0600	0800	1200	1400	1700	1800	2000	2200	Start	End	Dr Sign
	BETMIGA SR-TAB 25mg (MIRABEGRON)	Swallow whole ONE tablet at night	O	Once daily							1.00		26/08/2020		
	COLOXYL WITH SENNA TAB 50mg/8mg (DOCUSATE & SENNOSIDE B)	Take TWO tablets TWICE a day	O	Twice daily		2.00					2.00		01/11/2022		
	ENTRESTO 97/103 TAB 97.2mg/102.8mg (SACUBITRIL/VA LSARTAN)	Take ONE tablet TWICE a day	O	Twice daily		1.00					1.00		08/03/2023		
	MAG-SUP 500MG TAB (= 37.4mg Magnesium) (MAGNESIUM ASPARTATE DIHYDRATE)	Take TWO tablets TWICE a day	O	Twice daily		2.00					2.00		07/12/2021		
	NOXICID EC-CAP 40mg (ESOMEPRAZOLE)	Take ONE capsule in the morning	O	Once daily		1.00							17/09/2019		
	OSTEVIT-D TAB 1000IU (CHOLECALCIFEROL)	Take ONE tablet daily	O	Once daily		1.00							18/08/2020		
	ROSUVASTATIN TAB 20mg (CAVSTAT)	Take ONE tablet in the morning	O	Once daily		1.00							17/09/2019		
	SPIRACTIN 25 TAB 25mg (SPIRONOLACTONE)	Take HALF a tablet in the morning	O	Once daily		0.50							10/11/2021		
	UREMIDE TAB 40mg (FUROSEMIDE)	Take TWO tablets (80mg) in the morning and ONE tablet at midday	O	Twice daily		2.00	1.00						08/12/2021		

Doctor print name _____ Signature _____ Date _____

Prescription medication on this Medication Profile is generated by the Pharmacy from originally signed prescriptions and or signed medication charts by a licensed medical officer.

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Gordon ALLAN

Elizabeth Jenkins Place Aged Care
Centre

Morisset Soul Pattinson Pharmacy

Regular Medications - Packed Medications

	Drug Name	Instruction	Route	Frequency	0600	0800	1200	1400	1700	1800	2000	2200	Start	End	Dr Sign
	XARELTO TAB 20mg, (RIVAROXABAN)	Take ONE tablet in the morning	O	Once daily		1.00							20/03/2021		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		

Regular Medications - Non Packed Medications

	Drug Name	Instruction	Route	Frequency	0600	0800	1200	1400	1700	1800	2000	2200	Start	End	Dr Sign
	FLUTIFORM MET-AERO 250mcg/10mcg 120d (FLUTICASONE/ FORMOTEROL)	Shake well and inhale TWO puffs by mouth TWICE a day via spacer	I	Twice daily		2.00					2.00		20/12/2022		
	HYLO-FORTE EYE-DRP 0.2% (2mg/mL), 10mL (HYALURONATE SODIUM)	Instil ONE drop into BOTH eyes THREE times a day	EY	3 times daily		1.00		1.00			1.00		17/09/2019		
	MACROVIC SACH 13.125g, 30 (MACROGOL 3350+NACL +KCL+HCO3)	Take the contents of TWO sachets TWICE a day	O	Twice daily		2.00					2.00		17/01/2023		
	METAMUCIL ORANGE 72D 425G POWD 3.4g	Take ONE and a HALF teaspoonful in the morning	O	Once daily		1.50							05/10/2021		
	P/H MOMETASONE NAS-SPRY 50mcg (MOMETASONE)	Spray ONE puff into each nostril at night	NA	Once daily							1.00		07/12/2021		
	PULMICORT RESP 1mg/2mL, 30 (BUDESONIDE)	Place the contents of ONE respule in Flo Sinus Rinse - use HALF each side at night	NEB	Once daily							1.00		14/04/2022		
	SPIRIVA RESPIMAT INHR. 2.5mcg, 60 (TIOTROPIUM BROMIDE)	Inhale TWO puffs by mouth (ONE DOSE) in the morning		Once daily		2.00							17/09/2019		

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Regular Medications - Non Packed Medications

	Drug Name	Instruction	Route	Frequency	0600	0800	1200	1400	1700	1800	2000	2200	Start	End	Dr Sign
	TRICORTONE CRM 0.02% 100g (TRIAMCINOLONE)	Apply topically to limbs TWICE a day	TOP	Twice daily		1.00					1.00		16/08/2022		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		

PRN Medication

	Drug Name	Instruction	Route	Frequency	0600	0800	1200	1400	1700	1800	2000	2200	Start	End	Dr Sign
	PANAFCORT TAB 25mg (PREDNISONE)	Take TWO tablets (50mg) daily for THREE days only when required for acute asthma	O	When required									06/09/2022		
	PARACETAMOL (APO) TAB 500mg, 100 (PARACETAMOL)	Take TWO tablets FOUR times a day when required for pain **Max 4grams Paracetamol in 24 hours**	O	When required									05/01/2023		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		
													Date: <input type="checkbox"/> Urgent <input type="checkbox"/> Next Pack		

Doctor print name _____ Signature _____ Date _____

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Short Course

Medication	Dose	Freq	Route
	Date		Time
Start Date	End Date		
Doctor	Dr Sign		

Medication	Dose	Freq	Route
	Date		Time
Start Date	End Date		
Doctor	Dr Sign		

Telephone Orders

Medication	Dose	Freq	Route
	Sign		Sign2
Start Date	Date		Time
Doctor	Dr Sign		

Medication	Dose	Freq	Route
	Sign		Sign2
Start Date	Date		Time
Doctor	Dr Sign		

Stat Dose

Medication	Dose	Freq	Route
	Date		Time
Doctor	Dr Sign		

Medication	Dose	Freq	Route
	Date		Time
Doctor	Dr Sign		

Date	Time
SIGNATURE	

30/03/2023
11:32 AM

Date	Time
SIGNATURE	

Nurse Initiated Medication

Medication	Dose	Freq	Route
	Date		Time
Indication	Sign		

Medication	Dose	Freq	Route
	Date		Time
Indication	Sign		

Medication	Dose	Freq	Route
	Date		Time
Indication	Sign		

Medication	Dose	Freq	Route
	Date		Time
Indication	Sign		

Route of Administration

BE...Both Eyes	BEA...Both Ears	EA...Ear	EY...Eye	FP...Finger Prick
I...Inhaler	IMI...Intramuscular Injection	IN...Injection	IS...Inhaler via spacer	IVI...Intravenous Injection
LE...Left Eye	LEA...Left Ear	NA...Nasal	NEB...Nebulised	NSL...Nasally
O...Orally	PEG...Peg	PR...Per Rectal	PV...Per Vaginal	RE...Right Eye
REA...Right Ear	RT...Rectum	S...Sublingual	SC...Subcutaneously Injection	TOP...Topical

Changes

Drug Name	Freq	Instructions(Specify time if required)	Start Date	Dr Sign

Changes Required ☐ WITH NEXT WEEKLY PACK ☐ WITHIN 24 HRS ☐ URGENT NEXT DOSE

Pharmacy Review (Sign and Date)	

Doctor Review (Sign and Date)	

THIS FORM IS A COMPLETED PROFILE SUPPLIED TO THE RESIDENT / CLIENT AS AT DATE STATED

Doctor print name _____ Signature _____ Date _____

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