

	Drug Name:			Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								
	Drug Name:			Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								
	Drug Name:			Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								
	Drug Name:			Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								
GI PROPHYLAXIS	Drug Name:			Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								
DVT PROPHYLAXIS	Drug Name:			Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								

STAT MEDICATIONS :

DATE	Drug (Generic Name) in Capital Letters	Dose	Route	Time	Indications	Doctor's Sign. & EMP ID	Staff Sign. & Emp ID	Checked by

IV FLUIDS : (CRYSTALLOIDS / COLLOIDS)

DATE	TYPE OF FLUID	ADDITIVE	RATE	Doctor's Sign. & Emp ID	START TIME	STAFF SIGN. & EMP ID	STOP TIME	STAFF SIGN. & EMP ID

BLOOD / BLOOD PRODUCTS :

Date & Time	Components	Units	Rate	Doctor's Sign. & Emp ID	START TIME	STAFF SIGN. & EMP ID	STOP TIME	STAFF SIGN. & EMP ID

IV DRUG INFUSIONS / CONCENTRATED ELECTROLYTES :

DATE	NAME OF DRUG	DILUTION	RATE	Doctor's Sign. & Emp ID	START TIME	STAFF SIGN. & EMP ID	CHECKED BY	STOP TIME	STAFF SIGN. & EMP ID