

Standard Dosage Timing:
BD 8 am - 8 pm / 10 am - 10 pm, **TDS** 6 am - 2 pm - 10 pm, 8am - 4pm - 12 midnight, **QDS** 6 am - 12 Noon - 6 pm - 12 midnight

Filled by Doctors Only				Filled by Nursing Staff											
MAR by CPT	Drug Name: INS LASIX			Standard Time	Date _____		Date _____		Date 4/4		Date 5/11		Date 6/11		
	Generic Name: FRUSEMIDE				Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Dose	Route	Frequency												
	Special Instructions:														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name:			Standard Time	Date _____		Date _____		Date _____		Date _____		Date _____		
	Generic Name:				Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Dose	Route	Frequency												
	Special Instructions:														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name:			Standard Time	Date _____		Date _____		Date _____		Date _____		Date _____		
	Generic Name:				Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Dose	Route	Frequency												
	Special Instructions:														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name:			Standard Time	Date _____		Date _____		Date _____		Date _____		Date _____		
	Generic Name:				Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
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	Drug Name:			Standard Time	Date _____		Date _____		Date _____		Date _____		Date _____		
	Generic Name:				Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
	Dose	Route	Frequency												
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	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												