

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

REGULAR MEDICATIONS:

Filled by Doctors Only				Filled by Nursing Staff											
MAR by CPT	Drug Name:			Standard Time	Date 2/11/24		Date 3/11/24		Date 4/11/24		Date 5/11		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												
	MOISOL EYE DROPS			6am	Date 2/11/24		Date 3/11/24		Date 4/11/24		Date 5/11		Date		
	HYDROXY PROPYL METHYLCELLULOSE				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												
	VENUSIA LOTION			6am	Date 2/11/24		Date 3/11/24		Date 4/11/24		Date 5/11		Date 6/11		
	MOISTURIZER				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												
	CAP. NUREWIRE			2pm	Date 2/11/24		Date 3/11/24		Date 4/11/24		Date 5/11		Date		
	LONGTINE				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	
	L CARNONIN, LARWINE														
	Dose	Route	Frequency												
	Special Instructions:														
	INS. KABIMOL			8am	Date 2/11/24		Date 3/11/24		Date 4/11/24		Date 5/11		Date		
	PARACETAMOL				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												
	TAB. MET XL			10am	Date 2/11/24		Date 3/11/24		Date 4/11/24		Date 5/11		Date 6/11		
	METOPROLOL				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												