

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:	TAB DYTOR PLUS LS		Standard Time	Date		Date 12/11/24		Date 13/11/24		Date		Date		
	Generic Name:	TORSEMIDE + SPIRONOLACTONE			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												
	10/25mg	RT	100	(100m)											
	Special Instructions:														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
11/11/24 6pm	Dr. Akhale	@D164													
Stop Date & Time	Consultant Name	Doctor's Sign. & ID													
	Drug Name:	TAB PRUVICT		Standard Time	Date		Date 12/11/24		Date 13/11/24		Date		Date		
	Generic Name:	PRUCALOPRIDE			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												
	2 mg	RT	01-0	2 pm											
	Special Instructions:														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
11/11/24 6pm	Dr. Akhale	@D164													
Stop Date & Time	Consultant Name	Doctor's Sign. & ID													
	Drug Name:	SUP CREMAFIN		Standard Time	Date		Date 12/11/24		Date		Date		Date		
	Generic Name:	LIQUID PARAFIN			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												
	25ml	RT	80s												
	Special Instructions:	if constipation													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
11/11/24 6pm	Dr. Akhale	@D164													
Stop Date & Time	Consultant Name	Doctor's Sign. & ID													
	Drug Name:	MOISOL EYE DROP		Standard Time	Date		Date 12/11/24		Date 13/11/24		Date		Date		
	Generic Name:	HYDROXY PROPYL METHYL CELLULOSE			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												
	1 drop	Eye drop	1-1	8am											
	Special Instructions:			4pm											
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
11/11/24 6pm	Dr. Akhale	@D164													
Stop Date & Time	Consultant Name	Doctor's Sign. & ID													
	Drug Name:	VENUSIA LOTION		Standard Time	Date		Date 12/11/24		Date 13/11/24		Date		Date		
	Generic Name:	MOISTURISER			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												
	As required	Topical	1-1	8am											
	Special Instructions:			4pm											
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
11/11/24 6pm	Dr. Akhale	@D164													
Stop Date & Time	Consultant Name	Doctor's Sign. & ID													