

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									
GI PROPHYLAXIS:	Drug Name: INO NEXPRO			Standard Time 8am	Date _____		Date 4/10/24		Date 5/10/24		Date _____		Date _____	
	Generic Name: ESOMEPRAZOLE				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 40mg	Route PO	Frequency 1-0-0				7:30am		8:30am		9:30am		10:30am	
	Special Instructions:													
	Start Date & Time 3/10/24	Consultant Name DR KR	Doctor's Sign. & ID 00111											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
DVT PROPHYLAXIS:	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
	Dose	Route	Frequency											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											