

	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: <b>ENX PAN</b>			Generic Name: <b>PANTOPRAZOLE</b>		Date <b>6/10/24</b> Day _____			Date <b>6/10</b> Day _____			Date <b>7/10</b> Day _____			Date <b>8/10</b> Day _____		
	Dose: <b>40mg</b>	Route: <b>IV</b>	Frequency: <b>1-0-1</b>	Special Instructions		Time											
	Start Date & Time: <b>5/10 1:30pm DR. Proutman</b>		Consultant Name		Doctor's Sign & Emp ID <b>ID 11021</b>		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
5/10	INT FENTANYL	100mcg	IV	1:40pm	INTUBATION.			
5/10/24	INT PROPOFOL	100mg	IV	1:40pm	INTUBATION			
5/10/24	INT ROCURONIUM	60mg	IV	1:40pm	INTUBATION			
5/10	INT MEROPENEM	2gm	IV	1:40pm	Septic Shock			
5/10	INT PCM	1gm	IV	6:30pm	FEVER			

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
5/10	NS	-	100ml/hr		1:30P		11am	
5/10	R.L.	-	100ml/hr		12pm		11am	
5/10	KABLYTE	-	100ml/hr		7AM		5pm	
5/10/24	Albumin (20%) 100ml	-	100ml/hr		10am		4pm	
5/10/24	NORMAL SALINE	-	100ml/hr		8PM		12pm	

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
5/10/24	PLBC	one	75ml/hr		5:30P		8P	

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
5/10	INT FENTANYL	500mcg + 40ml NS	@ 8ml/hr		5:28pm			6pm	
5/10	INT PROPOFOL	NEAT.	@ 6ml/hr		5:28P			10:30pm	
5/10	INT POTASSIUM CHLORIDE	40meq	500ml 100ml/hr		8/8/2025				
6/10/24	INT MORADRENALINE	6mg + 50ml NS	at 5ml/hr		11pm			2P	
6/10/24	INS VASOPRESSIN	40meq + 40ml	1.2ml/hr		12pm			8am	
6/10/24	INS HYDROCORTISONE	25	2ml/hr		12pm			9pm	
6/10/24	INS MISOPROSTOL	NEAT.	2ml/hr		12pm			10pm	