

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: TAB PAN			Standard Time	Date 21/11	Date 8/11	Date 9/11/13	Date 10/11	Date 11/11		
	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
					8am 11/11 8:30	8pm 8/11 8:30	8pm 9/11/13 8:30	8pm 10/11 8:30	8pm 11/11 8:30		
	Dose 40mg	Route RT	Frequency 100								
	Special Instructions:										
	Start Date & Time 21/11/23	Consultant Name Doctor's Sign. & ID 07/11/23									
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID								
DVT PROPHYLAXIS:	Drug Name: ENOXAPARIN			Standard Time	Date _____	Date _____	Date _____	Date _____	Date _____		
	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 60mg	Route Subcut		Frequency 001						
		Special Instructions:									
		Start Date & Time 21/11/23	Consultant Name Doctor's Sign. & ID 07/11/23								
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID								
DVT PROPHYLAXIS:	Drug Name: INT CLEXANE			Standard Time	Date 21/11/23	Date 8/11/23	Date 9/11/23	Date 10/11/23	Date 11/11/23		
	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 60mg	Route Subcut		Frequency 001						
		Special Instructions:									
		Start Date & Time 21/11/23	Consultant Name Doctor's Sign. & ID 07/11/23								
		Stop Date & Time	Consultant Name		Doctor's Sign. & ID						
		10pm	10:30pm		11:30pm						
		9:30pm	10:30pm		11:30pm						
		10pm	10:30pm		11:30pm						