

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										
MAR by CPT	Drug Name:	NEB. IPRAVENT		Standard Time	Date	2/11/24	Date	3/11	Date	4/11	Date	5/11	Date	6/11
	Generic Name:	IPRATROPIUM BROMIDE			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:	LAS PARACETAMOL		Standard Time	Date	2/11/24	Date	3/11	Date	4/11/24	Date	5/11	Date	6/11
	Generic Name:	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:	if fever pain.												
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
	Drug Name:	TAB TETRAFOOL PLUS		Standard Time	Date	2/11/24	Date	3/11	Date		Date	5/11	Date	
	Generic Name:	1-METHYLFOLATE, PYRIDOXAL 5 PHOSPHATE			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:	ZEVZON A-LC		Standard Time	Date	2/11/24	Date	3/11	Date	4/11	Date	5/11	Date	
	Generic Name:	1-X-X			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:	XYLOCAINE JELLY		Standard Time	Date		Date	3/11	Date	4/11/24	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:	as recommended at penile region												
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											