

**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

**ANTIMICROBIALS:**

Filled by Doctors Only						Filled by Nursing Staff									
MAR by CPT	Drug Name: <b>INJ. MEROPENEM</b>			Standard Time	Date <u>28/10</u>	Date <u>29/10</u>	Date <u>30/10</u>	Date <u>31/10</u>	Date <u>1/11/21</u>						
	Generic Name: <b>MEROPENEM</b>			8am											
	Dose	Route	Frequency												
	1gm	IV	H/H												
	Special Instructions:			4pm											
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	11/10/21 8am	Dr. Archana	AP164	12MM											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name: <b>LULIFEN CREAM</b>			Standard Time	Date <u>29/10</u>	Date <u>30/10</u>	Date <u>31/10</u>	Date <u>1/11/21</u>	Date <u>1/11/21</u>						
	Generic Name: <b>LULICONAZOLE</b>			6am											
	Dose	Route	Frequency												
	1x/wk	Local	H/H												
	Special Instructions:			2pm											
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	10/10/21 4pm	Dr. Vinita	AP162												
	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						
	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						
	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						
	Dose	Route	Frequency												
	Special Instructions:														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												