

**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							
Drug Name: <b>INT PARACETAMOL</b>	Generic Name: <b>PARACETAMOL</b>	Dose 1 gram	Route IV	Frequency 80s	Standard Time	Date <u>7/11</u>	Date _____	Date <u>9/11/14</u>	Date <u>10/11/14</u>	Date <u>11/11</u>		
					Time & Given by <u>8am</u>	Checked by <u>John</u>	Time & Given by <u>10:30am</u>	Checked by <u>Jotash</u>	Time & Given by <u>10:45am</u>	Checked by <u>John</u>	Time & Given by <u>1pm</u>	Checked by <u>John</u>
Special Instructions: <b>IF fever/pain</b>												
Start Date & Time <u>2/11/24</u>	Consultant Name <u>Dr. Tushar Patel</u>	Doctor's Sign. & ID <u>1030pm</u>										
Stop Date & Time <u>11/11/24</u>	Consultant Name <u>Dr. Tushar Patel</u>	Doctor's Sign. & ID <u>09/10/24</u>										
Drug Name: <b>TAB TETRAFOL PLUS</b>	Generic Name: <b>L-METHYL PHOSPHATE PYRIDOXAL PHOSPHATE</b>	Dose 1 tablet	Route PO	Frequency 80s	Standard Time	Date <u>8/11</u>	Date <u>9/11/14</u>	Date <u>10/11</u>	Date <u>11/11</u>			
Special Instructions:												
Start Date & Time <u>2/11/24</u>	Consultant Name <u>Dr. Tushar Patel</u>	Doctor's Sign. & ID <u>09/10/24</u>										
Stop Date & Time	Consultant Name	Doctor's Sign. & ID										
Drug Name: <b>TAB ENUON LC</b>	Generic Name: <b>VITAMIN-B</b>	Dose 1 tablet	Route PO	Frequency 80s	Standard Time	Date <u>7/11</u>	Date <u>8/11</u>	Date <u>9/11/14</u>	Date <u>10/11</u>	Date <u>11/11</u>		
Special Instructions:												
Start Date & Time <u>2/11/24</u>	Consultant Name <u>Dr. Tushar Patel</u>	Doctor's Sign. & ID <u>09/10/24</u>										
Stop Date & Time	Consultant Name	Doctor's Sign. & ID										
Drug Name: <b>XYLOCAJET JELLY</b>	Generic Name: <b>LIGNOCAINE</b>	Dose as required local	Route local	Frequency 80s	Standard Time	Date _____	Date _____	Date _____	Date _____	Date _____		
Special Instructions: <b>at per the request</b>												
Start Date & Time <u>2/11/24</u>	Consultant Name <u>Dr. Tushar Patel</u>	Doctor's Sign. & ID <u>09/10/24</u>										
Stop Date & Time	Consultant Name	Doctor's Sign. & ID										
Drug Name: <b>INT LASIX</b>	Generic Name: <b>FURSEMIDE</b>	Dose 20mg	Route IV	Frequency 1-2o	Standard Time	Date <u>7/11/24</u>	Date <u>8/11</u>	Date <u>9/11/24</u>	Date _____	Date _____		
Special Instructions:												
Start Date & Time <u>2/11/24</u>	Consultant Name <u>Dr. Tushar Patel</u>	Doctor's Sign. & ID <u>09/10/24</u>										
Stop Date & Time	Consultant Name	Doctor's Sign. & ID										