

**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: CAP. NUREWARE INOSINE MONOPHOSPHATE + AGMATINE + L-CARNOSINE			Standard Time	Date _____		Date 12/11		Date 13/11		Date 13/11		Date _____		
	Dose	Route	Frequency		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	
	1CAP	RT	0-1-0	2pm			10/11		11/11		12/11				
	Special Instructions:						10/11		11/11		12/11				
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name: TAB. MET XL METOPROLOL			Standard Time	Date _____		Date 12/11/11		Date 13/11/11		Date _____		Date _____		
	Dose	Route	Frequency		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	
	25mg	RT	1-0-0	10am			10/11		11/11		12/11				
Special Instructions:					10/11		11/11		12/11						
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name: PRAVENT RESPULSE IPRATROPIUM BROMIDE			Standard Time	Date _____		Date 12/11/11		Date 13/11/11		Date _____		Date _____		
	Dose	Route	Frequency		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	
	1 Respule NEB	RT	1-0-0	10am			10/11		11/11		12/11				
Special Instructions:					10/11		11/11		12/11						
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name: TAB. DOLO PARACETAMOL			Standard Time	Date _____		Date 12/11/11		Date _____		Date _____		Date _____		
	Dose	Route	Frequency		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	
	650mg	RT	8-0-8	if fever and pain			10/11		11/11		12/11				
Special Instructions:					10/11		11/11		12/11						
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												
	Drug Name: TAB. TETRAFOL METHYLTETRAHYDROFOLATE			Standard Time	Date _____		Date 12/11		Date 13/11		Date _____		Date _____		
	Dose	Route	Frequency		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	
	1 TAB	RT	0-1-0	2pm			10/11		11/11		12/11				
Special Instructions:					10/11		11/11		12/11						
	Start Date & Time	Consultant Name	Doctor's Sign. & ID												
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID												