

Drug Name:				Generic Name:		Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
	Dose:	Route:	Frequency:	Special Instructions	Time				
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by				
Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by					
Drug Name:				Generic Name:		Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose:	Route:	Frequency:	Special Instructions	Time					
Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by					
Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by					
Drug Name:				Generic Name:		Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
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Drug Name:				Generic Name:		Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose:	Route:	Frequency:	Special Instructions	Time					
Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by					
Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by					
GI PROPHYLAXIS				Generic Name:		Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
	Dose:	Route:	Frequency:	Special Instructions	Time				
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by				
	Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by				
DVT PROPHYLAXIS	Drug Name: <u>PNT. PAN.</u>			Generic Name: <u>PANTOPRAZOLE</u>		Date _____ Day _____	Date _____ Day _____	Date <u>9/10</u> Day _____	Date <u>10/10/14</u> Day _____
	Dose:	Route:	Frequency:	Special Instructions	Time				
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by				
	Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by				
STAT MEDICATIONS :	Drug Name: <u>Sub HEPARIN</u>			Generic Name: <u>HEPARIN</u>		Date <u>7/10/14</u> Day _____	Date <u>8/10</u> Day _____	Date <u>9/10</u> Day _____	Date _____ Day _____
	Dose:	Route:	Frequency:	Special Instructions	Time	<u>12:30</u>	<u>12mn</u>	<u>10Am</u>	<u>10Pm</u>
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by	<u>12:30pm</u>	<u>12:30pm</u>	<u>10:30am</u>	<u>10:30pm</u>
	Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by	<u>12:30pm</u>	<u>12:30pm</u>	<u>10:30am</u>	<u>10:30pm</u>

DATE	TYPE OF FLUID
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12h 9g ALBUMIN	100ml 20%	10ml/h	u D10L	11am	Anita/H332 Sfr	Yester
7/10 AM FAB G YTC		800ml/h	R D-14L	12pm	Anita/H332	
8/10 AM IWS LAMMONIUM THIO		40ml/h	R D-14L	1pm	Anita/H332	8pm
10/10 IV 5L DEXTROSE	-	60ml/h	R/C1035			

Date & Time	Components

IV DRUG INFUSIONS / CONCENTRATED ELECTROLYTES :

DATE	NAME OF DRUG	DILUTION
1/1/2023		

05/10/29	1NS CALCIUM ANGIOMATE	1 gm in 100 ml NS over 1 hour	001633	2pm	10/10/29	10/10/29	10/10/29
10/24	2g NORADRENALINE	By i.v. setka	1.3 ml	001014	8am	10/24/29	10/24/29