

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									
GI PROPHYLAXIS:	Drug Name:	INJ. PANTOP		Standard Time	Date	Date 24/10		Date 30		Date 31/10		Date 1/11/21	
	Generic Name:	PANTOPRAZOLE			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:			Standard Time	Date	Date		Date		Date		Date	
	Generic Name:				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:			Standard Time	Date	Date		Date		Date		Date	
	Generic Name:				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:			Standard Time	Date	Date		Date		Date		Date	
	Generic Name:				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										
DVT PROPHYLAXIS:	Drug Name:	INJ. CLEXANE		Standard Time	Date	Date 25/10		Date 30/10		Date 31/10		Date 1/11/21	
	Generic Name:	ENOXAPARIN			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										