

**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																																																																																																																																																																																																																																																																																																																																																			
<b>GI PROPHYLAXIS:</b>	Drug Name:	INJ. PANTOP		Standard Time	Date 2/11/11	Date _____	Date _____	Date _____	Date _____	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									40mg	IV	I-01	8am								Special Instructions:											Start Date & Time	Consultant Name	Doctor's Sign. & ID									5/10/11 1pm	Dr. Aftab	P01663									Stop Date & Time	Consultant Name	Doctor's Sign. & ID																				<b>DVT PROPHYLAXIS:</b>	Drug Name:	TAB PAN		Standard Time	Date 3/11/11	Date 4/11/11	Date 5/11/11	Date _____	Generic Name:	PANTOPRAZOLE		Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Dose	Route	Frequency							40mg	PO	I-01	8AM						Special Instructions:									Start Date & Time	Consultant Name	Doctor's Sign. & ID							5/10/11 10:30 AM	Aftab	P01666							Stop Date & Time	Consultant Name	Doctor's Sign. & ID																<b>DVT PROPHYLAXIS:</b>	Drug Name:	INJ. CLEXANE		Standard Time	Date 2/10/11	Date 3/10/11	Date 4/11/11	Date 5/11/11	Date 6/14/11	Generic Name:	ENOXAPARIN		Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Dose	Route	Frequency							60mg	S/C	O-01							Special Instructions:									Start Date & Time	Consultant Name	Doctor's Sign. & ID							2/10/11 10:15 AM	Prabhawati	P01663							Stop Date & Time	Consultant Name	Doctor's Sign. & ID																<b>DVT PROPHYLAXIS:</b>	Drug Name:	INJ. CLEXANE		Standard Time	Date _____	Generic Name:	ENOXAPARIN		Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Dose	Route	Frequency							40mg	S/C	O-01	0.6						Special Instructions:									Start Date & Time	Consultant Name	Doctor's Sign. & ID							18/10/11 10:15 AM	Dr. Priyanka	P01663							Stop Date & Time	Consultant Name	Doctor's Sign. & ID																			
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