

**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

**ANTIMICROBIALS:**

Filled by Doctors Only				Filled by Nursing Staff										
MAR by CPT	Drug Name:	IN VANZ		Standard Time	Date 11/11/24		Date 12/11/24		Date 13/11		Date		Date	
	Generic Name:	ERTAPENEM SODIUM			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
	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:	TAB. FLU CONAZOLE		Standard Time	Date		Date 12/11		Date 13/11		Date		Date	
	Generic Name:	FLU CONAZOLE			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
	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	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	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	Time & Given by	Checked by
	Dose	Route	Frequency											
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	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											