

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									
Drug Name:	INJ MEROPENAM		Standard Time	Date	Date	Date	Date	Date				
	Generic Name:	MEROPENAM		Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
MAR by CPT	Dose	Route	Frequency	8am	8am	8:30am	9am	9am	8am	8am		
	1gram	IV	I+I									
	Special Instructions:			4pm	salon's	salon's	11am	11am	11am	11am		
	Start Date & Time	Consultant Name	Doctor's Sign. & ID	12mn	1pm	1pm	1pm	1pm	1pm	1pm		
	22/10/24 11pm	Dr. Andrew	John									
Stop Date & Time	Consultant Name	Doctor's Sign. & ID										
11/11/24 1pm	P. Miller	CWV										
Drug Name:	LULIFEN CREAM		Standard Time	Date	Date	Date	Date	Date				
Generic Name:	LULICONAZOLE		Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by		
Dose	Route	Frequency	8am	8am	11am	1pm	1pm	1pm	1pm	1pm		
as required	topical	I+I										
Special Instructions:	at scrotal region		2pm	1pm	pm	1pm	1pm	1pm	1pm	1pm		
Start Date & Time	Consultant Name	Doctor's Sign. & ID										
11/10/24 1pm	Dr. Andrew	John										
Stop Date & Time	Consultant Name	Doctor's Sign. & ID	10pm	salon's	salon's	11am	11am	11am	11am	11am		
			9:30pm	9:30pm	9:30pm	10pm	10pm	10pm	10pm	10pm		
Drug Name:	INJ FLUCON		Standard Time	Date	Date	Date	Date	Date				
Generic Name:	FLUCONAZOLE		Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by		
Dose	Route	Frequency	400mg	IV	I-00	10am						
Special Instructions:												
Start Date & Time	Consultant Name	Doctor's Sign. & ID										
8/11/24 2pm	Dr. Andrew	John										
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					
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										