

**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: <b>INVANZ</b>		Standard Time	Date <b>11/11/24</b>	Date <b>12/11/24</b>	Date <b>12/11/24</b>	Date _____	Date _____				
	Generic Name: <b>ERTAPENEM SODIUM</b>	Dose <b>1gm</b>		Route <b>IV</b>	Frequency <b>1000</b>	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
Special Instructions:												
Start Date & Time <b>11/11/24 1000</b> Consultant Name <b>Dr. P. Peacock</b> Doctor's Sign. & ID <b>CD1621</b>												
Stop Date & Time <b>11/11/24 1600</b> Consultant Name <b>Dr. P. Peacock</b> Doctor's Sign. & ID <b>CD1621</b>												
MAR by CPT	Drug Name: <b>TAB. FLU CONAZOLE</b>		Standard Time	Date _____	Date <b>12/11</b>	Date <b>12/11</b>	Date _____	Date _____				
	Generic Name: <b>FLU CONAZOLE</b>	Dose <b>400mg</b>		Route <b>RT</b>	Frequency <b>1000</b>	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
Special Instructions: <b>for 7 days.</b>												
Start Date & Time <b>11/11/24 1600</b> Consultant Name <b>Dr. P. Alhale</b> Doctor's Sign. & ID <b>CD1621</b>												
Stop Date & Time <b>11/11/24 1600</b> Consultant Name <b>Dr. P. Alhale</b> Doctor's Sign. & ID <b>CD1621</b>												
MAR by CPT	Drug Name:		Standard Time	Date _____	Date _____	Date _____	Date _____	Date _____				
	Generic Name:	Dose		Route	Frequency	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
Special Instructions:												
Start Date & Time Consultant Name Doctor's Sign. & ID												
Stop Date & Time Consultant Name Doctor's Sign. & ID												
MAR by CPT	Drug Name:		Standard Time	Date _____	Date _____	Date _____	Date _____	Date _____				
	Generic Name:	Dose		Route	Frequency	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
Special Instructions:												
Start Date & Time Consultant Name Doctor's Sign. & ID												
Stop Date & Time Consultant Name Doctor's Sign. & ID												
MAR by CPT	Drug Name:		Standard Time	Date _____	Date _____	Date _____	Date _____	Date _____				
	Generic Name:	Dose		Route	Frequency	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	
Special Instructions:												
Start Date & Time Consultant Name Doctor's Sign. & ID												
Stop Date & Time Consultant Name Doctor's Sign. & ID												