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									
				Standard Time	Date ___		Date _29/10_		Date _30 /10_		Date _31/10_		Date ___	
	Drug Name: **Syp. Kesol**				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
MAR by CPT	Generic Name: **POTASSIUM CHLORIDE**			6am			6a		6a		6am	✓		
	Dose **26 6meq**	Route **RT**	Frequency **14**											
	Special Instructions:			2pm			2pm				2pm			
	Start Date & Time 28/10	Consultant Name RPAhol	Doctor's Sign. & ID 8164											
	Stop Date & Time 31/10	Consultant Name D.Ahole	Doctor's Sign. & ID 8168	10pm			Shraddha 9.30		UR		UR			
	Drug Name: **NEBULISER IPRATROPILM**			Standard Time	Date ___		Date ___		Date ___		Date ___		Date ___	
					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
	Generic Name:													
	Dose	Route	Frequency				STOP							
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
	Drug Name: **NEBULISER IPRANEOAVT**			Standard Time	Date ___		Date _29/10_		Date _30/10_		Date _31/10_		Date ___	
					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
	Generic Name: **IPRATROPIUM BROMIDE**													
	Dose **NEB**	Route	Frequency **1-0-1**	10AM			10A		10A		10A			
	Special Instructions:													
	Start Date & Time 29/8 4PM	Consultant Name PRADEEP	Doctor's Sign. & ID 1047	10PM			Shraddha 9.30pm		9.50		9.50		UR	
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											
	Drug Name:			Standard Time	Date ___		Date ___		Date ___		Date ___		Date ___	
					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
	Generic Name:													
	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 ___	
					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
	Generic Name:													
	Dose	Route	Frequency											
	Special Instructions:													
	Start Date & Time	Consultant Name	Doctor's Sign. & ID											
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID											