

Drug Name:				Generic Name:		Date _____ Day _____			
	Dose:	Route:	Frequency:	Special Instructions	Time				
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by				
Drug Name:	Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by				
	Dose:	Route:	Frequency:	Special Instructions	Time				
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by				
Drug Name:	Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by				
Drug Name:	Dose:	Route:	Frequency:	Special Instructions	Time	Date _____ Day _____			
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by				
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Drug Name:	Dose:	Route:	Frequency:	Special Instructions	Time	Date _____ Day _____			
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Drug Name:	Dose:	Route:	Frequency:	Special Instructions	Time	Date _____ Day _____			
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by				
	Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by				
Drug Name:	ENZY PAN			Generic Name: PANTOPRAZOLE	Date 5/10/24 Day _____	Date 6/10 Day _____	Date 7/10 Day _____	Date 8/10 Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time	8PM			
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by	AM	AM	AM	AM
GI PROPHYLAXIS	Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by	AM	AM	AM	AM
	Dose:	Route:	Frequency:	Special Instructions	Time	8PM	8PM	8PM	8PM
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by	AM	AM	AM	AM
DVT PROPHYLAXIS	Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by	AM	AM	AM	AM
	Dose:	Route:	Frequency:	Special Instructions	Time				
	Start Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Given by				
DVT PROPHYLAXIS	Stop Date & Time:	Consultant Name		Doctor's Sign & Emp ID	Checked by				

DATE

5/10	INJ FENTANYL	100mcg IV	1:40pm INTUBATION.	11:45am 11:45am
5/10/24	INJ. PROPOFOLO	100mg IV	1:40pm INTUBATION	11:45am 11:45am
5/10/24	INJ ROCURONIUM	60mg IV	1:40pm INTUBATION	11:45am 11:45am
5/10	INJ. MEKOPHENEM.	2gm I.V.	1:45pm Septic Shock	11:45am 11:45am
7/20	INJ PCM.	1gm IV -	6:30pm FEVER.	1251cm 6/13/24

DATE	TYPE OF FLUID
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5/10	MS	-	100ml/hr	flow C1192	1:30P	Chm	10cm	June 1993
5/10	R.L.	-	100ml/hr	Q 51673	12pm	water 13ppm	10cm	June 1993
5/10	KABILUTE	-	100ml/hr	Q 51677	12pm	water 13ppm	5cm	July 1993
6/10-14	Autumn (20%) wood	-	100ml/hr	Q 51633	10am	water 13ppm	10cm	July 1993
6/10-14	Neemac + Aenee	-	100ml/hr	Q 51623	8P	water 13ppm	12pm	July 1993

Date & Time	Component
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Date & Time	Component	Units	Date	Doctor Design or Example	Start Time	End Time	Start Date & End Date
6/11/04	PLBC	one	7/11/04	001633	5:30P	AM	6/11 AM

IV DRUG INFUSIONS / CONCENTRATED ELECTROLYTES :

DATE	NAME OF DRUG	DILUTION	RATE	Doctor's Sign. & Emp ID	START TIME	STAFF SIGN. & EMP ID	CHECKED BY	STOP TIME	STAFF SIGN. & EMP ID
5/10	INJ FENTANYL	500 mcg + 40ml NS	@ 8 ml/hr	Phoebe C1192	12:28pm	Deyan	✓ 2pm	6pm	✓ Deyan
5/10	INJ PROPOFOLOZ	NEAT.	@ 6 ml/hr	Phoebe C1192	12:28pm	✓ 2pm	✓ 2pm	10:30pm	✓ 11:13pm
5/10	INJ POTASSIUM CHLORIDE 400mg 500ml 100ml/hr	500ml 100ml/hr	88/cross	✓ Nox 1111					
	KABILYTE								
6/10	INJ. NORADRENALINE 6mg	+ 50ml NS: at 5 ml/hr		✓ 11151	11pm	✓ 11151	✓ 11pm	12pm	✓ Deyan
6/10	IWS VASOPRESSIN + NEURO D-5	40ml + 40ml	1.2ml/hr	✓ D-1411	12pm	Amita N3323	✓ 12pm	Sun Amita N3323	
6/10	INJ HYDROCORTISONE	25	2ml/hr	✓ D-1411	12pm	Amita N3323	✓ 12pm	9pm	Kiran
6/10	IWS MIDAZOLAM	NEAT.	2ml/hr	✓ D-1411	12pm	Amita N3323	✓ 12pm	10pm	Kiran