

Drug Name:				Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	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:				Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	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:				Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	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:				Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								
GIPROPHYLAXIS				Generic Name:		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								
DVT PROPHYLAXIS	Drug Name: Inj PANTOP			Generic Name: PANTOPRAZOLE		Date 27/10 Day _____		Date 27/10 Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	40mg	IV	1-0-1			8a	8p	8a	8p				
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
DVT PROPHYLAXIS	Start Date & Time: 5/10/24 1 PM Dip. Athale			Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								
Drug Name:	Inj CLEXANE			Generic Name: ENOXAPARIN		Date 27/10 Day _____		Date 28/10 Day _____		Date _____ Day _____		Date _____ Day _____	
	Dose:	Route:	Frequency:	Special Instructions	Time								
	40mg	S/C	0-0-1			10P-7		10P-7					
	Start Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Given by								
STAT MEDICATIONS :	Start Date & Time: 18/10/24 11 AM Dipriyanka			Doctor's Sign & Emp ID	Given by								
	Stop Date & Time:		Consultant Name	Doctor's Sign & Emp ID	Checked by								
STAT MEDICATIONS :													
	Date _____	Route _____	Frequency _____	Special Instructions _____	Time _____	Date _____	Route _____	Frequency _____	Special Instructions _____	Time _____	Date _____	Route _____	Frequency _____
Drug / Generic Name in Capital Letters			Dose _____	Route _____	Time _____	Indications _____			Doctor's Sign.	Staff Sign. & Emp ID	Checked by		

27/10/20 FEN

27/11/2017 10:55 AM TWO VEN

BLOOD / BLOOD PRODUCTS :					

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#### **IV DRUG INFUSIONS / CONCENTRATED ELECTROLYTES :**

Table 1. Summary of the results of the study.