

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:	INT MEROPENAM		Standard Time	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by
	Generic Name:	MERO PENAM														
	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:	LULIZEN CREAM		Standard Time	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by
	Generic Name:	LULIZONAZOLE														
	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:	INT FLUCON		Standard Time	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by
	Generic Name:	FLUCONAZOLE														
	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	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	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	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	Time & Given by	Checked by	Date	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													