

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					
GI PROPHYLAXIS:	Drug Name: INJ. PANTOP		Standard Time	Date _____	Date 29/10	Date 30	Date 31/10	Date 1/11/11			
	Time & Given by	Checked by		100	7.30	100	7.30	Time & Given by	Checked by		
	Generic Name: PANTOPRAZOLE	Route	8am				100	7.30	Time & Given by	Checked by	
	Dose 40mg	Frequency N	1/01				100	7.30	Time & Given by	Checked by	
	Special Instructions:										
	Start Date & Time 8:10 AM	Consultant Name Dr. Akbar (D162)	Doctor's Sign. & ID								
Stop Date & Time	Consultant Name	Doctor's Sign. & ID	8pm	100	8.30pm	100	8.30pm	100	8.30pm		
DVT PROPHYLAXIS:	Drug Name: INJ. CLEXANE		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		
	Generic Name: ENOXAPARIN	Route	SC								
	Dose 40mg	Frequency S/C	0/01								
	Special Instructions:										
	Start Date & Time 8:10 AM	Consultant Name Dr. Akbar (D162)	Doctor's Sign. & ID								
Stop Date & Time	Consultant Name	Doctor's Sign. & ID	10pm	100	10pm	100	10pm	100			