

	Drug Name: INJ DEXA	Generic Name: DEXAMETHASONE	Date: 12/10 Day: 10	Date: 12/10 Day: 10	Date: 13/10 Day: 10	Date: 14/10 Day: 10	
	Dose: 2mg	Route: IV	Frequency: 1-1-1	Special Instructions	Time		
	Start Date & Time: 12/10 11am	Consultant Name: Dr. Juvani	Doctor's Sign & Emp ID: 88 C1035	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			
GI PROPHYLAXIS	Drug Name: INJ PAN-	Generic Name: PANTOPRAZOLE	Date: 11/10 Day: 10	Date: 12/10 Day: 10	Date: 13/10 Day: 10	Date: 14/10 Day: 10	
	Dose: 40mg	Route: IV	Frequency: 1-1-1	Special Instructions	Time		
	Start Date & Time: 5/10, 1pm	Consultant Name: Dr. D.A.	Doctor's Sign & Emp ID: 831677	Given by			
	Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by			
DVT PROPHYLAXIS	Drug Name: INJ HEPARIN	Generic Name: HEPARIN	Date: 11/10 Day: 10	Date: 12/10 Day: 10	Date: 13/10 Day: 10	Date: 14/10 Day: 10	
	Dose: 5000 units	Route: IV	Frequency: 1-1-1	Special Instructions	Time		
	Start Date & Time: 11/10, 6am	Consultant Name: Dr. P.A.	Doctor's Sign & Emp ID: 831677	Given by			
	Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by			

STAT MEDICATIONS :

DATE	Drug (Generic Name) in Capital Letters	Dose	Route	Time	Indications	Doctor's Sign. & EMP ID	Staff Sign. & Emp ID	Checked by
12/10/24	1mg ACETAMIN	1gm	IV	3pm	fever	801633	FA 13491	
13/10/24	2g PARACETAMOL	1g	IV	8:30	100-21	43106	FA 13491	
13/10/24	SODIUM PHOSPHATE ENEMA	180ml	PR		constipation	801633	FA 13491	

IV FLUIDS : (CRYSTALLOIDS / COLLOIDS)

DATE	TYPE OF FLUID	ADDITIVE	RATE	Doctor's Sign. & Emp ID	START TIME	STAFF SIGN. & EMP ID	STOP TIME	STAFF SIGN. & EMP ID
11/10	DEXROSE 5%	-	60ml/hr	831677	6am	FA 13491		

BLOOD / BLOOD PRODUCTS :

Date & Time	Components	Units	Rate	Doctor's Sign. & Emp ID	START TIME	STAFF SIGN. & EMP ID	STOP TIME	STAFF SIGN. & EMP ID

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
11/10/24	10% CALCIUM GLUCONATE	1gm in 100ml NS	100ml/hr	801633	11am	FA 13491	FA 13491	12pm	FA 13491
11/10/24	INS PROPUL	NEAT	2ml/hr	100-1411	11p	83418	83418	12p	83418
12/10/24	2g MI DAZOLAM	NEAT	2ml/hr	43106	4p	83418	83418	3a	83418
12/10/24	INS FENTANYL	50mcg + 4ml NS	4ml/hr	83418	5:30p	83418	83418		