

	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						
GI PROPHYLAXIS	Drug Name: <u>MDJ. PAN.</u>			Generic Name: <u>PANTOPRAZOLE</u>		Date <u>9/10</u> Day _____		Date <u>10/10/24</u> Day _____					
	Dose: <u>40mg</u>	Route: <u>PO</u>	Frequency: <u>101</u>	Special Instructions	Time								
	Start Date & Time: <u>9/10/24</u>		Consultant Name: <u>MD PA.</u>		Doctor's Sign & Emp ID: <u>MIST</u>		Given by						
	Stop Date & Time:		Consultant Name		Doctor's Sign & Emp ID		Checked by						
DVT PROPHYLAXIS	Drug Name: <u>2g HEPARIN</u>			Generic Name: <u>HEPARIN</u>		Date <u>7/10/24</u> Day _____		Date <u>8/10</u> Day _____		Date <u>9/10</u> Day _____		Date _____ Day _____	
	Dose: <u>5000 UNITS</u>	Route: <u>IV</u>	Frequency: <u>1-1</u>	Special Instructions	Time								
	Start Date & Time: <u>7/10/24 10:00am</u>		Consultant Name: <u>Dr. U...</u>		Doctor's Sign & Emp ID: <u>UJ1014</u>		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
7/10/24	2g PARACETAMOL	500mg	IV	11:00am	Fever 102°F	UJ1014	Anita/N333	

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
7/10/24	2g ALBUMIN	100ml 20%	100ml/h	UJ1014	11:00am	Anita/N333	8pm	Kiran
7/10/24	1L KARBLYTE		800ml/h	UJ1014	12pm	Anita/N333		
8/10/24	1L INS LAMINOLINER		400ml/h	UJ1014	1pm	Anita/N333	8pm	Kiran
10/10	IV 5% DEXTROSE	-	60ml/h	UJ1014				

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
9/10/24	10% CALCIUM GLUCONATE	1g in 100ml NS	100ml/h	UJ1014	2pm	Anita/N333	Anita/N333	3pm	Anita/N333
9/10/24	2g NADRENALINE	6mg in 500ml	1.3ml/h	UJ1014	8am	Anita/N333	Anita/N333	7pm	Anita/N333