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										

Row 1

Drug Name:	INJ LASIX.		Standard Time	Date ___		Date ___		Date ___		Date 10|11		Date 11|11	
				Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by	Time & Given by	Checked by
Generic Name:	FUROSEMIDE.												

Dose	Route	Frequency											
20mg	I/V	1-0-0	8am							Mu 9.30V		Potash 8.36am	

Special Instructions:

Start Date & Time	Consultant Name	Doctor's Sign. & ID
10/11/24 3pm	Syam	1672

Stop Date & Time	Consultant Name	Doctor's Sign. & ID
11/11/24 10:30pm	Dr. Tushar	@ D16n

Row 2

Drug Name:	SYP MESOL	Standard Time	Date ___	Date ___	Date ___	Date 10|11	Date 11|11
Generic Name:	POTASSIUM.						

Dose	Route	Frequency											
10mL	RIT	1-1-1	8am									Potash 8.30am	

Special Instructions: STOP if Potassium > 4.

		4pm							Mu 4.30		STOP	

Start Date & Time	Consultant Name	Doctor's Sign. & ID
10/11/24 3pm	Syam	1672

| | | 12am | | | | | | | Dy 12mn | | | |

Stop Date & Time	Consultant Name	Doctor's Sign. & ID
11/11/24	Syam	D16n

Row 3

Drug Name:	TAB DYTOR PLUS.	Standard Time	Date ___	Date ___	Date ___	Date ___	Date ___
Generic Name:	SPIRONOLACTONE TORASEMIDE						

Dose	Route	Frequency											
50/10mg	P/O	1-0-0	10pm										

Special Instructions:

Start Date & Time	Consultant Name	Doctor's Sign. & ID
11/11/24 12:30pm	Dr. Tushar	@ D16n

Stop Date & Time	Consultant Name	Doctor's Sign. & ID
11/11/24	Dr. Tushar	@ D16n

Row 4

Drug Name:	TB. PROVICT	Standard Time	Date ___	Date ___	Date ___	Date ___	Date ___
Generic Name:	PRUCALOPRIDE						

Dose	Route	Frequency
2mg	ORAL	0-1-0

Special Instructions:

Start Date & Time	Consultant Name	Doctor's Sign. & ID
11/11 5.15pm	Dr. Tiron	

Stop Date & Time	Consultant Name	Doctor's Sign. & ID
11/11/11	Dr. Tushar	D16n

Row 5

Drug Name:	SYP CREMAFFIN	Standard Time	Date ___	Date ___	Date ___	Date ___	Date ___
Generic Name:	LIQUID PARAFFIN.						

Dose	Route	Frequency
05ml	P/O	0-0-1

Special Instructions:

Start Date & Time	Consultant Name	Doctor's Sign. & ID
11/11 5.15pm	Dr. Tiron	

Stop Date & Time	Consultant Name	Doctor's Sign. & ID
11/11/11	Dr. Tushar	D16n