

Drug Name: <b>INJ OTSKI</b>	Dose: <b>1 Amp</b>		Route: <b>IV</b>	Frequency: <b>1-0-0</b>	Generic Name: <b>TRACE ELEMENTS</b>	Special Instructions	Time	Date: _____ Day _____	Date: _____ Day _____	Date: <b>17/10</b> Day _____	Date: <b>18/10</b> Day _____
	Start Date & Time: <b>16/10 11am</b>		Consultant Name: <b>Dr. Tushan</b>		Doctor's Sign & Emp ID: <b>Dr. Tushan</b>	Given by				<b>Dr. Tushan</b>	<b>Dr. Tushan</b>
	Stop Date & Time:		Consultant Name:		Doctor's Sign & Emp ID:	Checked by					
Drug Name: <b>CAP NUREWIRE</b>	Dose: <b>1 Cap</b>		Route: <b>RT</b>	Frequency: <b>0-1-0</b>	Generic Name: <b>INOSINE MONOPHOSPHATE</b>	Special Instructions	Time	Date: _____ Day _____	Date: _____ Day _____	Date: <b>17/10/24</b> Day _____	Date: <b>18/10</b> Day _____
	Start Date & Time: <b>17/10 10:30am</b>		Consultant Name: <b>Dr. Tushan</b>		Doctor's Sign & Emp ID: <b>Dr. Tushan</b>	Given by				<b>Dr. Tushan</b>	<b>Dr. Tushan</b>
	Stop Date & Time:		Consultant Name:		Doctor's Sign & Emp ID:	Checked by					
Drug Name: <b>INJ OPTINEURON</b>	Dose: <b>1 Amp</b>		Route: <b>IV</b>	Frequency: <b>1-0-0</b>	Generic Name: <b>MULTIVITAMIN</b>	Special Instructions	Time	Date: _____ Day _____	Date: _____ Day _____	Date: _____ Day _____	Date: <b>18/10</b> Day _____
	Start Date & Time: <b>17/10 10:30am</b>		Consultant Name: <b>Dr. Tushan</b>		Doctor's Sign & Emp ID: <b>Dr. Tushan</b>	Given by				<b>Dr. Tushan</b>	<b>Dr. Tushan</b>
	Stop Date & Time:		Consultant Name:		Doctor's Sign & Emp ID:	Checked by					
Drug Name: <b>INJ CLEXANE</b>	Dose: <b>40mg</b>		Route: <b>SUBCUT</b>	Frequency: <b>0-1-0</b>	Generic Name: <b>ENDOXAPARINE</b>	Special Instructions	Time	Date: _____ Day _____	Date: _____ Day _____	Date: _____ Day _____	Date: _____ Day _____
	Start Date & Time: <b>18/10/24 11am</b>		Consultant Name: <b>Dr. Tushan</b>		Doctor's Sign & Emp ID: <b>Dr. Tushan</b>	Given by					
	Stop Date & Time:		Consultant Name:		Doctor's Sign & Emp ID:	Checked by					
Drug Name: <b>INJ PANTIVE</b>	Dose: <b>40mg</b>		Route: <b>IV</b>	Frequency: <b>1-0-1</b>	Generic Name: <b>PANTOPRAZOLE</b>	Special Instructions	Time	Date: <b>15/10/24</b> Day _____	Date: <b>16/10</b> Day _____	Date: <b>17/10</b> Day _____	Date: <b>18/10</b> Day _____
	Start Date & Time: <b>15/10/24 1pm</b>		Consultant Name: <b>Dr. Tushan</b>		Doctor's Sign & Emp ID: <b>Dr. Tushan</b>	Given by				<b>Dr. Tushan</b>	<b>Dr. Tushan</b>
	Stop Date & Time:		Consultant Name:		Doctor's Sign & Emp ID:	Checked by					
Drug Name: <b>INJ HEPARIN</b>	Dose: <b>5000 Units</b>		Route: <b>IV</b>	Frequency: <b>1-0-1</b>	Generic Name: <b>HEPARIN</b>	Special Instructions	Time	Date: <b>15/10/24</b> Day _____	Date: <b>16/10/24</b> Day _____	Date: <b>17/10</b> Day _____	Date: <b>18/10</b> Day _____
	Start Date & Time: <b>15/10/24 10am</b>		Consultant Name: <b>Dr. Tushan</b>		Doctor's Sign & Emp ID: <b>Dr. Tushan</b>	Given by				<b>Dr. Tushan</b>	<b>Dr. Tushan</b>
	Stop Date & Time: <b>18/10/24 11am</b>		Consultant Name: <b>Dr. Tushan</b>		Doctor's Sign & Emp ID: <b>Dr. Tushan</b>	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
17/10/24	INJ POLYMYXIN B	15lacum	IV	3PM	Sepsis	Dr. Tushan	Dr. Tushan	
17/10/24	INJ MINOCYCLINE	200mg	IV	4PM	Sepsis	Dr. Tushan	Dr. Tushan	

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
16/10/24	5% DEX TROTE	—	60ml/hr	Dr. Tushan	8am	Dr. Tushan	12:30 pm	Dr. Tushan

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