

Standard Dosage Timing:

BD 8 am - 8 pm / 10 am - 10 pm, TDS 6 am - 10 pm, 8am - 4pm - 12 midnight, QDS 6 am - 12 Noon - 6 pm - 12 midnight

REGULAR MEDICATIONS:

| Filled by Doctors Only | | | | Filled by Nursing Staff | | | | | | | |
|---|-------------------------------|---|-----------------|-------------------------|----------------------|-----------------|------------|----------------------|-----------------|------------|--|
| Drug Name: | Standard Time | Date | Time & Given by | Checked by | Date | Time & Given by | Checked by | Date | Time & Given by | Checked by | |
| Drug Name: TAB LOSAR | Standard Time: 8am | Date: 3/10/24 | | | Date: 4/10/24 | | | Date: 5/10/24 | | | |
| Generic Name: LOSARTAN | | | | | | | | | | | |
| Dose: 50 mg | Route: P/O | Frequency: 1-0-1 | | | | | | | | | |
| Special Instructions: | | | | | | | | | | | |
| Start Date & Time: 3/10 3pm | Consultant Name: Dr KR | Doctor's Sign. & ID: [Signature] | | | | | | | | | |
| Stop Date & Time: | Consultant Name: | Doctor's Sign. & ID: | | | | | | | | | |
| Drug Name: TAB CILNIDIPINE | Standard Time: 8pm | Date: 3/10/24 | | | Date: 4/10/24 | | | Date: 5/10/24 | | | |
| Generic Name: CILNIDIPINE | | | | | | | | | | | |
| Dose: 5 mg | Route: P/O | Frequency: 0-0-1 | | | | | | | | | |
| Special Instructions: | | | | | | | | | | | |
| Start Date & Time: 3/10 3pm | Consultant Name: Dr KR | Doctor's Sign. & ID: [Signature] | | | | | | | | | |
| Stop Date & Time: | Consultant Name: | Doctor's Sign. & ID: | | | | | | | | | |
| Drug Name: INJ HUMINSULIN | Standard Time: 8am | Date: 3/10/24 | | | Date: 4/10/24 | | | Date: 5/10/24 | | | |
| Generic Name: INSULIN SOLUBLE | | | | | | | | | | | |
| Dose: as per lab | Route: Subcut | Frequency: 1-1-1 | | | | | | | | | |
| Special Instructions: | | | | | | | | | | | |
| Start Date & Time: 3/10 3pm | Consultant Name: Dr KR | Doctor's Sign. & ID: [Signature] | | | | | | | | | |
| Stop Date & Time: | Consultant Name: | Doctor's Sign. & ID: | | | | | | | | | |
| Drug Name: TAB CARBAMAZEPINE | Standard Time: 10 am | Date: 3/10/24 | | | Date: 4/10/24 | | | Date: 5/10/24 | | | |
| Generic Name: CARBAMAZEPINE | | | | | | | | | | | |
| Dose: 100 mg | Route: P/O | Frequency: 1-0-1 | | | | | | | | | |
| Special Instructions: | | | | | | | | | | | |
| Start Date & Time: 3/10 3pm | Consultant Name: Dr KR | Doctor's Sign. & ID: [Signature] | | | | | | | | | |
| Stop Date & Time: | Consultant Name: | Doctor's Sign. & ID: | | | | | | | | | |
| Drug Name: TAB SHELCAI | Standard Time: 2pm | Date: 3/10/24 | | | Date: 4/10/24 | | | Date: 5/10/24 | | | |
| Generic Name: CALCIUM + VITAMIN D3 CARBONATE | | | | | | | | | | | |
| Dose: 500 mg | Route: P/O | Frequency: 0-1-0 | | | | | | | | | |
| Special Instructions: | | | | | | | | | | | |
| Start Date & Time: 3/10 3pm | Consultant Name: Dr KR | Doctor's Sign. & ID: [Signature] | | | | | | | | | |
| Stop Date & Time: | Consultant Name: | Doctor's Sign. & ID: | | | | | | | | | |