

**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												
MAR by CPT	Drug Name:	INT PARACETAMOL		Standard Time	Date	7/11		Date	9/11/24		Date	10/11/24		Date	11/11	
	Generic Name:	PARACETAMOL			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		
	Dose	Route	Frequency													
	1 gram	IV	805													
	Special Instructions:	Rever 1 pain														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID													
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID													
Continue	Drug Name:	TAB TETRA FOL PLUS		Standard Time	Date	8/11		Date	9/11/24		Date	10/11		Date	11/11	
	Generic Name:	L-METHYL FOLATE PYREDOXAL PHOSPHATE			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		
	Dose	Route	Frequency													
	1 tablet	RT	OTO													
	Special Instructions:	2pm														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID													
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID													
✓	Drug Name:	TAB EVION LC		Standard Time	Date	7/11		Date	8/11		Date	9/11/24		Date	10/11	
	Generic Name:	VITAMIN-E ACETATE LEVOCARNIITINE			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		
	Dose	Route	Frequency													
	1 tablet	PO	100													
	Special Instructions:	9am														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID													
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID													
	Drug Name:	XYLOCAINE JELLY		Standard Time	Date			Date			Date			Date		
	Generic Name:	LIGNOCAINE			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		
	Dose	Route	Frequency													
	as required	local	805													
	Special Instructions:	at penile region														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID													
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID													
	Drug Name:	INT LASIX		Standard Time	Date	7/11/24		Date	8/11		Date	9/11/24		Date		
	Generic Name:	FROSEMIDE			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		
	Dose	Route	Frequency													
	20mg	IV	1-20													
	Special Instructions:	4pm														
	Start Date & Time	Consultant Name	Doctor's Sign. & ID													
	Stop Date & Time	Consultant Name	Doctor's Sign. & ID													