

GI PROPHYLAXIS	Drug Name: INJ DEXA			Generic Name: DEXAMETHASONE		Date _____ Day _____	Date 12/10 Day _____	Date 13/10 Day _____	Date 14/10 Day _____
	Dose: 2mg	Route: IV	Frequency: 1-1-1	Special Instructions	Time	4pm 2am Key 4:40P	8pm 10pm Key 12	8pm 10pm Key 12	8am 1pm Key 12
	Start Date & Time: 12/10 1pm	Consultant Name: Dr. Jwani	Doctor's Sign & Emp ID: 88 C1035	Given by					
	Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by					
DVT PROPHYLAXIS	Drug Name: INJ DAN-			Generic Name: DANTRIPRAZOLE		Date _____ Day _____			
	Dose: 40mg	Route: IV	Frequency: 1-1-1	Special Instructions	Time	8AM 8PM Key 8:00	8AM 8PM Key 8:00	8AM 8PM Key 8:00	8AM 8PM Key 8:00
	Start Date & Time: 11/10 1pm	Consultant Name: Dr. P-A	Doctor's Sign & Emp ID: 88 C1035	Given by					
	Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by					
STAT MEDICATIONS :	Drug Name: INJ HEDARIN			Generic Name: HEDARIN		Date 11/10 Day _____	Date 12/10 Day _____	Date 13/10 Day _____	Date 14/10 Day _____
	Dose: 500units	Route: IV	Frequency: 1-1-1	Special Instructions	Time	10AM 10pm Key 10:00	10am 10pm Key 10:00	10am 10pm Key 10:00	10pm 10pm Key 10:00
	Start Date & Time: 11/10 10am	Consultant Name: Dr. P-A	Doctor's Sign & Emp ID: 88 C1035	Given by					
	Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by					

DATE

14/10/24	INTRAVASCULAR	1gm	IV	3pm	fern	No 163	FA WBC
3/10/24.	2g PARACETAMOL	1g	IV	8-30 -	100-21	No 164	2g 3ml
13/10/24	SODIUM PHOSPHATE ENEMA 13ml	PR			constipation	No 164	2g 3ml

DATE	TYPE OF FLUID

1110'	Dextrose 5%	-	Growth	<del>RBCs</del>	6km	<del>New Year</del>

Date & Time Component

Digitized by srujanika@gmail.com