

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 | | | | | | | | | | |
|------------------------|-----------------------|---------------------|---------------------|-------------------------|-----------------|------------|-----------------|------------|-----------------|------------|-----------------|------------|-----------------|------------|
| GI PROPHYLAXIS: | Drug Name: | INJ. PANTOP | | Standard Time | Date 2/11/24 | | Date | | Date | | Date | | Date | |
| | Generic Name: | PANTOPRAZOLE | | | 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 | | | | | | | | | | | |
| | 80mg | IV | 1-0-1 | 8am | | | | | | | | | | |
| | Special Instructions: | | | | | | | | | | | | | |
| | Start Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | |
| Stop Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | | |
| | Drug Name: | TAB PAN | | Standard Time | Date 3/11/24 | | Date 4/11/24 | | Date 5/11/24 | | Date | | Date | |
| | Generic Name: | PANTOPRAZOLE | | | 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 | | | | | | | | | | | |
| | 10mg | RT | 1-0-0 | 8AM | | | | | | | | | | |
| | Special Instructions: | | | | | | | | | | | | | |
| | Start Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | |
| Stop Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | | |
| | Drug Name: | | | Standard Time | Date | | Date | | Date | | Date | | Date | |
| | Generic Name: | | | | 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 | | | | | | | | | | | |
| | Special Instructions: | | | | | | | | | | | | | |
| | Start Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | |
| | Stop Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | |
| | Drug Name: | INJ CLEXANE | | Standard Time | Date 2/10 | | Date 3/10/24 | | Date 4/11 | | Date 5/11/24 | | Date 6/11 | |
| | Generic Name: | ENOXAPARIN | | | 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 | | | | | | | | | | | |
| | 60mg | S/C | 0-0-1 | | | | | | | | | | | |
| | Special Instructions: | | | | | | | | | | | | | |
| | Start Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | |
| Stop Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | | |
| DVT PROPHYLAXIS: | Drug Name: | INJ. CLEXANE | | Standard Time | Date | | Date | | Date | | Date | | Date | |
| | Generic Name: | ENOXAPARIN | | | 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 | | | | | | | | | | | |
| | 40mg | S/C | 0-0-1 | 0.6 | | | | | | | | | | |
| | Special Instructions: | | | | | | | | | | | | | |
| | Start Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | |
| Stop Date & Time | Consultant Name | Doctor's Sign. & ID | | | | | | | | | | | | |