Start Date	Drug Name	Dosage	Route	Frequency	Spl. Instruction	Dr Sign	Date: Time /KW	Date: Time /KW	Date: Time /KW	Date: Time /KW	Date: Time /KW

Nurse Initial & ID

INTRAVENOUS FLUID THERAPY

Date	Time of Start	IV Fluid	Rate of infusion	Name of Drug added if any	Advised by	Started By	Vial Changed At	Started By	Vial Changed At	Started By

STAT ORDERS

Date	Drug Name	Dosage	Route	Frequency	Spcl Instruction	Time	Given By	Ordered Dr Sign		Date	Drug Name	Dosage	Route	Frequency	Spcl Instruction	Time	Given By	Ordered Dr Sign

All drugs to be written in CAPITAL letters by the DOCTOR only. Modification of existing drug will be indicated by a NEW entry. Stoped drugs should be highlited & signed by DOCTOR