Chart \_1\_ of \_1\_ in use

The Children's Hospital NHS Trust

#### **Medication chart**

First name: Jonathon Hospital number: 7867564

Surname: Betjemen NHS number:

Date of birth: 17/8/2006 Address: 42 Lissenden Road, Huddersfield

#### Allergies:

Penicillin (rash), strawberries (rash), peanuts (anaphylaxis) Signed: RJH Date: 22/3/14

Admission date: Chart start date: Weight: 24 kg

### Single dose prescriptions

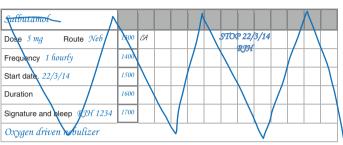
Date	Time	Drug name	Dose	Route	Signature
22/3/14	12:00	Salbutamol	5 mg	Nebulised (O2 driven)	RJH
22/3/14	12:00	Prednisolone	40 mg	PO	RJH
22/3/14	12:10	Ipratropium Bromide	250 micrograms	Nebulised (O2 driven)	RJH
22/3/14	12:20	Salbutamol	5 mg	Nebulised (O2 driven)	RJH
22/3/14	12:30	Ipratropium Bromide	250 micrograms	Nebulised (O2 driven)	RJH
22/3/14	12:40	Salbutamol	5 mg	Nebulised (O2 driven)	RJH





Hospital number: 7867564 Name: Jonathon Betjemen DOB: 17/8/2006

#### **Regular medications**



Ipratropium bromide							
Dose 250 micrograms Route Neb	0100						
Frequency 6 hourly	0700						
Start date. 22/3/2014	1300						
Duration	1900						
Signature and bleep <i>RJH 1234</i>							
Oxygen driven nebulizer							

	22/ 3											
0700	X											
	0700	3	3	3	3	3	3	3	3	3	3	3





Name: Jonathon Betjemen DOB: 17/8/2006 Hospital number: 7867564

# Regular medications

Salbutamol							
Dose 5 mg Route Neb	1500						
Frequency 2 hourly	1700						
Start date. 22/3/2014	1900						
Duration	2100						
Signature and bleep RJH 1234	2300						

Oxygen driven nebulizer

Dose Route							
Frequency							
Start date							
Duration							
Signature and bleep							

Dose Route							
Frequency							
Start date							
Duration							
Signature and bleep							







Name: Jonathon Betjemen DOB: 17/8/2006 Hospital number: 7867564

## As required medications

Oxygen										
Dose 15 L Route Facemask	Г									
Maximum frequency										
Indication To maintain oxygen saturations at >92%										
Sign RJH										
Bleep 1234	Г									

	 _	_	_			_	_	_	_	_	_	
Dose Route												
Maximum frequency												
Indication												
Sign												
Bleep												

Dose Route										
Maximum frequency										
Indication										
Sign										
Bleep										







Name: DOB: Hospital number:

		Intravenous	or subcu	ıtaneoı	us infusions		
Date	Route	Fluid	Volume	Rate	Drug/additive	Dose	Sign



