

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: <i>22/3/14</i>	Chart start date: <i>22/3/14</i>	Weight: <i>24 kg</i>
-----------------------------------	-------------------------------------	----------------------

Single dose prescriptions

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

Name: _____ DOB: _____ Hospital number: _____

Intravenous or subcutaneous infusions

Date	Route	Fluid	Volume	Rate	Drug/additive	Dose	Sign