

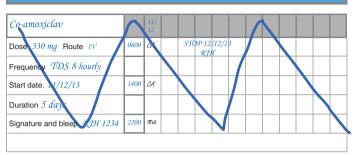
Chart _	1_ of _1_ in	use		Th	ne Children's Hos	pital NHS Trust
		Medi	catio	n cha	ırt	
First n	ame: Bethan	y H	ospital	numbe	r : 7802356	
Surna	me: Wordsw	orth N	HS nui	mber:		
Date o	of birth: 13/11	/2011 A	ddress	:		
Allerg		own allergies	:	Signed:	<i>RJ</i> H Date: 11/12	2/13
Admis 11/12/13	sion date:	Chart start date	e:		Weight: 11 kg	
		Single do	se pr	escrip	tions	
Date	Time	Drug name		Dose	Route	Signature





Name: Bethany Wordsworth DOB: 13/11/2011 Hospital number: 7802356

Regular medications



	11/ 12	12/ 12										
0600												
1400												
2200												
	1400	1400	1400	1400	12 12 0600	12 12 0600	12 12 0600	12 12 0600	12 12 0600	12 12 0600	1400	1400

Dose Route							
Frequency							
Start date							
Duration							
Signature and bleep							







Name: DOB: Hospital number:

As required medications

Dose Route	П	Г	Г	Г	П	Г	Г	Г				П	
Maximum frequency													
Indication													
Sign													
Bleep													

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

Dose Route										
Maximum frequency										
Indication										
Sign										
Bleep										







Name: DOB:	Hospital number:	
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		Intravenous	or subcu	taneo	us infusions		
Date	Route	Fluid	Volume	Rate	Drug/additive	Dose	Sign



