

Medication chart

First name: *Jodie* Hospital number: *12345678*

Surname: *Green* NHS number: *0987654321*

Date of birth: *21/06/2008* Address: *5 Bow St, London*

Allergies:
None known Signed: *RJM*
 Date: *22/6/2013*

Admission date: <i>22/6/2013</i>	Chart start date: <i>22/6/2013</i>	Weight: <i>19 kg</i>
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Single dose prescriptions

Date	Time	Drug name	Dose	Route	Signature



Name: *Jodie Green* DOB: *21/06/2008* Hospital number: *12345678*

Regular medications

Oral rehydration salts solution																				
Dose	<i>50 mL</i>	Route	<i>PO</i>																	
Frequency			<i>Every 10 minutes</i>																	
Start date			<i>22/06/2013</i>																	
Duration			<i>For 4 hours only</i>																	
Sign			<i>RJH</i>																	
Bleep			<i>1234</i>																	

Dose		Route																		
Frequency																				
Start date																				
Duration																				
Sign																				
Bleep																				

Dose		Route																		
Frequency																				
Start date																				
Duration																				
Sign																				
Bleep																				



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As required medications

Paracetamol																																					
Dose <i>240 mg</i> Route <i>PO</i>																																					
Max freq <i>4-6 hourly max QDS</i>																																					
Indication <i>Pain</i>																																					
Sign <i>RJH</i>																																					
Bleep <i>1234</i>																																					

Dose Route																																					
Maximum frequency																																					
Indication																																					
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Intravenous or subcutaneous infusions

Date	Route	Fluid	Volume	Rate	Drug/additive	Dose	Sign
<i>22.6.13</i>	<i>IV</i>	<i>0.9% saline / 5% dextrose</i>	<i>500 mL</i>	<i>100 mL/hour</i>	<i>—</i>	<i>—</i>	<i>RJH</i>