

Medication chart

First name: *Female infant* Hospital number: *87654321*

Surname: *Duffy* NHS number: *0820654321*

Date of birth: *22/2/2014* Address: *6 Bow St, London*

Allergies:
No known allergies
Signed: *RJH* Date: *23/2/14*

Admission date: Chart start date: *23/2/2014* Weight: *3.45 kg*

Single dose prescriptions

Date	Time	Drug name	Dose	Route	Signature

Name: *Female Infant Duffy* DOB: *22/2/2014* Hospital number: *87654321*

Regular medications

<i>Benzylpenicillin</i>		<i>23/2</i>								
Dose <i>86 mg</i> Route <i>IV</i>		<i>0600</i>								
Frequency <i>TDS (every 8 hours)</i>										
Start date <i>23/2/2014</i>		<i>1400</i>								
Duration <i>Review needed after 48 hours</i>										
Signature and bleep <i>RJH 1234</i>		<i>2200</i>								
<i>25 mg/kg every 8 hours</i>										

<i>Gentamicin</i>		<i>23/2</i>								
Dose <i>17 mg</i> Route <i>IV</i>		<i>0600</i>								
Frequency <i>OD</i>										
Start date. <i>23/2/2014</i>										
Duration <i>Review needed after 48 hours</i>			<i>Level</i>							
Signature and bleep <i>RJH 1234</i>										
<i>5 mg/kg every 24 hours. Take level before giving second dose.</i>										

Dose Route										
Frequency										
Start date										
Duration										
Signature and bleep										

Name: _____ DOB: _____ Hospital number: _____

As required medications

Dose	Route																			
Maximum frequency																				
Indication																				
Sign																				
Bleep																				

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

Name:	DOB:	Hospital number:
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Intravenous or subcutaneous infusions

Date	Route	Fluid	Volume	Rate	Drug/additive	Dose	Sign