

## Medication chart

First name: *Male infant* Hospital number: *3452178*

Surname: *Chodhary* NHS number:

Date of birth: *14/1/2015* Address:

**Allergies:**  
  
*No known allergies* Signed: *RJH* Date: *14/1/2015*

Admission date: <i>14/1/2015</i>	Chart start date: <i>14/1/2015</i>	Weight: <i>2.1 kg</i>
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## Single dose prescriptions

Date	Time	Drug name	Dose	Route	Signature
<i>14/1/15</i>	<i>11:00</i>	<i>0.9% Sodium chloride</i>	<i>21 mL</i>	<i>IV</i>	<i>RJH</i>

Name:	DOB:	Hospital number:
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**Regular medications**

Dose	Route																			
Frequency																				
Start date																				
Duration																				
Signature and bleep																				

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Name: *Male infant Chodhary*    DOB: *14/1/15*    Hospital number: *3452178*

### Intravenous or subcutaneous infusions

Date	Route	Fluid	Volume	Rate	Drug/additive	Dose	Sign
<i>14/1/15</i>	<i>IV</i>	<i>Packed red cells</i>	<i>24 mL</i>	<i>10.5 mL/hour</i>	—	—	<i>RJH</i>
<i>14/1/15</i>	<i>IV</i>	<i>10% dextrose</i>	<i>500 mL</i>	<i>5.3 mL/hour</i>	<del><i>Sodium chloride</i></del>	—	<i>RJH</i>
<i>15/1/15</i>	<i>IV</i>	<i>10% dextrose</i>	<i>500 mL</i>	<i>7.9 mL/hour</i>	<i>Sodium chloride</i> <i>Potassium chloride</i>	<i>16.7 mmol</i> <i>(3 mmol/kg/day)</i> <hr/> <i>5.6 mmol</i> <i>(1 mmol/kg/day)</i>	<i>RJH</i>