

**Medication chart**

First name: <i>Bethany</i>	Hospital number: <i>7802356</i>	
Surname: <i>Wordsworth</i>	NHS number:	
Date of birth: <i>13/11/2011</i>	Address:	
<b>Allergies:</b> <i>No known allergies</i> Signed: <i>RJH</i> Date: <i>11/12/13</i>		
Admission date: <i>11/12/13</i>	Chart start date: <i>11/12/13</i>	Weight: <i>11 kg</i>

**Single dose prescriptions**

Date	Time	Drug name	Dose	Route	Signature

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

### Regular medications

		11/12							
<i>Co-amoxiclav</i>									
Dose	<i>330 mg</i> Route <i>IV</i>	0600	<i>GA</i>						
Frequency	<i>TDS 8 hourly</i>								
Start date	<i>11/12/13</i>	1400	<i>GA</i>						
Duration	<i>5 days</i>								
Signature and bleep	<i>RJH 1234</i>	2200	<i>GA</i>						

		11/12	12/12						
<i>Co-amoxiclav 125/31</i>									
Dose	<i>5 mL</i> Route <i>PEG</i>	0600							
Frequency	<i>TDS 8 hourly</i>								
Start date	<i>12/12/13</i>	1400							
Duration	<i>5 days</i>								
Signature and bleep	<i>RJH 1234</i>	2200							

Dose	Route								
Frequency									
Start date									
Duration									
Signature and bleep									



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Hospital number: \_\_\_\_\_

**Intravenous or subcutaneous infusions**

Date	Route	Fluid	Volume	Rate	Drug/additive	Dose	Sign