

**Medication chart**First name: *Shelly*Hospital number: *3240619*Surname: *Graves*

NHS number:

Date of birth: *12/11/97*

Address:

**Allergies:***No known allergies*Signed: *RJH*Date: *2/3/14*Admission date:  
*2/3/14*Chart start date:  
*2/3/14*Weight:  
*60 kg (Ideal body weight 43 kg)***Single dose prescriptions**

Date	Time	Drug name	Dose	Route	Signature

Name: *Shelley Graves* DOB: *12/11/97* Hospital number: *3240619*

### Regular medications

<i>Penicillin V oral solution</i>																			
Dose <i>500 mg</i> Route <i>PO</i>	<i>0600</i>																		
Frequency <i>6 hourly</i>	<i>1200</i>																		
Start date <i>2/3/14</i>	<i>1800</i>																		
Duration <i>10 days</i>	<i>2400</i>																		
Signature and bleep <i>RJH 1234</i>																			

<i>Paracetamol oral solution</i>																			
Dose <i>650 mg</i> Route <i>PO</i>	<i>0600</i>																		
Frequency <i>6 hourly</i>	<i>1200</i>																		
Start date <i>2/3/14</i>	<i>1800</i>																		
Duration	<i>2400</i>																		
Signature and bleep <i>RJH 1234</i>																			

Dose	Route																		
Frequency																			
Start date																			
Duration																			
Signature and bleep																			

Name: *Shelly Graves*      DOB: *12/11/97*      Hospital number: *3240619*

**As required medications**

<i>Ibuprofen</i>																				
Dose <i>300 mg</i> Route <i>PO</i>																				
Maximum frequency <i>8 hourly</i>																				
Indication <i>Pain</i>																				
Sign <i>RJH</i>																				
Bleep <i>1234</i>																				

Dose                      Route																				
Maximum frequency																				
Indication																				
Sign																				
Bleep																				

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Bleep																				

Name: *Shelly Graves*    DOB: *12/11/97*    Hospital number: *3240619*

### Intravenous or subcutaneous infusions

Date	Route	Fluid	Volume	Rate	Drug/additive	Dose	Sign
<i>2/3/14</i>	<i>IV</i>	<i>0.9% sodium chloride/5% dextrose</i>	<i>500 mL</i>	<i>82 mL/hour</i>	<i>—</i>	<i>—</i>	<i>RJH</i>