PRESCRIPTION AND ADMINISTRATION RECORD

Hospital Name: .....

NHS Forth Valley

Date and time this form prepared: / / Time: _____	Sheet No	2nd Prescription in use YES ☐ NO ☐

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

SYMPTOMATIC RELIEF POLICY DECLARATION

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

AFFIX PATIENT DEMOGRAPHIC LABEL

Height:

Weight:

Surface Area:

Consultant Name:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

DRUGS ADMINISTERED PRIOR TO HOSPITAL ARRIVAL

DATE	DRUG	DOSE	ROUTE	GIVEN BY (e.g. SAS, GP)	Time given

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

YES / NO

EXPIRY DATE

MENTAL HEALTH (CARE & TREATMENT) (SCOTLAND) ACT 2003

FORM T2 YES / NO

FORM T3 YES / NO

If yes check treatment plan details before prescribing

HIGH DOSE ANTIPSYCHOTIC MONITORING APPLICABLE

YES / NO

DATE

AFFIX PHOTOGRAPH

DATE →

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS CONTRAINDICATED?	Y / N
ARE ANTIEMBOLIC STOCKINGS INDICATED?	Y / N
SIGNATURE OF ASSESSOR	
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N	

Parenteral Drugs : Regular Prescription

TIME ↓

Patient's Own Medicine

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

A DRUG ENOXAPARIN (Adults only)

DOSE Delete as appropriate 20 / 40mg | ROUTE S/C | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

B DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

C DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE

Parenteral Drugs: Regular Prescription

DATE →
TIME ↓

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Drug OXYGEN

Circle target oxygen saturation

88-92% 94-98% Other _____

Starting device/flow rate _____

PRN/continuous (refer to O_2 guideline)

Tick here if saturation not indicated* ☐

Date and signature

Print name

Is oxygen on patient, if so record twice daily at 0800 and 2200 drug round

DATE →
TIME ↓

0800

2200

Oral and Other Drugs: Regular Prescription

DATE →
TIME ↓

Patient's Own Medicine

BEFORE ADMISSION ☐

NEW DOSE ☐

NEW MEDICATION ☐

H DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N

Qty:

Date:

Assessed by:

Ordered from Pharm.

BEFORE ADMISSION ☐

NEW DOSE ☐

NEW MEDICATION ☐

J DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N

Qty:

Date:

Assessed by:

Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
TIME ↓

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

K DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

L DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
TIME ↓

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

DATE →
TIME ↓

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

DOSE | ROUTE | DATE

STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

DOSE | ROUTE | DATE

STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE

STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE

STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription

DATE →
TIME ↓

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Non Daily Parenteral Drugs

															Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	EE DRUG	DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	For Use Y/N
		PRESCRIBER (PRINT & SIGN)				INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	Qty: Date: Assessed by: Ordered from Pharm.
		INSTRUCTIONS - FREQUENCY / PHARMACY															
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	FF DRUG	DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	For Use Y/N
		PRESCRIBER (PRINT & SIGN)				INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	Qty: Date: Assessed by: Ordered from Pharm.
		INSTRUCTIONS - FREQUENCY / PHARMACY															
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	GG DRUG	DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	For Use Y/N
		PRESCRIBER (PRINT & SIGN)				INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	Qty: Date: Assessed by: Ordered from Pharm.
		INSTRUCTIONS - FREQUENCY / PHARMACY															
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	HH DRUG	DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	For Use Y/N
		PRESCRIBER (PRINT & SIGN)				INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	Qty: Date: Assessed by: Ordered from Pharm.
		INSTRUCTIONS - FREQUENCY / PHARMACY															

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

All Routes: As Required Prescriptions

Patient's Own Medicine

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.DOSE IN 24hrs. | DATE:

ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

DATE																						
TIME																						
DOSE																						
GIVEN BY																						

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.DOSE IN 24hrs. | DATE:

ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

DATE																						
TIME																						
DOSE																						
GIVEN BY																						

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

LL DRUG

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.DOSE IN 24hrs. | DATE:

ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

DATE																						
TIME																						
DOSE																						
GIVEN BY																						

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

MM DRUG

DOSE | ROUTE | INDICATION

PRESCRIBER (PRINT & SIGN) | MAX.DOSE IN 24hrs. | DATE:

ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY

STOPPED DATE: INITIALS:

DATE																						
TIME																						
DOSE																						
GIVEN BY																						

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Patient's Own Medicine

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	NN	DRUG			STOPPED DATE: INITIALS:		
	DOSE	ROUTE	INDICATION				
	PRESCRIBER (PRINT & SIGN)			MAX.DOSE IN 24hrs.	DATE:		
	ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY						
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	PP	DRUG			STOPPED DATE: INITIALS:		
	DOSE	ROUTE	INDICATION				
	PRESCRIBER (PRINT & SIGN)			MAX.DOSE IN 24hrs.	DATE:		
	ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY						
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	RR	DRUG			STOPPED DATE: INITIALS:		
	DOSE	ROUTE	INDICATION				
	PRESCRIBER (PRINT & SIGN)			MAX.DOSE IN 24hrs.	DATE:		
	ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY						
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	SS	DRUG			STOPPED DATE: INITIALS:		
	DOSE	ROUTE	INDICATION				
	PRESCRIBER (PRINT & SIGN)			MAX.DOSE IN 24hrs.	DATE:		
	ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY						

DATE																													For Use Y/N
TIME																													Qty:
DOSE																													Date:
GIVEN BY																													Assessed by:
																													Ordered from Pharm.
DATE																													For Use Y/N
TIME																													Qty:
DOSE																													Date:
GIVEN BY																													Assessed by:
																													Ordered from Pharm.
DATE																													For Use Y/N
TIME																													Qty:
DOSE																													Date:
GIVEN BY																													Assessed by:
																													Ordered from Pharm.
DATE																													For Use Y/N
TIME																													Qty:
DOSE																													Date:
GIVEN BY																													Assessed by:
																													Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Name _____

CHI No _____

Ward _____

Drug Allergies / Sensitivities **None Known** ☐ **Yes** ☐ **(provide details below)**

_____

_____

Nurse/Midwife Administration from Symptomatic Relief Policy
Authorised Nurses/Midwives Only (Maximum number of doses as per policy)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

DRUG NOT AVAILABLE TO BE GIVEN, DOCUMENT ACTION BELOW

DATE	DRUG	DOSE	ROUTE	TIME	ACTION TAKEN	NURSE (PRINT & SIGN

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Please document appropriate administration times using the 24 hour clock format.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg Gram = g
Millilitre = ml Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

1. Patient allergy/sensitivity
2. Patient refused
3. Drug not available (Document Action)
4. Nil by mouth/fasting
5. Patient unavailable
6. Patient asleep
7. Time varied on doctor's instructions
8. Dose withheld on doctor's instructions
9. Nausea/vomiting
10. Unable to swallow
11. No intravenous access
12. Patient Self-Administration of Medicine
13. Other - Record in nursing notes
14. Prescription clarification required
15. Given > 30 mins late (state time)