

		DATE																													
		MONTH																													
		RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																													
IS DRUG THROMBOPROPHYLAXIS INDICATED?		Y / N																													
ARE ANTIEMBOLISM 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																															
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	A	DRUG		Other time																									Patient's Own Medicine For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.		
		DOSE	ROUTE	DATE	0700-0900																										
		PRESCRIBER (PRINT & SIGN)			DATE:	1200-1400																									
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			INITIALS:	1600-1800																									
						2200-2400																									
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	B	DRUG		Other time																									For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.		
		DOSE	ROUTE	DATE	0700-0900																										
		PRESCRIBER (PRINT & SIGN)			DATE:	1200-1400																									
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			INITIALS:	1600-1800																									
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BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	C	DRUG		Other time																									For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.		
		DOSE	ROUTE	DATE	0700-0900																										
		PRESCRIBER (PRINT & SIGN)			DATE:	1200-1400																									
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			INITIALS:	1600-1800																									
						2200-2400																									

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription					DATE													Patient's Own Medicine	
					MONTH														
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	D DOSE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	DRUG			STOPPED DATE: INITIALS:	Other time													For Use Y/N
		0700-0900													Qty:				
		1200-1400													Date:				
		1600-1800													Assessed by:				
		2200-2400													Ordered from Pharm.				
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	E DOSE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	DRUG			STOPPED DATE: INITIALS:	Other time													For Use Y/N
		0700-0900													Qty:				
		1200-1400													Date:				
		1600-1800													Assessed by:				
		2200-2400													Ordered from Pharm.				
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	F DOSE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	DRUG			STOPPED DATE: INITIALS:	Other time													For Use Y/N
		0700-0900													Qty:				
		1200-1400													Date:				
		1600-1800													Assessed by:				
		2200-2400													Ordered from Pharm.				
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	G DOSE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	DRUG			STOPPED DATE: INITIALS:	Other time													For Use Y/N
		0700-0900													Qty:				
		1200-1400													Date:				
		1600-1800													Assessed by:				
		2200-2400													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													Patient's Own Medicine	
					MONTH														
BEFORE ADMISSION <input type="checkbox"/>	H	DRUG			STOPPED DATE: INITIALS:	Other time													For Use Y/N
		DOSE	ROUTE	DATE		0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
						2200-2400													Ordered from Pharm.
					Other time														
BEFORE ADMISSION <input type="checkbox"/>	J	DRUG			STOPPED DATE: INITIALS:	Other time													For Use Y/N
		DOSE	ROUTE	DATE		0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
						2200-2400													Ordered from Pharm.
					Other time														
BEFORE ADMISSION <input type="checkbox"/>	K	DRUG			STOPPED DATE: INITIALS:	Other time													For Use Y/N
		DOSE	ROUTE	DATE		0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
						2200-2400													Ordered from Pharm.
					Other time														
BEFORE ADMISSION <input type="checkbox"/>	L	DRUG			STOPPED DATE: INITIALS:	Other time													For Use Y/N
		DOSE	ROUTE	DATE		0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
						2200-2400													Ordered from Pharm.
					Other time														

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																									Patient's Own Medicine		
					MONTH																											
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	M	DRUG			STOPPED	Other time																									For Use Y/N	
		DOSE	ROUTE	DATE		DATE:	0700-0900																									Qty:
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400																									Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					1600-1800																									Assessed by:
							2200-2400																									Ordered from Pharm.
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	N	DRUG			STOPPED	Other time																									For Use Y/N	
		DOSE	ROUTE	DATE		DATE:	0700-0900																									Qty:
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400																									Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					1600-1800																									Assessed by:
							2200-2400																									Ordered from Pharm.
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	P	DRUG			STOPPED	Other time																									For Use Y/N	
		DOSE	ROUTE	DATE		DATE:	0700-0900																									Qty:
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400																									Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					1600-1800																									Assessed by:
							2200-2400																									Ordered from Pharm.
BEFORE ADMISSION <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION <input type="checkbox"/>	R	DRUG			STOPPED	Other time																									For Use Y/N	
		DOSE	ROUTE	DATE		DATE:	0700-0900																									Qty:
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400																									Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					1600-1800																									Assessed by:
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Oral and Other Drugs: Regular Prescription					DATE													Patient's Own Medicine	
					MONTH														
BEFORE ADMISSION <input type="checkbox"/>	S	DRUG			DATE: INITIALS: STOPPED	Other time													For Use Y/N
		DOSE	ROUTE	DATE		0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
NEW DOSE <input type="checkbox"/>					2200-2400													Ordered from Pharm.	
NEW MEDICATION <input type="checkbox"/>					Other time														
BEFORE ADMISSION <input type="checkbox"/>	T	DRUG			DATE: INITIALS: STOPPED	Other time													For Use Y/N
		DOSE	ROUTE	DATE		0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
NEW DOSE <input type="checkbox"/>					2200-2400													Ordered from Pharm.	
NEW MEDICATION <input type="checkbox"/>					Other time														
BEFORE ADMISSION <input type="checkbox"/>	V	DRUG			DATE: INITIALS: STOPPED	Other time													For Use Y/N
		DOSE	ROUTE	DATE		0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
NEW DOSE <input type="checkbox"/>					2200-2400													Ordered from Pharm.	
NEW MEDICATION <input type="checkbox"/>					Other time														
BEFORE ADMISSION <input type="checkbox"/>	W	DRUG			DATE: INITIALS: STOPPED	Other time													For Use Y/N
		DOSE	ROUTE	DATE		0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1600-1800													Assessed by:
NEW DOSE <input type="checkbox"/>					2200-2400													Ordered from Pharm.	
NEW MEDICATION <input type="checkbox"/>					Other time														

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Oral and Other Drugs: Regular Prescription					DATE													Patient's Own Medicine		
					MONTH															
BEFORE ADMISSION <input type="checkbox"/>	X	DRUG			STOPPED	Other time													For Use Y/N	
		DOSE	ROUTE	DATE		DATE:	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					1600-1800													Assessed by:
							2200-2400													Ordered from Pharm.
					Other time															
BEFORE ADMISSION <input type="checkbox"/>	Y	DRUG			STOPPED	Other time													For Use Y/N	
		DOSE	ROUTE	DATE		DATE:	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					1600-1800													Assessed by:
							2200-2400													Ordered from Pharm.
					Other time															
BEFORE ADMISSION <input type="checkbox"/>	AA	DRUG			STOPPED	Other time													For Use Y/N	
		DOSE	ROUTE	DATE		DATE:	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					1600-1800													Assessed by:
							2200-2400													Ordered from Pharm.
					Other time															
BEFORE ADMISSION <input type="checkbox"/>	BB	DRUG			STOPPED	Other time													For Use Y/N	
		DOSE	ROUTE	DATE		DATE:	0700-0900													Qty:
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400													Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					1600-1800													Assessed by:
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Oral and Other Drugs: Regular Prescription					DATE																									Patient's Own Medicine		
					MONTH																											
BEFORE ADMISSION <input type="checkbox"/>	GG	DRUG			DATE:	Other time																									For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900																									Qty:	
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400																									Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				STOPPED	1600-1800																									Assessed by:
							2200-2400																									Ordered from Pharm.
NEW DOSE <input type="checkbox"/>				Other time																												
BEFORE ADMISSION <input type="checkbox"/>	HH	DRUG			DATE:	Other time																									For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900																									Qty:	
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400																									Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				STOPPED	1600-1800																									Assessed by:
							2200-2400																									Ordered from Pharm.
NEW DOSE <input type="checkbox"/>				Other time																												
BEFORE ADMISSION <input type="checkbox"/>	JJ	DRUG			DATE:	Other time																									For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900																									Qty:	
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400																									Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				STOPPED	1600-1800																									Assessed by:
							2200-2400																									Ordered from Pharm.
NEW DOSE <input type="checkbox"/>				Other time																												
BEFORE ADMISSION <input type="checkbox"/>	KK	DRUG			DATE:	Other time																									For Use Y/N	
		DOSE	ROUTE	DATE		0700-0900																									Qty:	
		PRESCRIBER (PRINT & SIGN)				INITIALS:	1200-1400																									Date:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				STOPPED	1600-1800																									Assessed by:
							2200-2400																									Ordered from Pharm.
NEW DOSE <input type="checkbox"/>				Other time																												

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										Patient's Own Medicine												
BEFORE ADMISSION <input type="checkbox"/>	RR	DRUG								STOPPED	DATE:											For Use Y/N
		DOSE	ROUTE	INDICATION							INITIALS:	TIME										
	NEW DOSE <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:											Date:						
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																				Assessed by:
BEFORE ADMISSION <input type="checkbox"/>	SS	DRUG								STOPPED	DATE:											For Use Y/N
		DOSE	ROUTE	INDICATION							INITIALS:	TIME										
	NEW DOSE <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:											Date:						
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																				Assessed by:
BEFORE ADMISSION <input type="checkbox"/>	TT	DRUG								STOPPED	DATE:											For Use Y/N
		DOSE	ROUTE	INDICATION							INITIALS:	TIME										
	NEW DOSE <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:											Date:						
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																				Assessed by:
BEFORE ADMISSION <input type="checkbox"/>	VV	DRUG								STOPPED	DATE:											For Use Y/N
		DOSE	ROUTE	INDICATION							INITIALS:	TIME										
	NEW DOSE <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:											Date:						
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																				Assessed by:
										The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.										Ordered from Pharm.		

Name _____ CHI No _____	Drug Allergies / Sensitivities None Known <input type="checkbox"/> Yes <input type="checkbox"/> (provide details below) _____ _____
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