## AS REQUIRED PRESCRIPTIONS

Patient's Name:

CHI No: DoB:

| | | | | |
|---|---|---|---|---|
| Medicine | | Indication | | Date |
| Dose | Route | Frequency | Max in 24h | Time |
| Prescriber sign + print | | Date | Pharmacy | Dose |
| Additional Information | | Stop date & initials | | Given by |
| Medicine | | Indication | | Date |
| Dose | Route | Frequency | Max in 24h | Time |
| Prescriber sign + print | | Date | Pharmacy | Dose |
| Additional Information | | Stop date & initials | | Given by |
| Medicine | | Indication | | Date |
| Dose | Route | Frequency | Max in 24h | Time |
| Prescriber sign + print | | Date | Pharmacy | Dose |
| Additional Information | | Stop date & initials | | Given by |
| Medicine | | Indication | | Date |
| Dose | Route | Frequency | Max in 24h | Time |
| Prescriber sign + print | | Date | Pharmacy | Dose |
| Additional Information | | Stop date & initials | | Given by |
| Medicine | | Indication | | Date |
| Dose | Route | Frequency | Max in 24h | Time |
| Prescriber sign + print | | Date | Pharmacy | Dose |
| Additional Information | | Stop date & initials | | Given by |

| Date | SYMPTOMATIC RELIEF POLICY | Exceptions | Prescriber sign + print |
|---|---|---|---|
| | | | |

| Date | Medicine | Dose | Route | Time | Given By | Date | Medicine | Dose | Route | Time | Given By |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

**PRESCRIBERS**

1. **USE GENERIC NAME**, write in **BLOCK LETTERS.***
2. As Required Prescriptions shall include the Symptoms to be Relieved, the Minimum Time Interval and the Maximum Daily Dose.
3. Write doses of less than 1mg as micrograms e.g. 500 micrograms; Units and Nanograms should be written in full.
4. When a prescription line is completed a new chart should be written. Additions, overwriting and continuation on a lower part of the chart are **NOT** allowed.
5. Discontinue a medicine by clearly crossing out the prescribing side and administration record, **SIGN** and **DATE** discontinuation.
6. Medicine Sensitivities box should be completed and signed by Authorised Staff.
7. Verbal orders must be countersigned by the prescriber within 24 hours or the prescription will lapse.
8. Only **APPROVED** abbreviations should be used on this chart.
9. **All prescribers should ensure they are familiar with their responsibilities as set out in the NHS Lothian Safe Use of Medicines Policy.**

**NURSES**

1. Check ward name, patients name and CHI number are filled in correctly.
2. Check entries in every section to avoid omissions.
3. Nurses initials should be recorded in **BLOCK LETTERS.**
4. When a medicine is not given, then the reason for omissions should be recorded in the administration boxes as per codes on front of Medicine Chart.
5. Administration should be carried out in accordance with NMC Guidelines (as amended) and the **NHS Lothian Safe Use of Medicines Policy.**

* *Remember that certain medications should be prescribed by brand name e.g. Lithium, Diltiazem. Refer to BNF for advice.*

STAFF IN ANY DOUBT ABOUT ANY ASPECT OF DRUG THERAPY OR POLICY RELATING TO THE USE OF MEDICINES, CONTACT YOUR PHARMACIST OR PRESCRIBER

## LEAVE MEDICATION REQUEST

| DATE | START DATE/TIME | RETURN DATE/TIME | AS REQUIRED/MEDS | REQUESTED BY | PHARMACY | GIVEN OUT BY |
|---|---|---|---|---|---|---|
| | | | | | | |

## DEPOT PRESCRIPTION

| | | | | |
|---|---|---|---|---|
| Start Date | Depot Injections (IM) | Dose | Frequency | Date |
| Prescriber sign + print | | Stop Date & Initials | | Given By |
| Start Date | Depot Injections (IM) | Dose | Frequency | Date |
| Prescriber sign + print | | Stop Date & Initials | | Given By |
| Start Date | Depot Injections (IM) | Dose | Frequency | Date |
| Prescriber sign + print | | Stop Date & Initials | | Given By |
| Start Date | Depot Injections (IM) | Dose | Frequency | Date |
| Prescriber sign + print | | Stop Date & Initials | | Given By |
| Start Date | Depot Injections (IM) | Dose | Frequency | Date |
| Prescriber sign + print | | Stop Date & Initials | | Given By |
| Start Date | Depot Injections (IM) | Dose | Frequency | Date |
| Prescriber sign + print | | Stop Date & Initials | | Given By |
| Start Date | Depot Injections (IM) | Dose | Frequency | Date |
| Prescriber sign + print | | Stop Date & Initials | | Given By |

Affix Photograph

# MEDICINE CHART

| | |
|---|---|
| Ward: | Chart No: |
| Forename: (Affix Patient Label) | Consultant: |
| Surname: | Date of Admission: |
| CHI Number: | Weight on Admission: |
| DoB: | Age: |
| Unit Number: | |

NHS Lothian

Mental Health Services

### CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, then enter a code in the column with a circle drawn around the entry according to the reason, as follows:

| | | | |
|---|---|---|---|
| Patient refuses | 1 | Vomiting/nausea | 9 |
| Patient not present on ward | 2 | Time varied on Dr's instructions | 10 |
| Medicine not available | 3 | Once only/PRN medication given | 11 |
| Instructions not clear or legal | 4 | Medicine not required | 12 |
| Patient Self-Administered Medicine | 5 | Pass medication given | 13 |
| Nil by mouth | 6 | Medicine spat out | 14 |
| Asleep/drowsy | 7 | Part dose only taken | 15 |
| Unable to swallow | 8 | Medicine Withheld | 16 |

### OTHER CHARTS IN USE

Please ✓ Box

| | |
|---|---|
| Detoxification | |
| Clozapine | |
| Anticoagulant | |
| Diabetic | |
| Other *(Specify)* | |

### MEDICINE SENSITIVITIES

Signature:

Date:

### HIGH DOSE MONITORING APPLICABLE

| | |
|---|---|
| YES / NO | Start Date: |
| | Stop Date: |
| Signature: | Date: |

**Adults with Incapacity (Scotland) Act 2000 Applicable**

**YES / NO**

Expiry Date:

Name of Welfare Guardian:

**Mental Health (Care and Treatment) (Scotland) Act 2003**

Consent to Treatment Form T2 / T3? **YES / NO**

* If YES, check treatment plan details before prescribing *

## ONCE ONLY

| Date | Time | Pharmacy | Medicine (Approved Name) | Dose | Route | Prescriber sign + print | Time Given | Given by | Checked by |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

## DEPOT ADMINISTRATION See back page for Prescription details

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Date next due | | | | | | | | | | |
| | | | | | | | | | | |

DRAFT PROOF MCCORMICKS DRAFT PROOF MCCORMICKS

## REGULAR PRESCRIPTIONS

Patient's Name:
CHI No: DoB:

Enter Date →
Circle Times Req. ↓

| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |
| Medicine (Approved Name) | | Dose | Prescriber sign + print | OTHER | | | | | | |
| | | | | 08:00 | | | | | | |
| | | Route | Additional Information | 13:00 | | | | | | |
| | | | | 18:00 | | | | | | |
| Date | Valid Period | Stop Date & Initials | Pharmacy | 22:00 | | | | | | |
| | | | | OTHER | | | | | | |

## AS REQUIRED PRESCRIPTIONS

Patient's Name:
CHI No: DoB:

| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |
| Medicine | | Indication | | Date | | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Max in 24h | Time | | | | | | | | | | | | | | | | | | |
| Prescriber sign + print | | Date | Pharmacy | Dose | | | | | | | | | | | | | | | | | | |
| Additional Information | | Stop date & initials | | Given by | | | | | | | | | | | | | | | | | | |

## AS REQUIRED PRESCRIPTIONS

Patient's Name:
CHI No: DoB:

DRAFT PROOF NOT FOR PRESCRIBING