TRAINING PRESCRIPTION CHART AND ADMINISTRATION RECORD

| | | _ | _ | _ | | _ | |
|----------|---|-----|----------|----|----|------------------|--|
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| RRA | PID | |
|-----|---------------|--|
| | $\overline{}$ | |

| Allergies and Adverse substances & the nature | | tions – List the medicines or tion (write NKDA if none) |
|---|--------------|---|
| It is mandatory to complete | this section | |
| Medicine / Substance | Reaction | |
| NKDA | | |
| Sign (NAME) | | Date |
| J Smith, J SMIT | H 1234 | 1/1/15 |

| First Name: HARJIT | | Surname: SINGH | | | | | | |
|-------------------------|--------|----------------|---------------|------------------|--|--|--|--|
| Hospital No: 123456 | | DOB | 01/12/20 | 10 | | | | |
| NHS No: 789 123 1234 | ! | | | | | | | |
| Consultant: FRASER | | | Ward 'A&'E | Hospital: LGI | | | | |
| Age 2 years | Weight | 18kg | Height | Surface Area | | | | |

Once only medicines

| Drug (& any additional instructions) | Dose | Route | Sign (NAME & Bleep) | Date & Time due | Time given | Sign | Pharm |
|--------------------------------------|------|--------|---------------------|--------------------|---------------|---------------|-------|
| MIDAZOLAM | 5mg | buccal | g Smith, J SMITH | 1/1/15 1234 3am | | | |
| | | | of Cli | | | | |
| | | | a'i, fo | | | OO NO SPEN | |
| | | | 100 | | | | |
| | | 20: | | | | | |

Regular Medicines

| | Mont & yea | | 25 | Date: | | | | | _ | |
|-------------------------------|------------------------|----------|--------|-------|--|----------|--|--|-----------|--|
| Drug (1) | • | Dose | 2/0 | | | | | | | |
| | | × | 7 | 8-9 | | | | | DO NOT | |
| Route | Additional Instruction | S | Date | | | | | | DISPENSE | |
| | () | | | 13-14 | | | | | | |
| Sign (NAI | ME & Bleep) | Pharm | Supply | 17-18 | | | | | | |
| | | | | 21-22 | | | | | | |
| Drug (2) | | Dose | | | | | | | | |
| | | | | 8-9 | | | | | | |
| Route | Additional Instruction | S | Date | | | | | | DO NOT | |
| | | | | 13-14 | | | | | DISPENSE | |
| Sign (NAI | ME & Bleep) | Pharm | Supply | 17-18 | | | | | | |
| | | | | 21-22 | | | | | | |
| Drug (3) | | Dose | | | | | | | | |
| | | | | 8-9 | | | | | | |
| Route | Additional Instruction | S | Date | 0-3 | | - | | | DO NOT | |
| | | - | | | | | | | DISPENSE | |
| Cian (NA) | ME & Bleep) | Pharm | Supply | 13-14 | | _ | | | BIOI ENGE | |
| Sigii (IVAI | vic & bleep) | FIIdIIII | Supply | 17-18 | | <u> </u> | | | | |
| 5 (1) | | | | 21-22 | | | | | | |
| Drug (4) | | Dose | | | | <u> </u> | | | | |
| | | | | 8-9 | | | | | | |
| Route Additional Instructions | | S | Date | | | | | | DO NOT | |
| | | | | 13-14 | | | | | DISPENSE | |
| Sign (NAI | ME & Bleep) | Pharm | Supply | 17-18 | | | | | | |
| | | | | 21-22 | | | | | | |

TRAINING PRESCRIPTION CHART AND ADMINISTRATION RECORD PREVIOUS

| llergies and Adverse Drug Reactions – List the medicines or substances & the nature of the reaction (write NKDA if none) | | | | | | | | | | | | |
|--|----------------|--|--|--|--|--|--|--|--|--|--|--|
| It is mandatory to complete this section | | | | | | | | | | | | |
| Medicine / Substance | Reaction | | | | | | | | | | | |
| NKDA | | | | | | | | | | | | |
| Sign (NAME) | Date | | | | | | | | | | | |
| J S mith, J SMIT | TH 1234 1/1/15 | | | | | | | | | | | |

| First Name: AARON | Surname JO | HNSTO | N | |
|-------------------------|---------------|----------|---------|-----|
| Hospital No: 123456 | DOB: | 1/12/201 | o | |
| NHS No: 789 123 1234 | | | | |
| Consultant: | | Ward | Hospita | l: |
| FRASER | >. | А& | Œ | LGI |

Regular Medicines continued

| | | Month & year: | | Date: | | | | .:(| 110 | | | | |
|----------|------------------------------|------------------|--------|-------|---|-----|-----|-----|-----|--|------------|--|--|
| Drug (5) | | Dose | | | | | | C), | | | | | |
| | | | | 8-9 | | | . 0 | | | | DO NOT | | |
| Route | Additional Instr | uctions | Date | | | V | 10 | | | | DISPENSE | | |
| | | | | 13-14 | | ~O` | V | | | | 5.0. 2.102 | | |
| Sign (NA | Sign (NAME & Bleep) | | Supply | 17-18 | | 1 | | | | | | | |
| | | | | 21-22 | 5 | | | | | | | | |
| Drug (6) | | Dose | | .:(0 | | | | | | | | | |
| | | | | 8-9 | | | | | | | | | |
| Route | Route Additional Instruction | | Date | 14 | | | | | | | DO NOT | | |
| | | | 350 | 13-14 | | | | | | | DISPENSE | | |
| Sign (NA | Sign (NAME & Bleep) | | Supply | 17-18 | | | | | | | | | |
| | | X. 4 | | 21-22 | | | | | | | | | |

When required medicines

| Drug | 5 | | | Route | Date | | | | | |
|------------|---|----------------------------------|----------------------|--------|-------|--|--|--|----------|--|
| PARA | CETAM | | | Too | Time | | | | | |
| Frequency | Max dose | | | Date / | Dose | | | | DO NOT | |
| QDS | 180m∟ a | 150 | r fever | 1/1/15 | Route | | | | DISPENSE | |
| Sign (NAME | & Bleep) | | | Supply | Sign | | | | | |
| J Smith | i, J SMI | TH | l 1234 | | Sign | | | | | |
| Drug | | | Dose | Route | Date | | | | | |
| | | | | | Time | | | | | |
| Frequency | Max dose | Max dose Additional instructions | | Date | Dose | | | | DO NOT | |
| | | | | | Route | | | | DISPENSE | |
| Sign (NAME | & Bleep) | | Pharm | Supply | Sign | | | | | |
| | | | | | Sign | | | | | |
| Drug | | | Dose | Route | Date | | | | | |
| | | | | | Time | | | | | |
| Frequency | equency Max dose Additional instruction | | itional instructions | Date | Dose | | | | DO NOT | |
| | | | | | Route | | | | DISPENSE | |
| Sign (NAME | & Bleep) | | Pharm | Supply | Sign | | | | | |
| | | | | | Sign | | | | | |