Sullivan, Deborah ID:0712726128 09-SEP-2024 11:10:30 GREATER GLASGOW SITE-GRGPOP ROUTINE RECORD

07-DEC-1972 (51 yr)	Vent. rate	118	BPM	Sinus tachycardia
Female	PR interval	138	ms	Minimal voltage criteria for LVH, may be normal variant (R in aVL)
	QRS duration	74	ms	Borderline ECG
Room:	QT/QTc	330/462	ms	
Loc:284	P-R-T axes	40 -13	15	Similar to previous ECG
				Confirmed by Duthie, Alison (2033) on 13/09/2024 15:12:10

Technician: 417
Test ind:

CONFIRMED ECG REPORT Alison Duthie

Location: Comments:

25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1512

SID: 2449969 EID:2033 EDT: 15:12 13-SEP-2024 ORDER:

Sullivan, Deborah ID:0712726128 27-SEP-2023 19:44:08 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

07-DEC-1972 (50 yr)	Vent. rate	106	BPM	Sinus tachycardia
Female	PR interval	138	ms	Otherwise normal ECG
	QRS duration	72	ms	
Room:	QT/QTc	342/454	ms	
Loc:202	P-R-T axes	52 4	22	

Technician:
Test ind:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 CID: 114

SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 15-MAR-2022 18:52:50 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

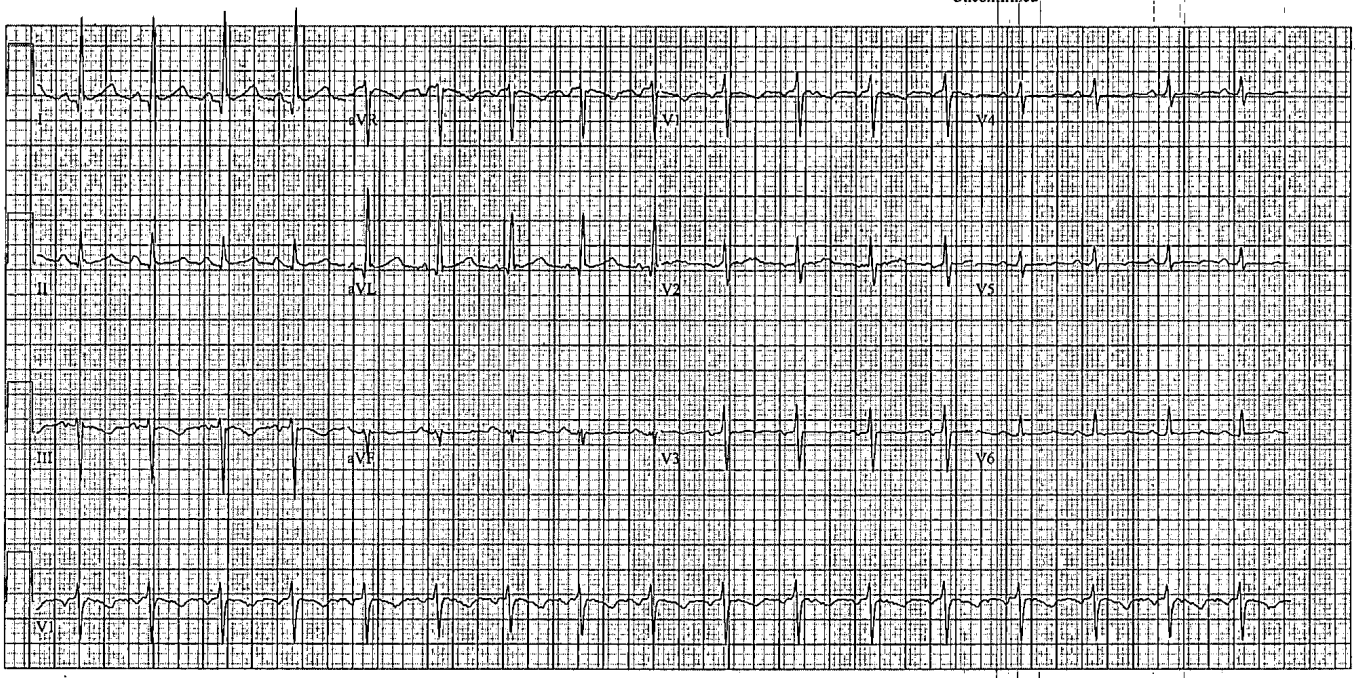
07-DEC-1972 (49 yr)
Female

Room:
Loc:202

Vent. rate	104	BPM	Sinus tachycardia
PR interval	140	ms	Possible Left atrial enlargement
QRS duration	74	ms	Left ventricular hypertrophy
QT/QTc	342/449	ms	Nonspecific T wave abnormality
P-R-T axes	38 -10	-1	Abnormal ECG

Technician:
Test ind:

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 CID: 1

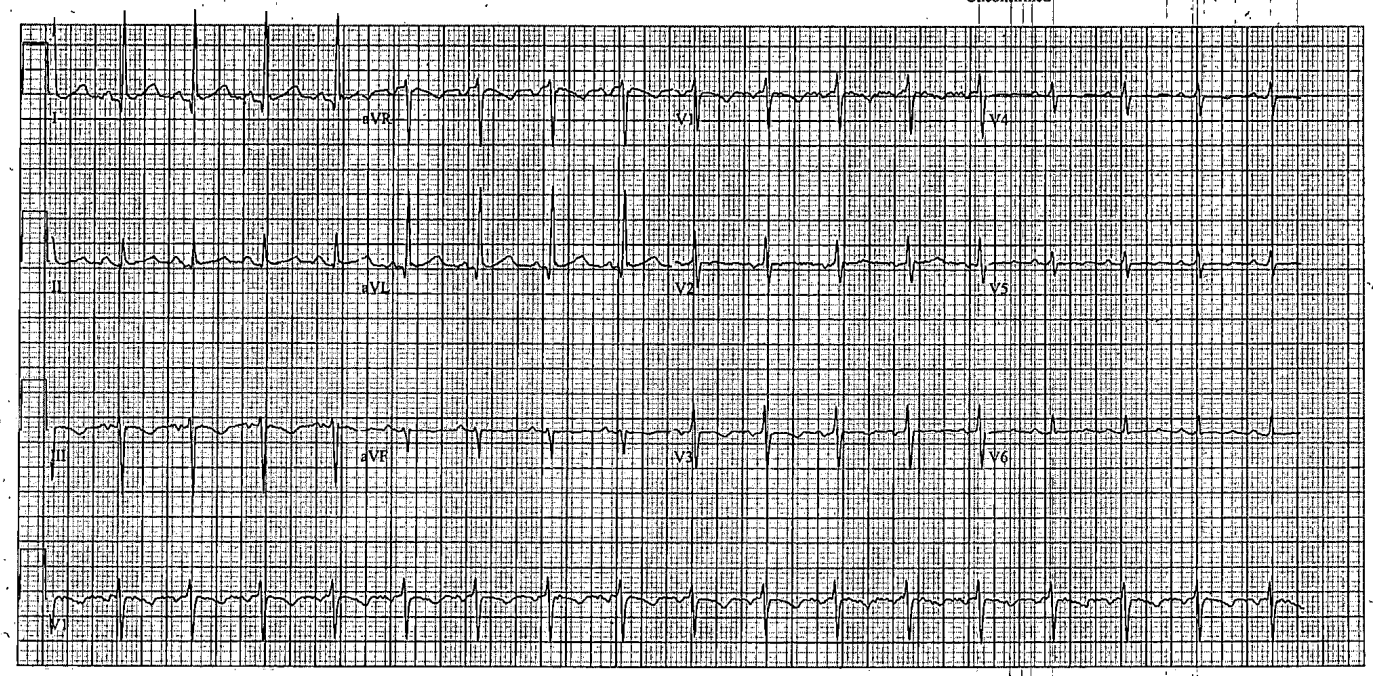
SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 15-MAR-2022 18:51:46 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

07-DEC-1972 (49 yr)	Vent. rate	105	BPM	Sinus tachycardia
Female	PR interval	138	ms	Voltage criteria for left ventricular hypertrophy
	QRS duration	76	ms	Nonspecific T wave abnormality
Room:	QT/QTc	346/457	ms	Abnormal ECG
Loc:202	P-R-T axes	33 -11	1	

Technician:
Test ind:

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 CID: 1 SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 15-MAR-2022 18:51:16 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

07-DEC-1972 (49 yr)
Female

Room:
Loc:202

Vent. rate	106	BPM
PR interval	138	ms
QRS duration	76	ms
QT/QTc	344/456	ms
P-R-T axes	37 -10	6

Sinus tachycardia
Voltage criteria for left ventricular hypertrophy
Nonspecific T wave abnormality
Abnormal ECG

Technician:
Test ind:

Unconfirmed

25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 CID: 1

SID: 2449969 EID: EDT: ORDER:

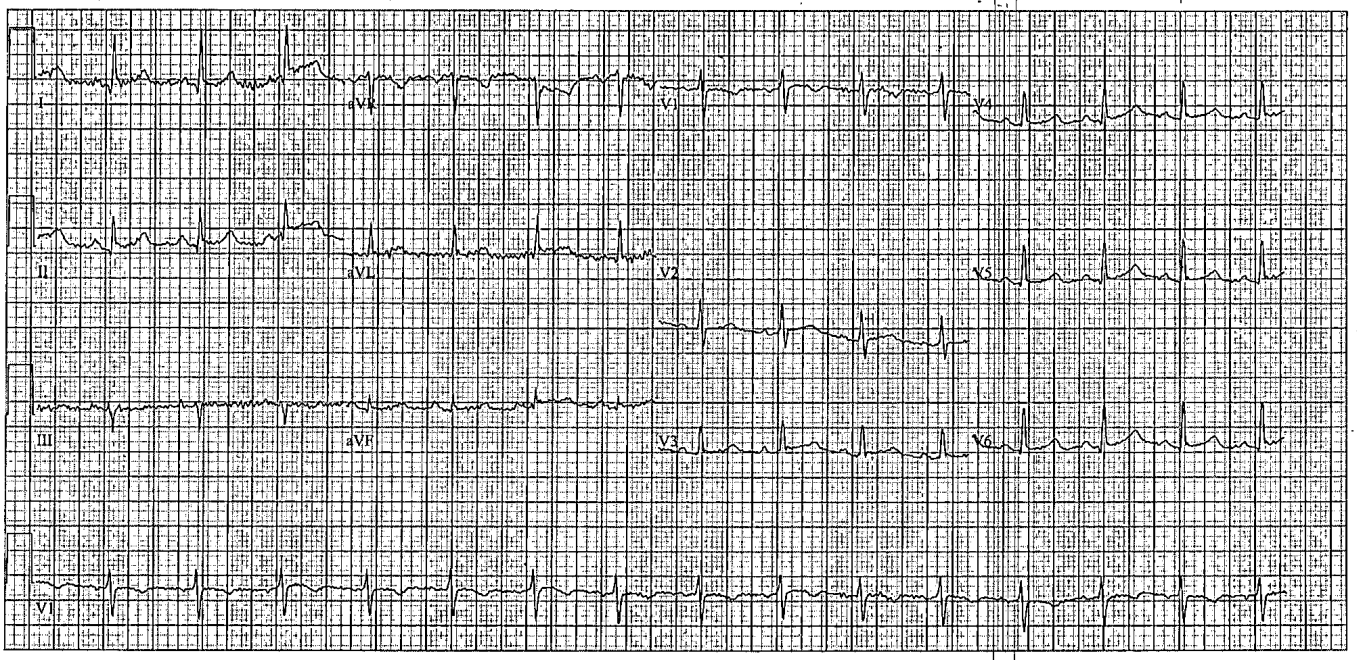
Sullivan, Deborah ID:0712726128 28-JUN-2021 20:50:05 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

07-DEC-1972 (48 yr)	Vent. rate	91	BPM	Normal sinus rhythm
Female	PR interval	148	ms	Normal ECG
	QRS duration	72	ms	
Room:	QT/QTc	376/462	ms	
Loc:201	P-R-T axes	55 7	32	

Technician:
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 HD CID: 119

SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 06-FEB-2021 17:55:51 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

07-DEC-1972 (48 yr)	Vent. rate	97	BPM	Normal sinus rhythm
Female	PR interval	138	ms	Normal ECG
	QRS duration	68	ms	
Room:	QT/QTc	364/462	ms	
Loc:201	P-R-T axes	52 3	14	

Technician:
Test ind:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 HD CID: 121

SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 17-JUL-2020 04:31:22 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

07-DEC-1972 (47 yr)	Vent. rate	108	BPM	Sinus tachycardia
Female	PR interval	138	ms	Otherwise normal ECG
	QRS duration	76	ms	
Room:	QT/QTc	340/455	ms	
Loc:201	P-R-T axes	54 16	45	

Technician:
Test ind:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 100Hz 9.0.4 12SL 241 HD CID: 120 SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 24-FEB-2020 01:21:21 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

07-DEC-1972 (47 yr)
Female

Room:
Loc:201

Vent. rate	99	BPM
PR interval	150	ms
QRS duration	74	ms
QT/QTc	362/464	ms
P-R-T axes	38 32	38

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 100Hz 9.0.4 12SL 241 HD CID: 118

SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 12-SEP-2019 00:13:42 GREATER GLASGOW SITE-GRWD65 ROUTINE RECORD

07-DEC-1972 (46 yr)
Female

Room:
Loc:224

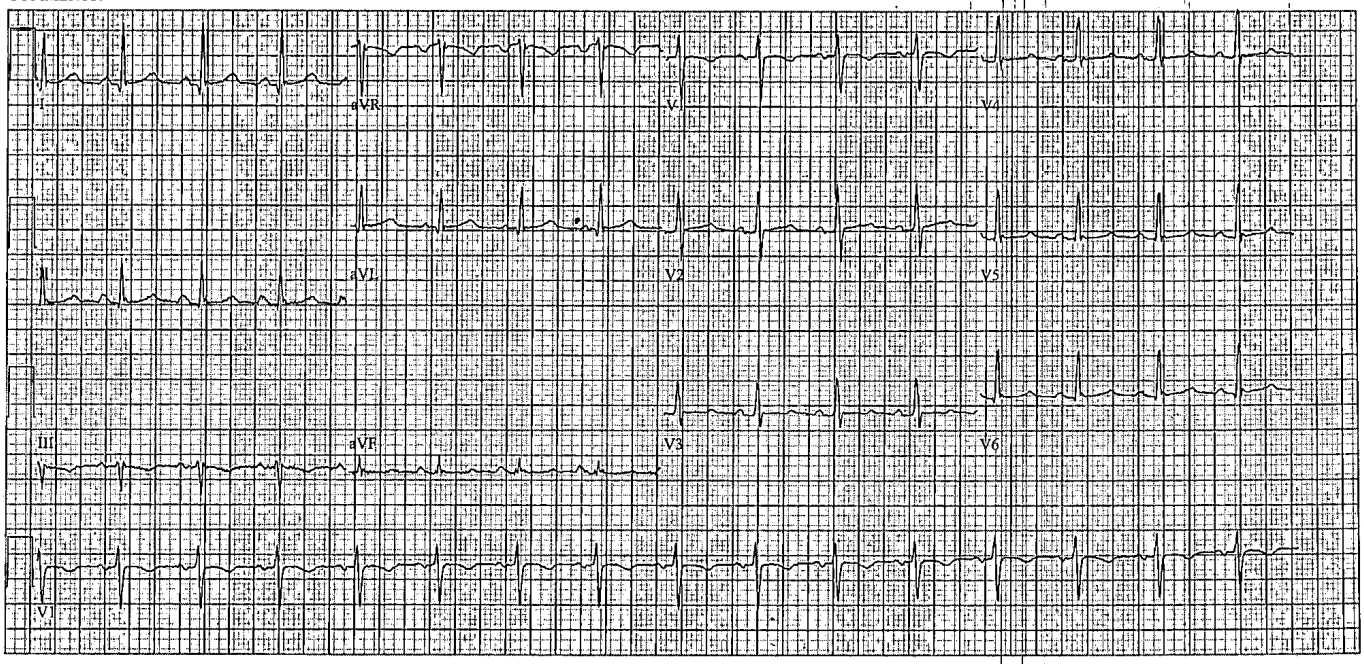
Vent. rate	95	BPM
PR interval	146	ms
QRS duration	80	ms
QT/QTc	360/452	ms
P-R-T axes	45 9	5

Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.4 12SL 241 HD CID: 140

SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 10-SEP-2019 00:12:01 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

07-DEC-1972 (46 yr)	Vent. rate	110	BPM	Sinus tachycardia
Female	PR interval	140	ms	Otherwise normal ECG
	QRS duration	76	ms	
Room:	QT/QTc	334/452	ms	
Loc:201	P-R-T axes	57 31	36	

Technician:
Test ind:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 100Hz 9.0.4 12SL 241 HD CID: 119

SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 25-JUL-2019 11:25:26 GREATER GLASGOW SITE-GRAAU ROUTINE RECORD

07-DEC-1972 (46 yr)
Female

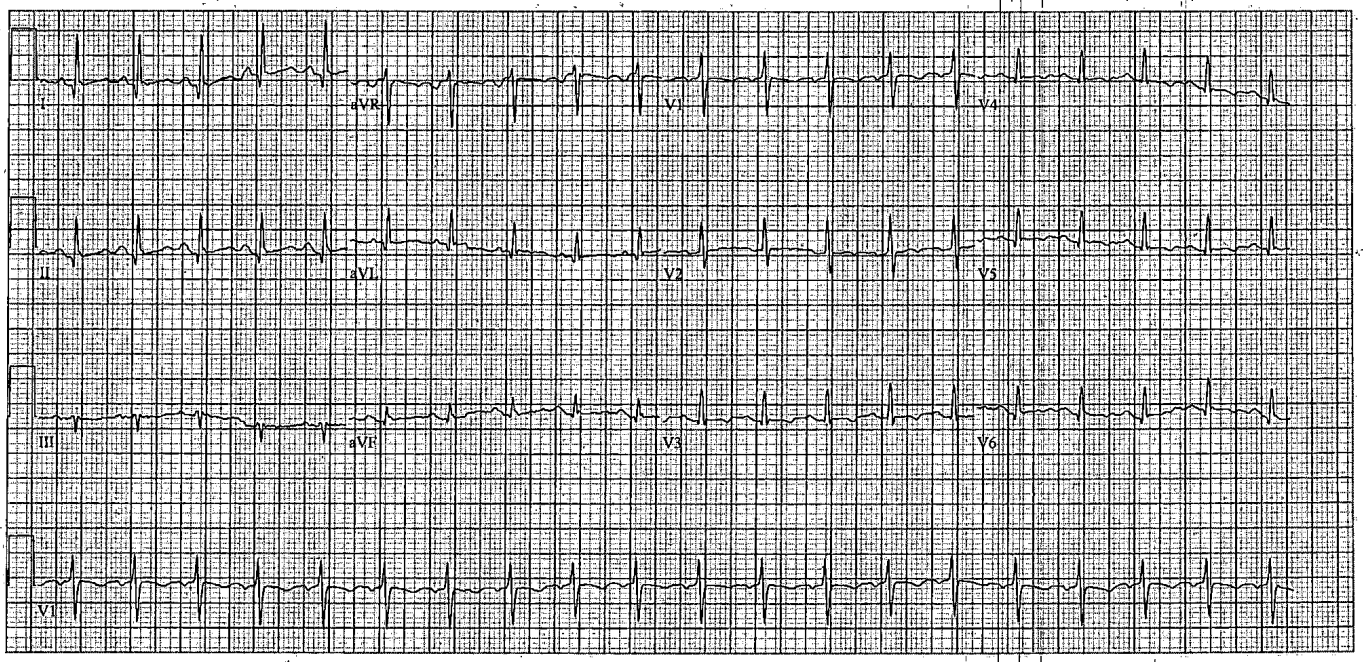
Room:
Loc:202

Vent. rate	120	BPM
PR interval	140	ms
QRS duration	72	ms
QT/QTc	328/463	ms
P-R-T axes	44 16	35

Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG

Technician:
Test ind:

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.4 12SL 241 CID: 1

SID: 2449969 EID: EDT: ORDER:

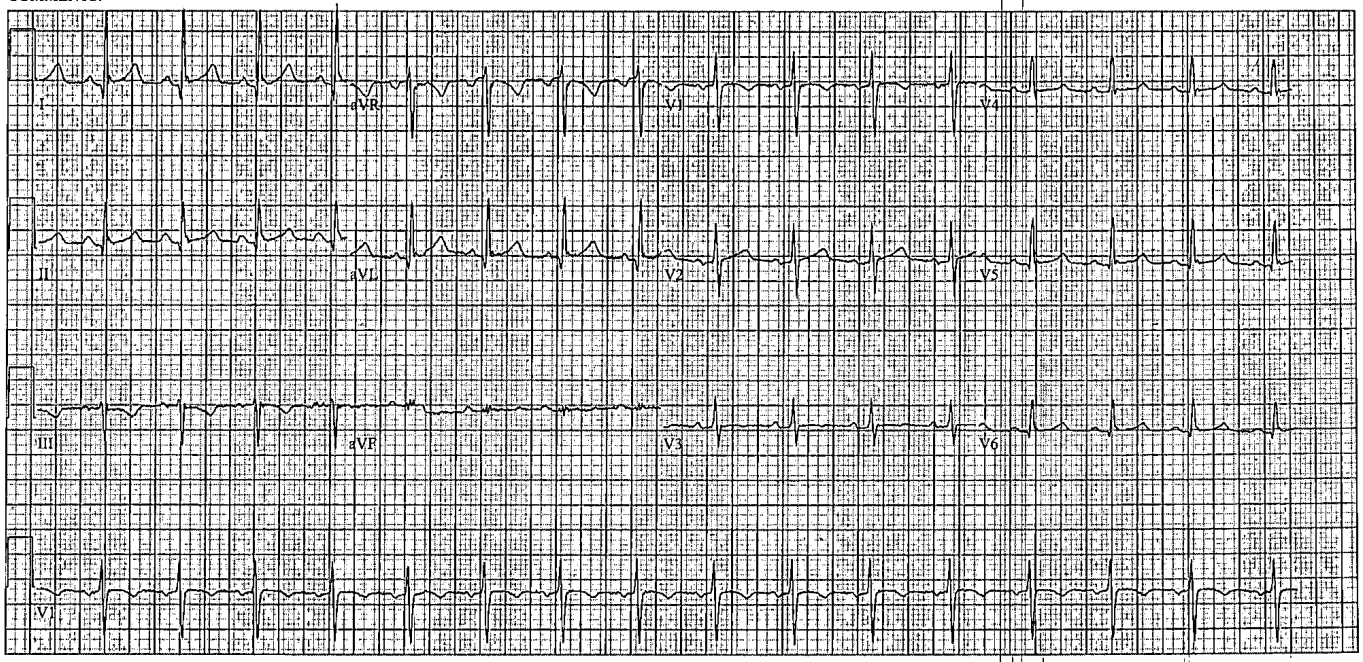
Sullivan, Deborah ID:0712726128 01-JUL-2019 16:03:31 GREATER GLASGOW SITE-GRWD65 ROUTINE RECORD

07-DEC-1972 (46 yr)	Vent. rate	97	BPM	Normal sinus rhythm
Female	PR interval	144	ms	Minimal voltage criteria for LVH, may be normal variant
	QRS duration	82	ms	Borderline ECG
Room:	QT/QTc	356/452	ms	
Loc:224	P-R-T axes	35 1	6	

Technician:
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.4 12SL 241 HD CID: 140

SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 01-JUL-2019 16:03:31 GREATER GLASGOW SITE-GRWD65 ROUTINE RECORD

07-DEC-1972 (46 yr)	Vent. rate	97	BPM	Normal sinus rhythm
Female	PR interval	144	ms	Minimal voltage criteria for LVH, may be normal variant
	QRS duration	82	ms	Borderline ECG
Room:	QT/QTc	356/452	ms	
Loc:224	P-R-T axes	35 1	6	

Technician:
Test ind:

Unconfirmed

COMMENTS:

25mm/s 10mm/mV 150Hz 9.0.4 12SL 241 HD CID: 140

SID: 2449969 EID: EDT: ORDER:

Sullivan, Deborah ID:0712726128 29-JUN-2019 20:22:38 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

07-DEC-1972 (46 yr)
Female

Room:
Loc:201

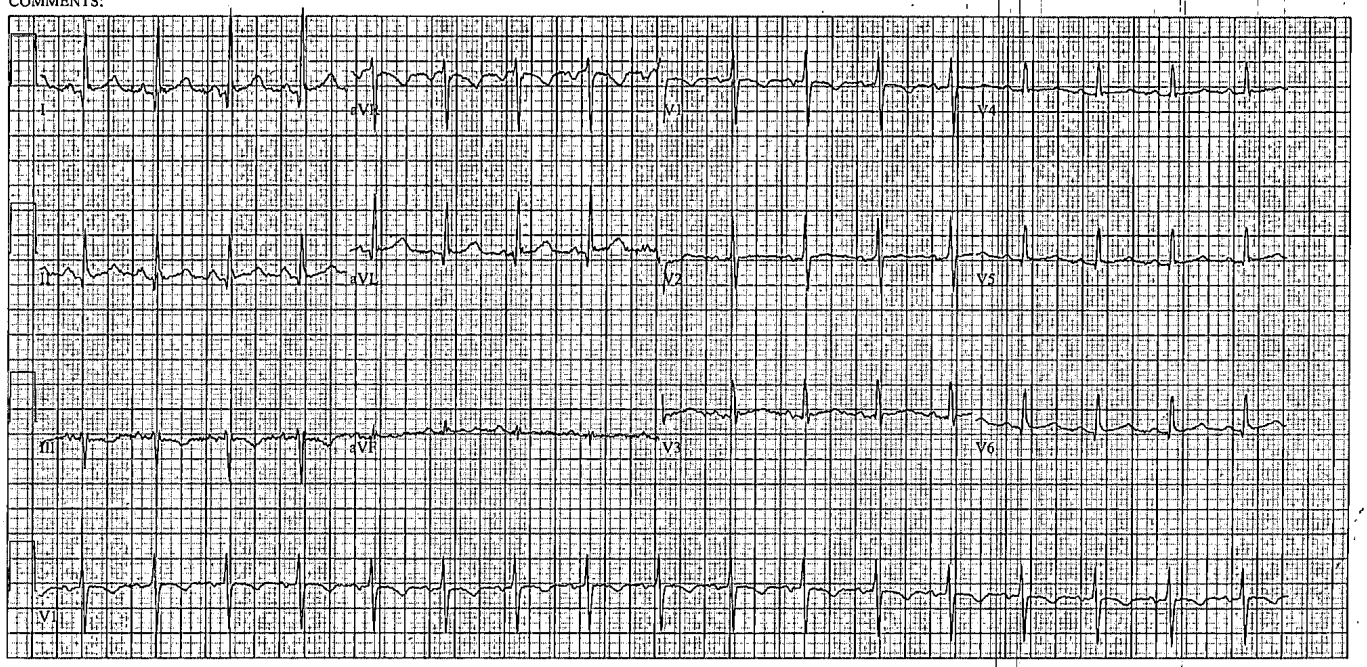
Vent. rate	103	BPM
PR interval	138	ms
QRS duration	76	ms
QT/QTc	344/450	ms
P-R-T axes	32 -2	6

Sinus tachycardia
Moderate voltage criteria for LVH, may be normal variant
Borderline ECG

Technician:
Test ind:

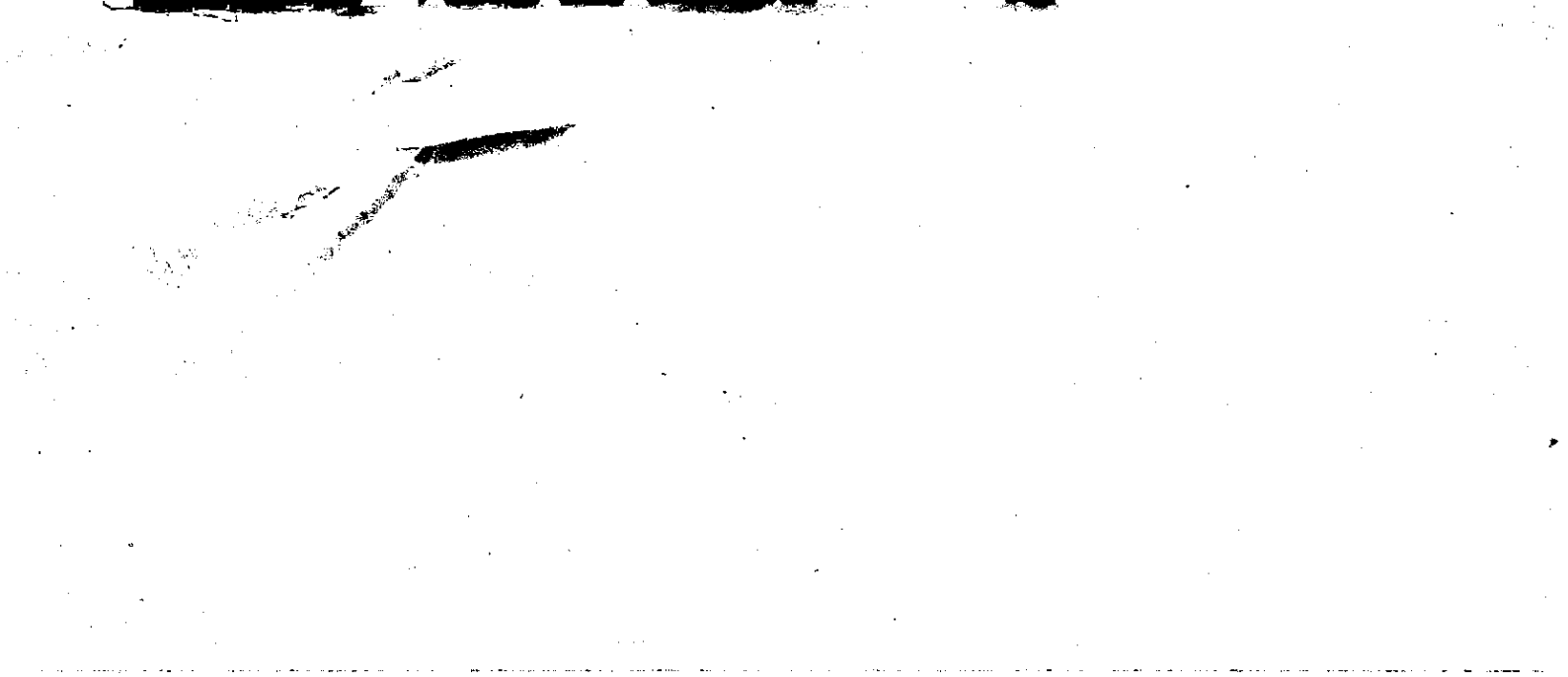
Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.4 12SL 241 HD CID: 119

SID: 2449969 EID: EDT: ORDER:



Sullivan, Deborah ID:0712726128 16-FEB-2018 08:26:31 GREATER GLASGOW SITE-GRMNO2 ROUTINE RECORD

07-DEC-1972 (45 yr)
Female

Room:
Loc:513

Vent. rate	84	BPM	Normal sinus rhythm
PR interval	144	ms	Nonspecific T wave abnormality
QRS duration	78	ms	Abnormal ECG
QT/QTc	378/446	ms	
P-R-T axes	29 9	12	

Technician: 414
Test ind:

Unconfirmed

COMMENTS:WD53

25mm/s 10mm/mV 40Hz 9.0.4 12SL 241 HD CID: 136

SID: 2449969 EID: EDT: ORDER:

corpuls3 D-ECG (1) E0002594

Mission: 20260205140803 Time: 14:12
Mission start: 05.02.2026 14:08 UTC+00:00

Patient: --
ID: -- Case No: --
Date of birth (Age): --.--.---- (--)
Sex: -- Weight: --
Height: --

HR: 103 /min NIBP: 158 / 125 (137) ? mmHg
CO2: -- kPa RR: -- /min
SpO2: -- % PR: -- /min
PI: -- %

Device: E0002594
Radio: --
Medical team: --
Callback phone: 07920271629

ECG filter: 0.05 - 40 Hz Mains filter: 50 Hz

ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED

Page 1 REL-4.4.2_C3_BP

D906 For use with corpuls³ P/N 04121

Glasgow Version 30.4.3

Age:	50
Sex:	male
HR [1/min]	100
Overall P duration [ms]:	112
Overall PR interval [ms]	144
Overall QRS duration [ms]:	92
Overall QT interval [ms]:	352
Overall QTc interval [ms]:	422

	I	II	III	aVR	aVL	aVF
ST amplitude [µV]	37	25	-11	-31	24	7

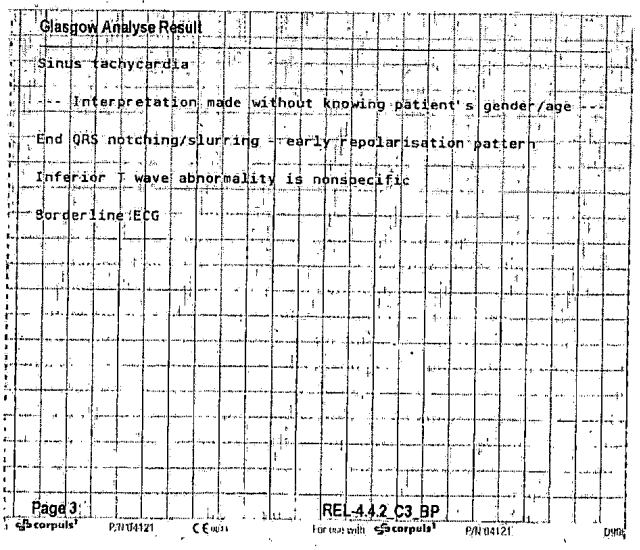
	V1	V2	V3	V4	V5	V6
ST amplitude [µV]	-21	23	31	13	9	10

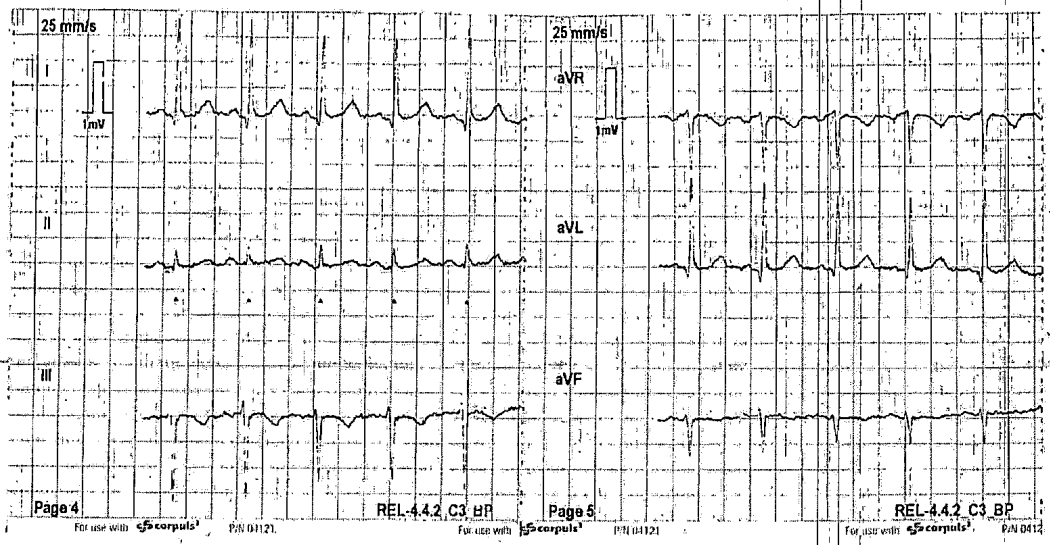
Remarks

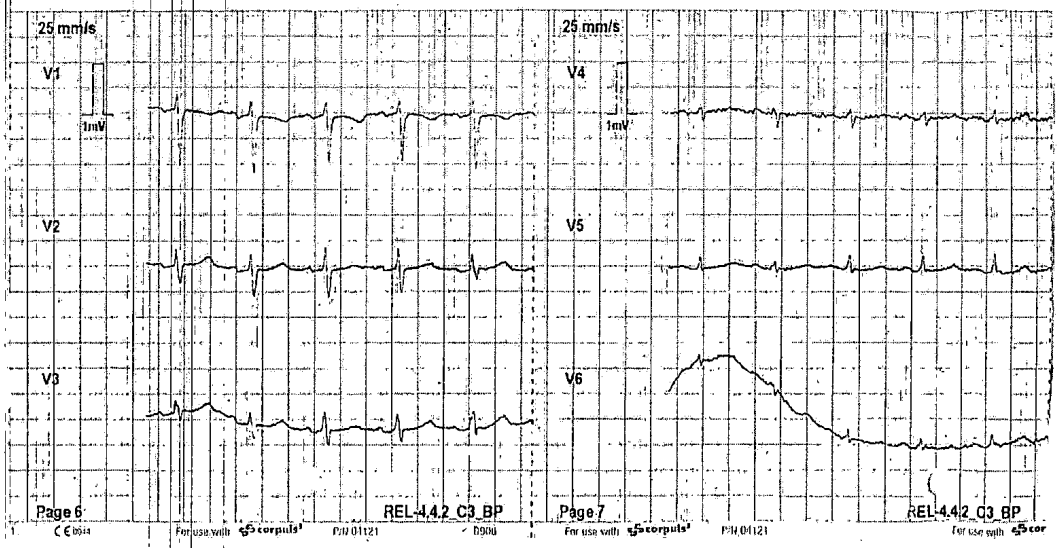
Checked by doctor

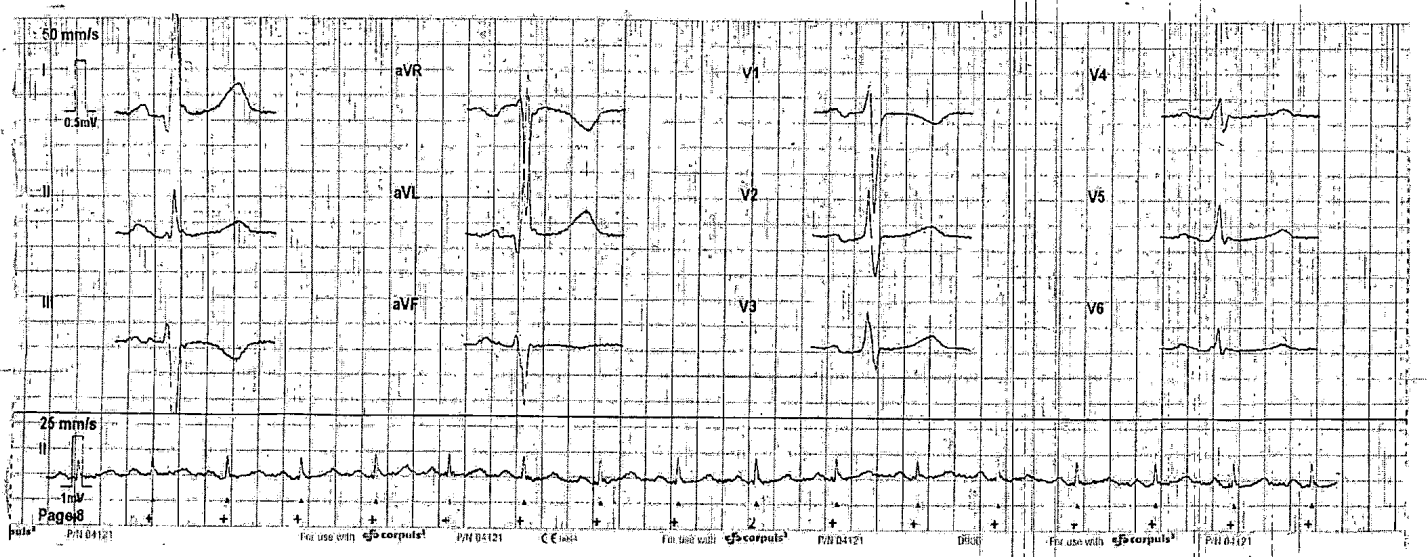
Page 2 REL-4.4.2_C3_BP

For use with corpuls³ P/N 04121


Glasgow Analyse Result
Sinus tachycardia
--- Interpretation made without knowing patient's gender/age ---
End QRS notching/slurring - early repolarisation pattern
Inferior T wave abnormality is nonspecific
Borderline ECG
Page 3
REL-4.4.2 C3_BP
corpuls
P/N 04121
corpuls
P/N 04121


25 mm/s
I
1mV
II
III
aVR
aVL
aVF
Page 4
REL-4.4.2_C3_BP
Page 5
REL-4.4.2_C3_BP


25 mm/s
V1
1mV
V2
V3
25 mm/s
V4
1mV
V5
V6
Page 6
REL-4.4.2_C3_BP
Page 7
REL-4.4.2_C3_BP


50 mm/s
I
0.5mV
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25 mm/s
II
1mV
Page 8
P/N 04121
For use with corpuls3
P/N 04121
P/N 04121
For use with corpuls3
P/N 04121
For use with corpuls3
P/N 04121

Glasgow Measurement Table

	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
QRS duration [ms]	90	68	92	84	92	82	86	74	72	66	60	60
Q duration [ms]	22	0	0	0	24	0	0	0	0	0	0	0
Q amplitude [µV]	-153	0	0	0	-158	0	0	0	0	0	0	0
R duration [ms]	67	68	24	20	67	24	33	36	46	46	54	47
R amplitude [µV]	1778	478	180	77	1612	112	291	477	374	210	358	226
S duration [ms]	0	0	67	63	0	57	52	37	23	19	6	12
S amplitude [µV]	0	0	-1444	-1088	0	-573	-991	-369	-176	-134	-24	-28
ST amplitude [µV]	37	25	11	31	24	7	21	23	31	13	9	10
T+ amplitude [µV]	337	167	0	0	256	30	0	124	162	102	118	67
T- amplitude [µV]	0	0	-174	-249	0	-10	-120	0	0	0	0	0
P area [µVms/20]	158	246	88	201	33	166	44	53	32	82	99	127
P morphology	1	1	2	1	1	1	2	2	2	1	1	1
T morphology	1	1	1	1	1	2	1	1	1	1	1	1
Delta Wave confidence [%]	0	0	0	0	0	0	0	0	0	0	30	0
QT interval [ms]	350	352	350	348	352	322	352	348	348	350	348	348
ST80 amplitude [µV]	56	44	11	49	32	17	14	42	48	34	22	5

For use with corpuls³ P/N 04121

For use with corpuls³ P/N 04121

CE 0197

For use with corpuls³ P/N 04121

Glasgow Measurement Table

HR [1/min]	100
Overall P duration [ms]	112
Overall PR interval [ms]	144
Overall QRS duration [ms]	92
Overall QT interval [ms]	352
Overall QTc interval [ms]	422
Heart rate Variability	77
LVH Score	362
Overall ST duration [ms]	94
Overall T duration [ms]	166
SV1+RV5 [µV]	1349
P frontal axis	39
QRS frontal axis	15
T frontal axis	0

END OF PRINTOUT

P/N 04121 0306 For use with corpuls³ P/N 04121

Vital Signs™ 226 166 05

Sullivan, Deborah Female 07.12.1972 (53 Years)

Location: 201

Technician ID: si

Vent. rate	9	M
PR interval	16	ms
QRS duration	76	ms
QT/QTc-Baz	416/514	ms
P-R-T axes	44 -12	6

Patient ID: 0712726128

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant (R in aVL)
Prolonged QT
Abnormal ECG

05.02.2026 15:58:51 D 845

GRI A&E

Location:
Comments:

Unconfirmed

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

25mm/s 10.0mm/mV 0.56-150 Hz ZPD 50 Hz MAC™ 7 1.00 SP06 12SL v23.1 y 2.5s + 1 rhythm Id Page 1 of 1

Sullivan, Deborah ID: 0712726128 27-Sep-2023 19:44:08 GRI AAU

7-Dec-1972
Female

Loc: 202

Technician:

Vent. rate	106	bpm
PR interval	138	ms
QRS duration	72	ms
QT/QTc	342/454	ms
P-R-T axes	62 4 22	

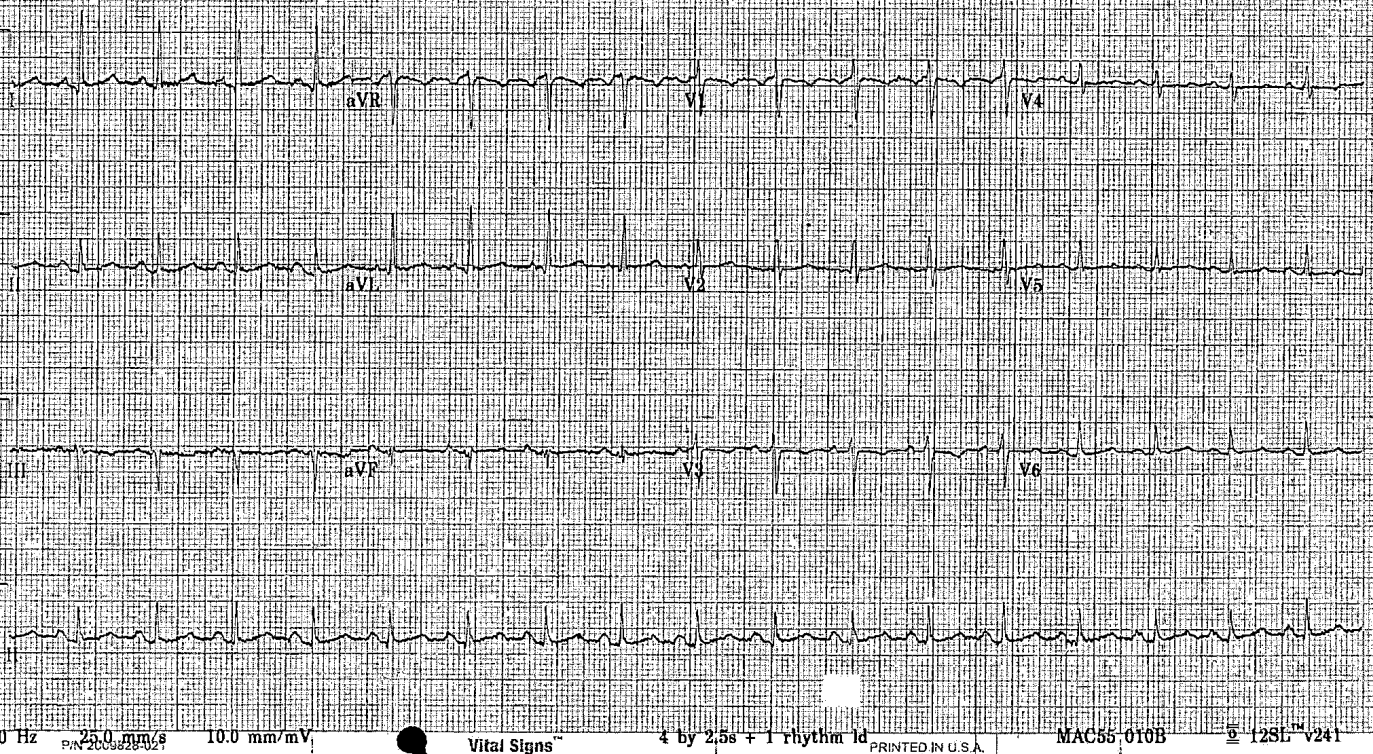
Sinus tachycardia
Otherwise normal ECG

No acute changes

0712726128
SULLIVAN
Deborah F
07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Unconfirmed

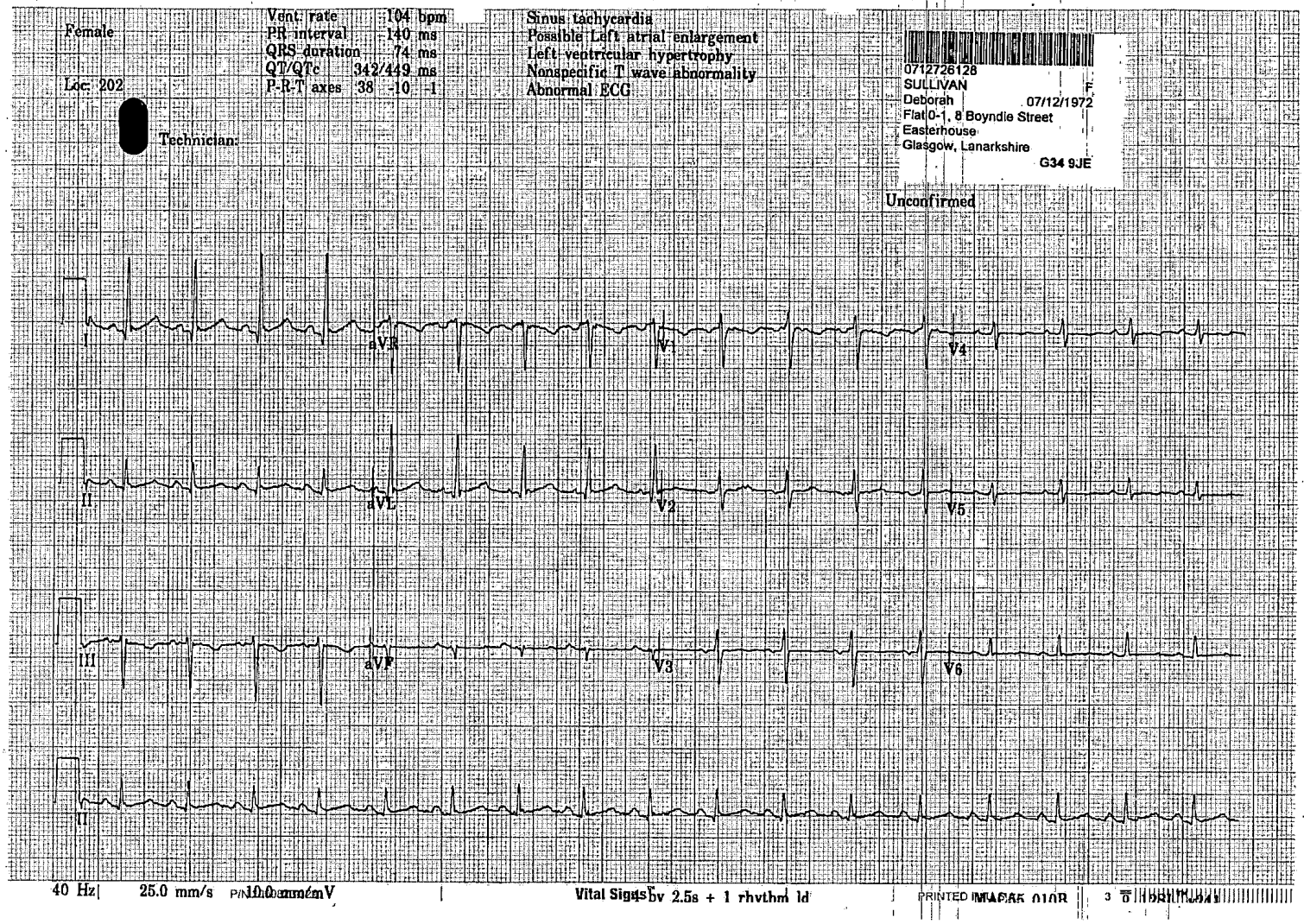
COMMENTS:



150 Hz 25.0 mm/s 10.0 mm/mV Vital Signs™ 4 by 2.5s + 1 Rhythm Id MAC55 010B 12SL™ v241

P/N 2009828-027 PRINTED IN U.S.A.

SULLIVAN, DEBORAH ID: 0712726128 15-Mar-2022 18:52:50 GRI AAU



SULLIVAN, DEBORAH | II | 12726128 | 11-Feb-2022 14:50:03 | GLASGOW ROYAL INFIRMARY ED

7-Dec-1972
Female
Loc: 201

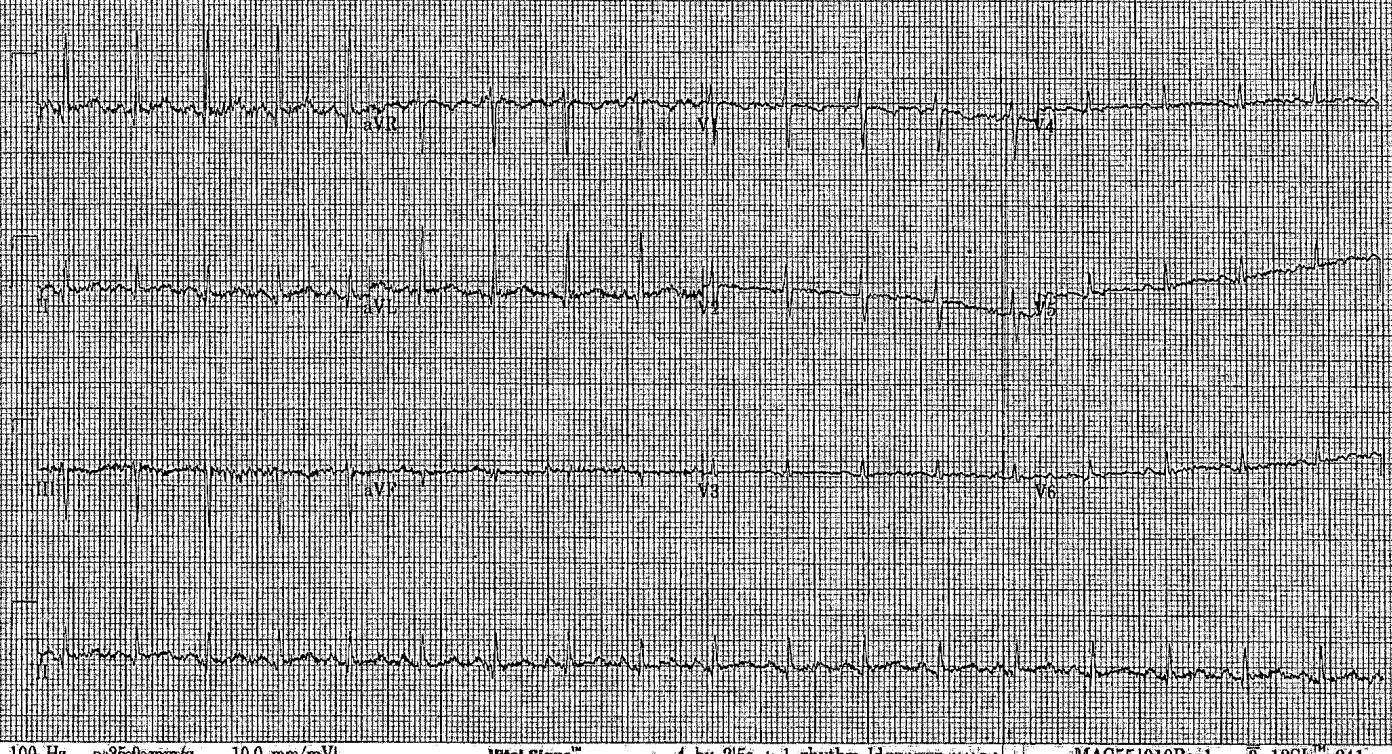
Vent. rate 109 bpm
PR interval 136 ms
QRS duration 72 ms
QT/QTc 336/452 ms
P-R-T axes 28 -7 13

Sinus tachycardia
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG

Technician:

Referred by: Unconfirmed

COMMENTS:



100 Hz P/N 2500mm/s 10.0 mm/mV| Vital Signs™ 4 by 2|5s + 1 rhythm Id PRINTED IN U.S.A. MAC55|010Bsp1 12SL™ v241

Sullivan, Deborah ID: 0712726126 17-Aug-2021 16:46:42 GLASGOW ROYAL INFIRMARY ED

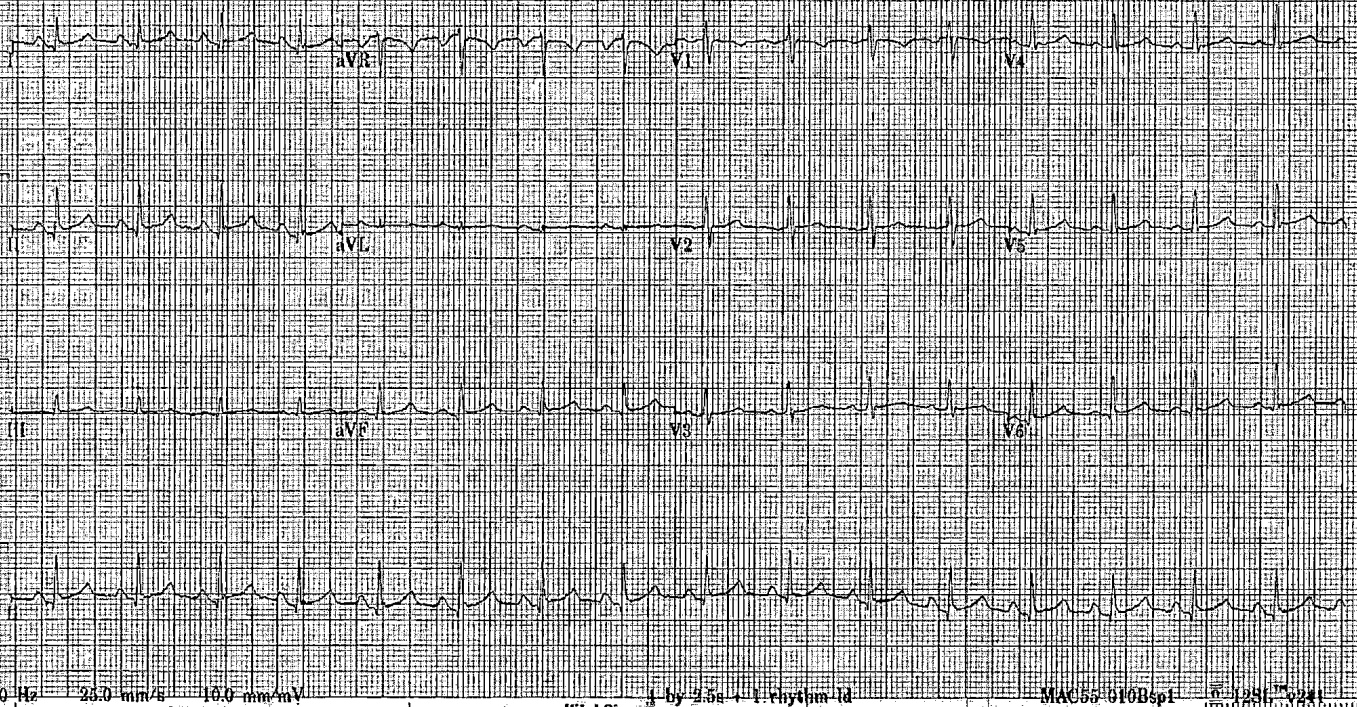
7-Dec-1972 Vent. rate 91 n Normal sinus rhythm
Female PR interval 144 Normal ECG
QRS duration 70 ms
QT/QTc 354/451 ms
Loc: 201 P-R-T axes 38 53 49

[redacted] Technician:

No CP
No PMHx
Mon - 5-Year

Referred by: Unconfirmed

COMMENTS:



100 Hz 25.0 mm/s 10.0 mm/mV 1 by 2.5s + 1 rhythm ld MAC55 010Bsp1 12SL v241
P/N 2009828-021 Vital Signs PRINTED IN U.S.A. 3

Sullivan, Deborah 0712726128 28-Jun-2021 20:50:05 GLASGOW ROYAL INFIRMARY ED

7-Dec-1972
Female

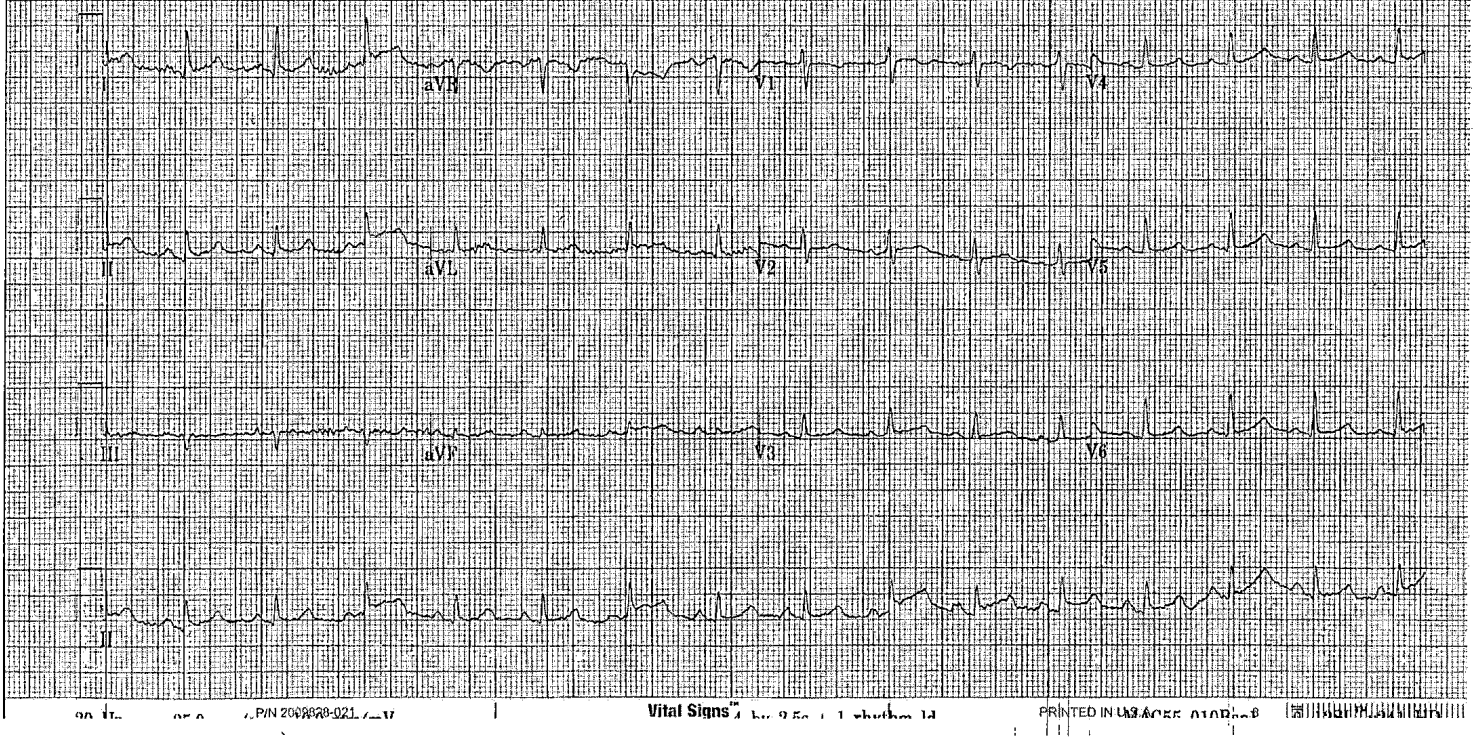
Vent. rate 61
PR interval 148 ms
QRS duration 72 ms
QT/QTc 376/462 ms
P-R-T axes 55 7 32

Normal sinus rhythm
Normal ECG

Loc: 201 [redacted] Technician:

Referred by: Unconfirmed

COMMENTS:



Vital Signs™ 4 by 2.5s + 1 rhythm ld
PRINTED IN USA CS5 010B

SULLIVAN, DEBORAH ID: 0712726128 28-Feb-2021 19:47:24 GLASGOW ROYAL INFIRMARY ED

7-Dec-1972
Female

Vent. rate 118 bpm
PR interval 142 ms
QRS duration 74 ms
QT/QTc 322/451 ms
P-R-T axes 27 30 31

Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndle Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

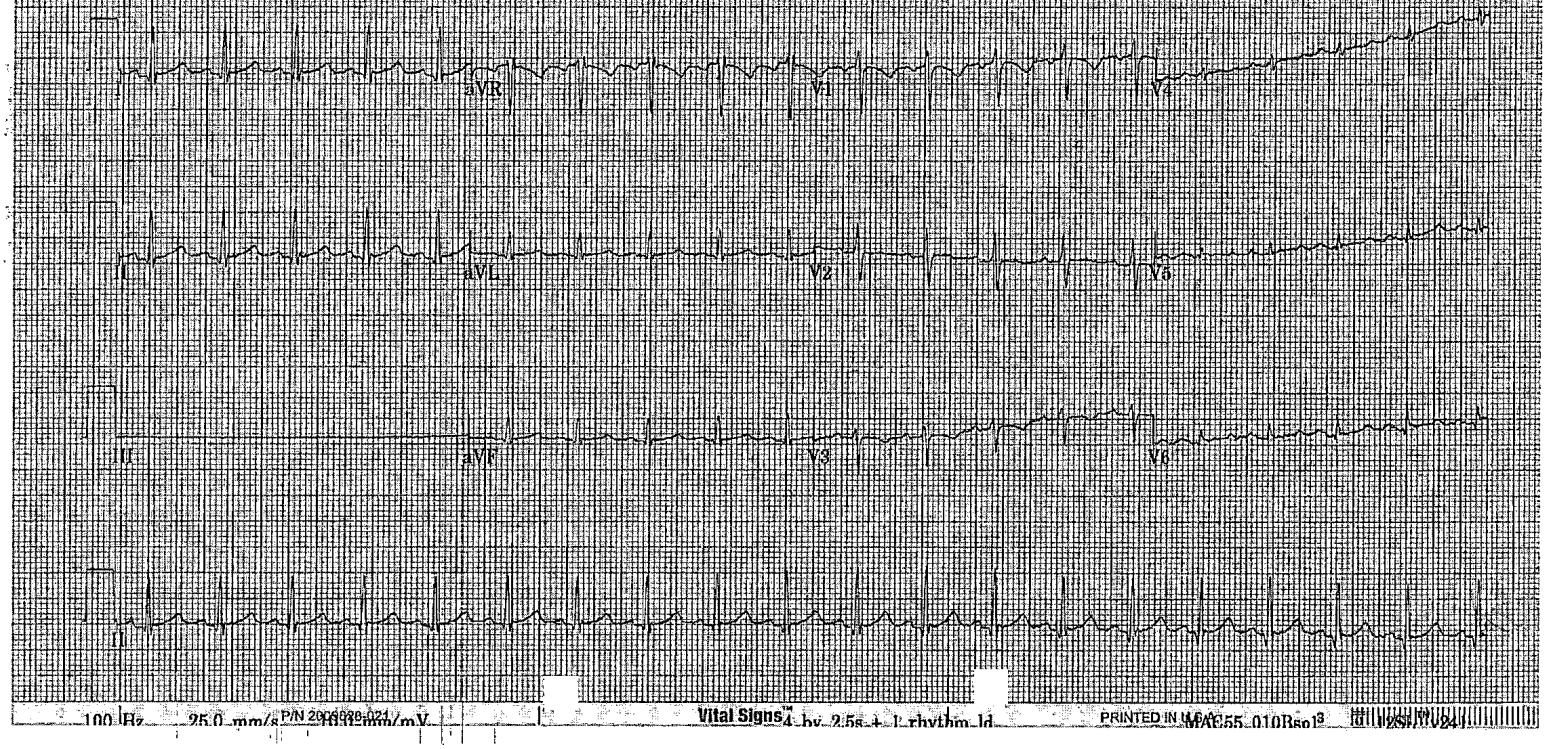
Loc: 201

Technician:

Referred by:

Unconfirmed

COMMENTS:



100 Hz 25.0 mm/s P/N 2008038-021 10.0 mm/mV Vital Signs 4_by_2.5s_+_1_rhythm_ld PRINTED IN USA C55_010Rev13 12SL V24

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

[redacted] Technician:

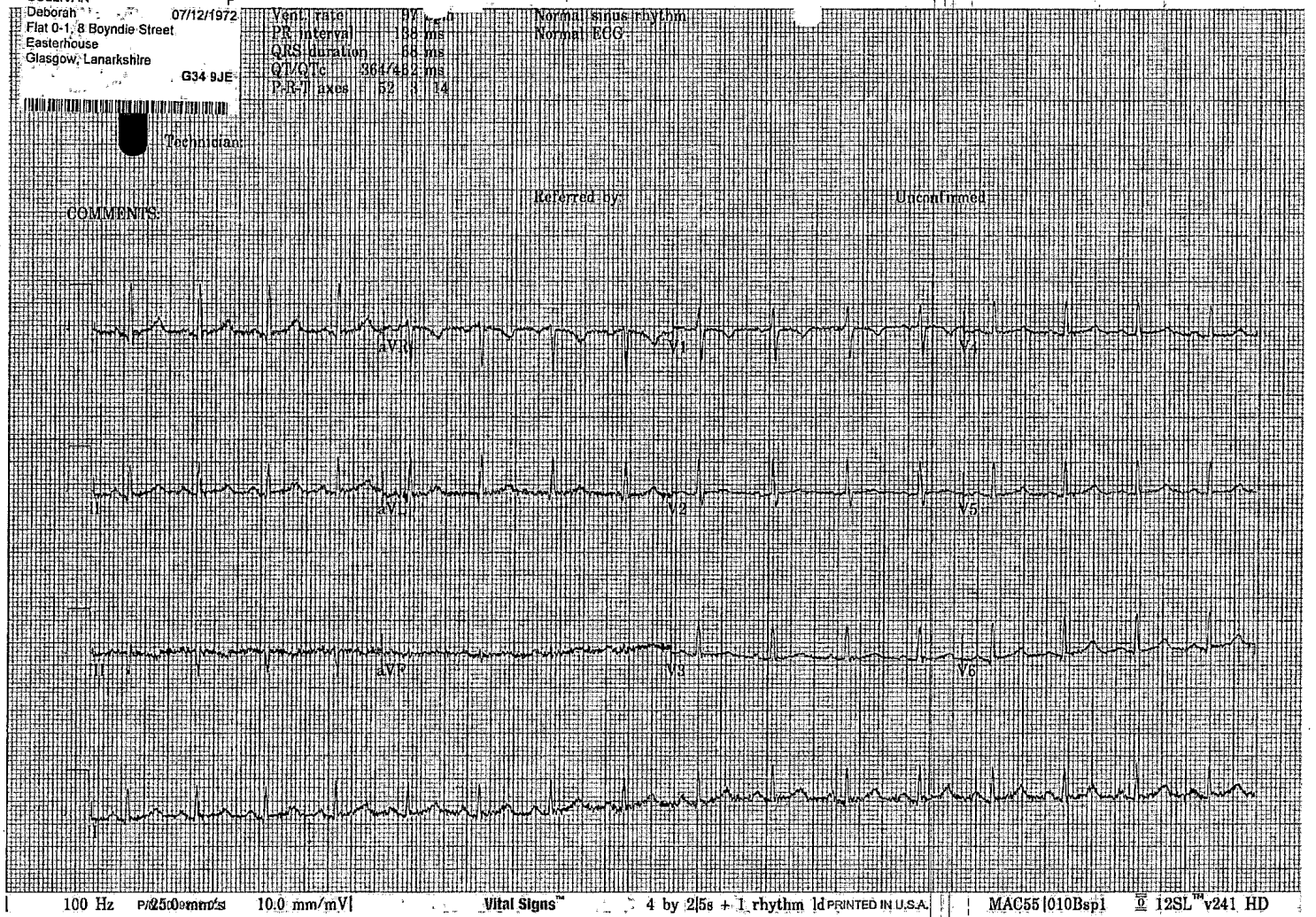
0712726128 6-Feb-2021 17:55:51 GLASGOW ROYAL INFIRMARY ED

Vent. rate	97	bpm
PR interval	138	ms
QRS duration	88	ms
QT/QTc	364/462	ms
P-R-T axes	52 3 14	

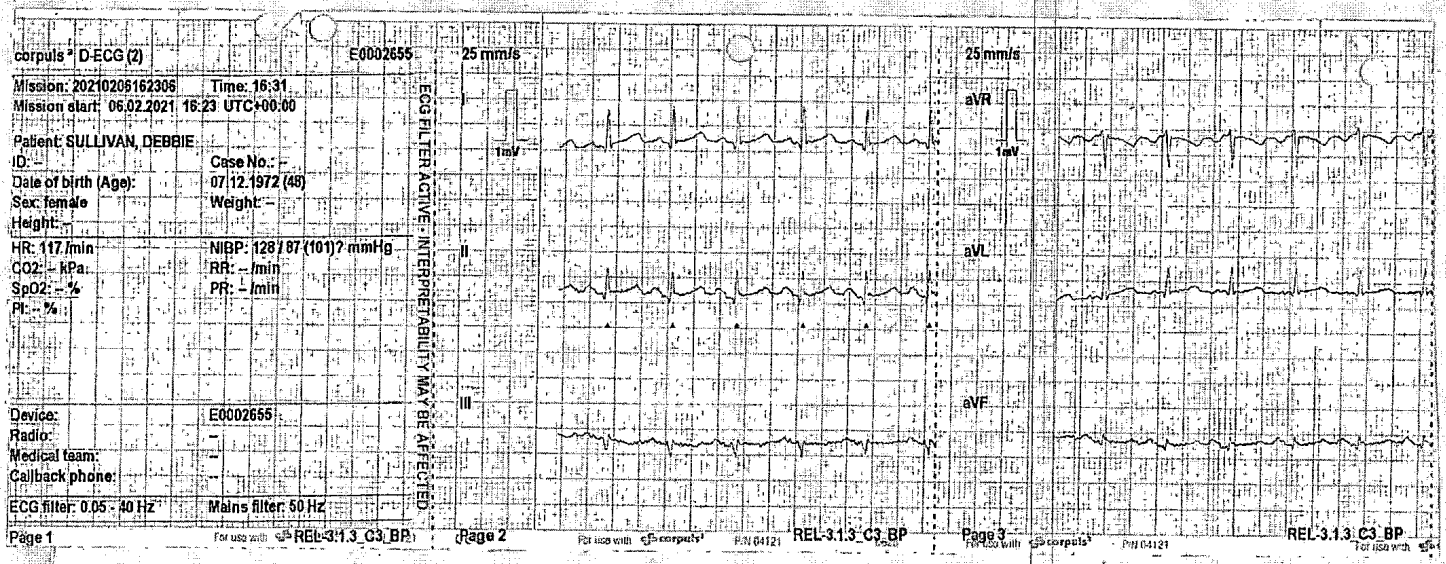
Normal sinus rhythm
Normal ECG

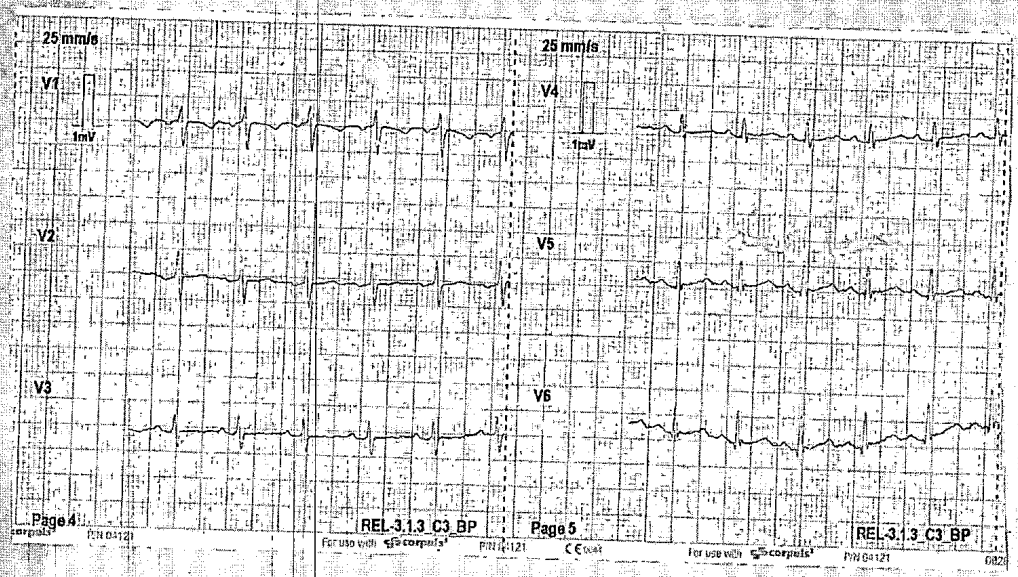
COMMENTS:

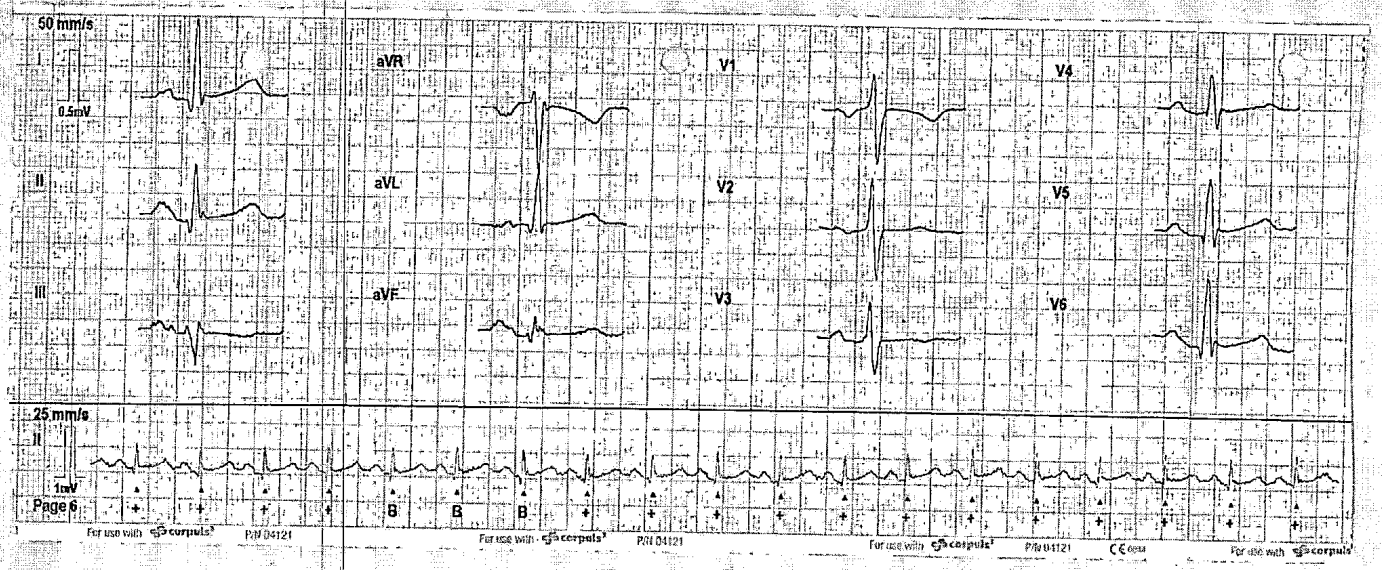
Referred by: Unconfirmed

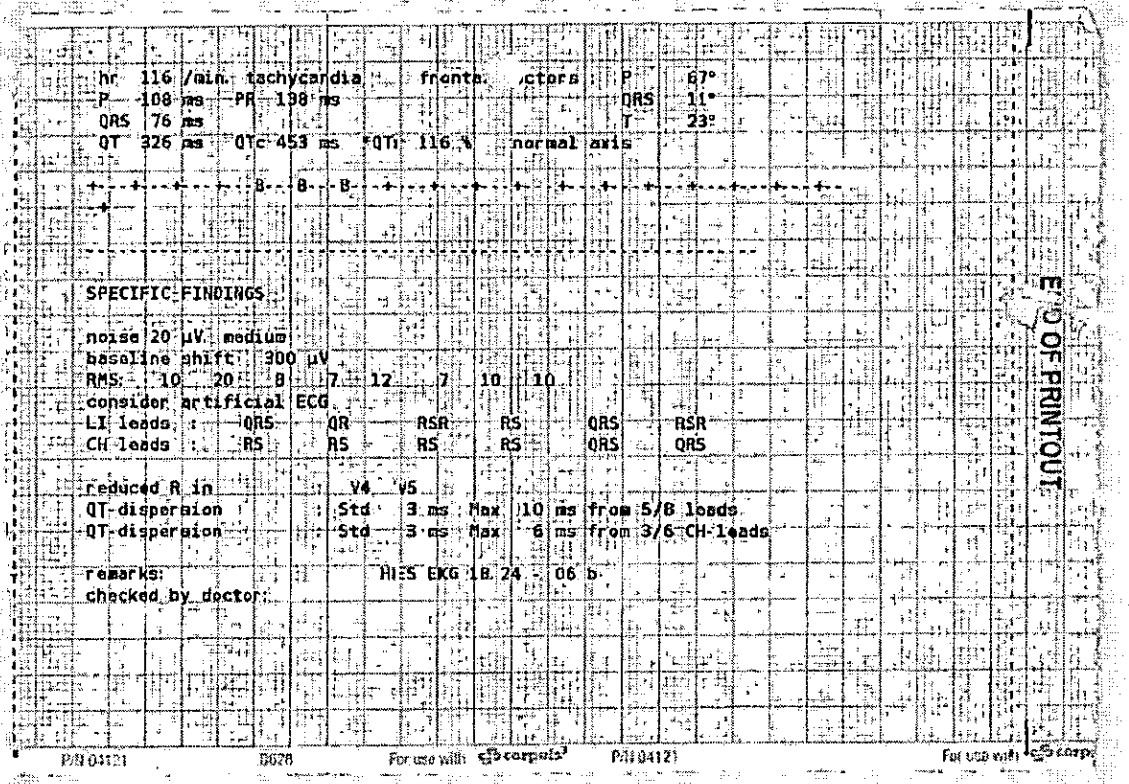


100 Hz P/25.0mm/s 10.0 mm/mV Vital Signs™ 4 by 2|5s + 1 rhythm ld PRINTED IN U.S.A. MAC55|010Bsp1 12SL™v241 HD


corpuls³ D-ECG (2)
E0002655
Mission: 20210206162306
Time: 16:31
Mission start: 06.02.2021 16:23 UTC+00:00
Patient: SULLIVAN, DEBBIE
ID:
Case No.: –
Date of birth (Age): 07.12.1972 (48)
Sex: female
Weight: –
Height: –
HR: 117 /min
NIBP: 128 / 87 (101) ? mmHg
CO2: – kPa
RR: – /min
SpO2: – %
PR: – /min
PI: – %
Device: E0002655
Radio: –
Medical team: –
Callback phone: –
ECG filter: 0.05 - 40 Hz
Mains filter: 50 Hz
ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED
25 mm/s
1mV
I
II
III
aVR
aVL
aVF
Page 1
For use with corpuls³ REL-3.1.3_C3_BP
Page 2
For use with corpuls³ P/N 04121 REL-3.1.3_C3_BP
Page 3
For use with corpuls³ P/N 04121 REL-3.1.3_C3_BP
For use with


25 mm/s
V1
1mV
V2
V3
Page 4
REL-3.1.3_C3_BP
25 mm/s
V4
1mV
V5
V6
Page 5
REL-3.1.3_C3_BP


50 mm/s
0.5mV
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25 mm/s
II
1mV
Page 6
B
B
B
For use with corpuls³ P/N 04121
For use with corpuls³ P/N 04121
For use with corpuls³ P/N 04121
CE 0044
For use with corpuls³


hr 116 /min. tachycardia
P 108 ms PR 138 ms
QRS 76 ms
QT 326 ms QTc 453 ms %QT: 116 %
frontal vectors
P 67°
QRS 11°
T 23°
normal axis
SPECIFIC FINDINGS
noise 20 µV medium
baseline shift 300 µV
RMS: 10 20 8 7 12 7 10 10
consider artificial ECG
LI leads : QRS QR RSR RS QRS RSR
CH leads : RS RS RS RS QRS QRS
reduced R in V4 V5
QT-dispersion : Std 3 ms Max 10 ms from 5/8 leads
QT-dispersion : Std 3 ms Max 6 ms from 3/6 CH-leads
remarks:
HIES EKG 18.24 - 06 b
checked by doctor:
END OF PRINTOUT
P/N 04121
0626
For use with cs corpuls3
P/N 04121
For use with cs corpu

Sullivan, Deborah ID: 0712726128 17-Jul-2020 4:31:22 GLASGOW ROYAL INFIRMARY ED

7-Dec-1972
female

Vent. rate 108 bpm
PR interval 138 ms
QRS duration 76 ms
QT/QTc 340/455 ms
P-R-T axes 54 16 45

Sinus tachycardia
Otherwise normal ECG

Loc: 201

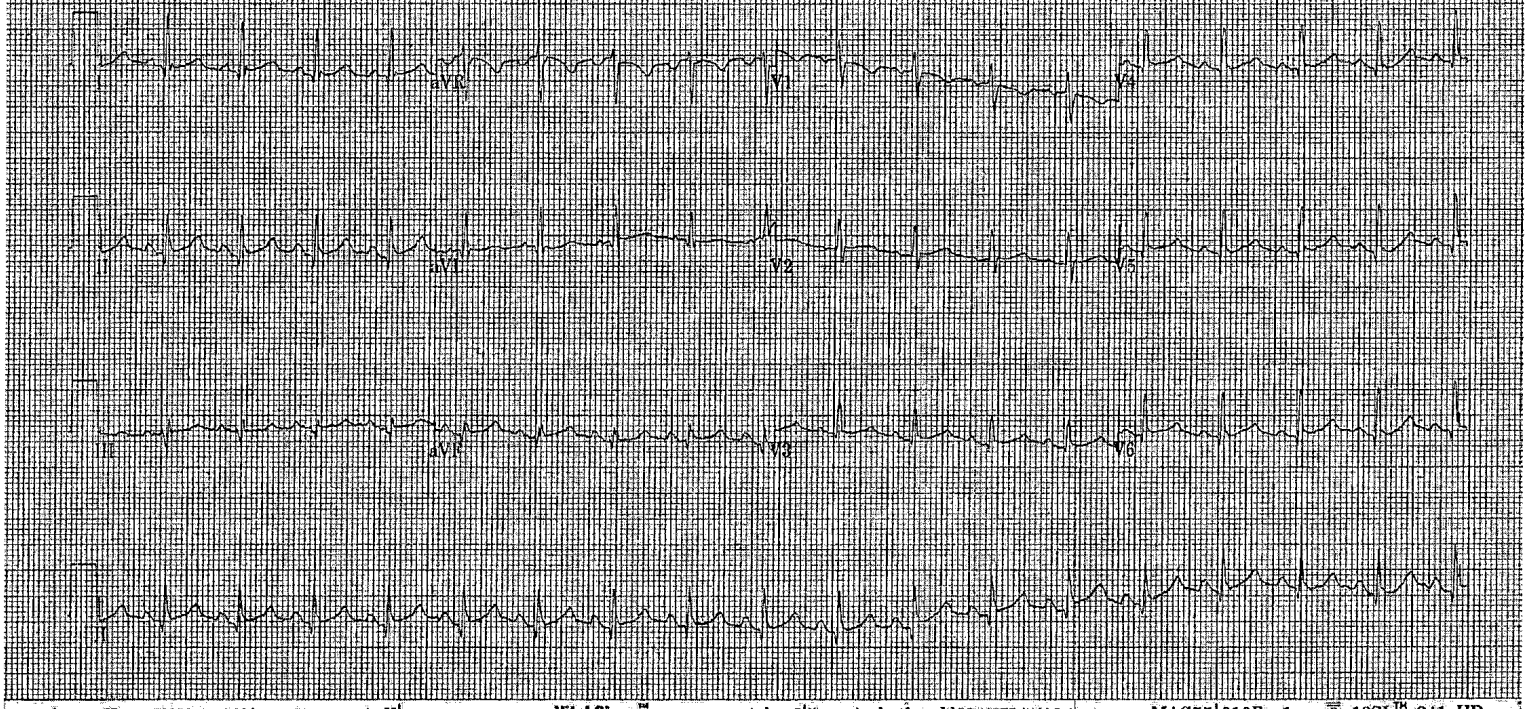
Technician

0712726128
SULLIVAN
Deborah
F
07/12/1972

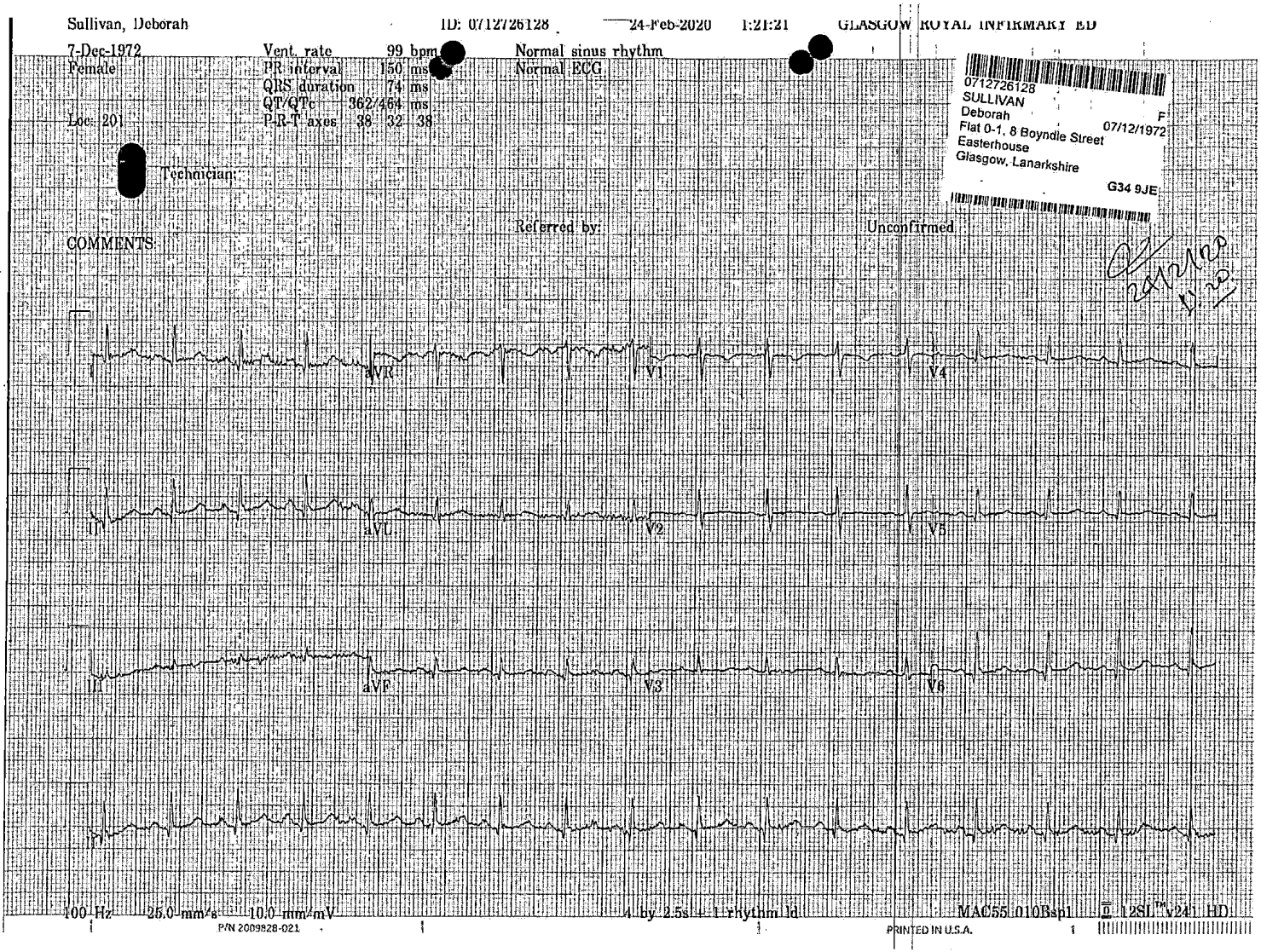
Referred by:

Unconfirmed

COMMENTS:



100 Hz P/25009838-024 10.0 mm/mV Vital Signs™ 4 by 2|5s + 1 rhythm ld PRINTED IN U.S.A. MAC55|010Bsp1 12SL™v241 HD


Sullivan, Deborah
ID: 0712726128
24-Feb-2020 1:21:21
GLASGOW ROYAL INFIRMARY ED
7-Dec-1972
Female
Loc: 201
Technician:
Vent. rate 99 bpm
PR interval 150 ms
QRS duration 74 ms
QT/QTc 362/464 ms
P-R-T axes 38 32 38
Normal sinus rhythm
Normal ECG
0712726128
SULLIVAN
Deborah F
07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE
COMMENTS
Referred by:
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
100 Hz 25.0 mm/s 10.0 mm/mV
4 by 2.5s + 1 rhythm ld
MAC55 010Bsp1 12SL™ v241 HD
P/N 2009828-021
PRINTED IN U.S.A.

ID: [redacted] 4-Dec-2019 17:05:39 ACUTE ASSESSMENT UNIT GRI

Vent. rate 107 bpm
PR interval 136 ms
QRS duration 74 ms
QT/QTc 336/448 ms
P-R-T axes 64 44 43

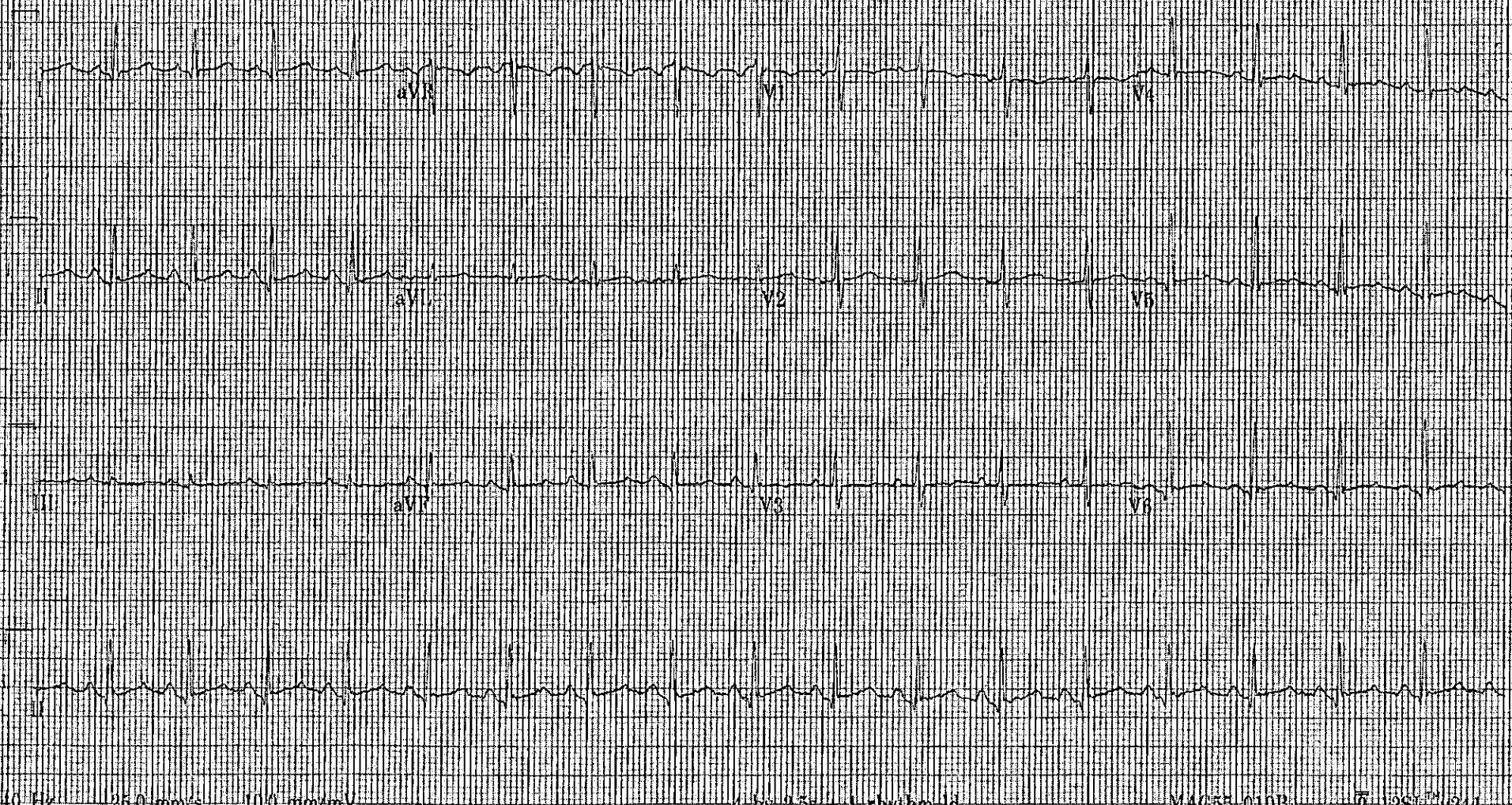
Sinus tachycardia
Otherwise normal ECG

Loc: 202

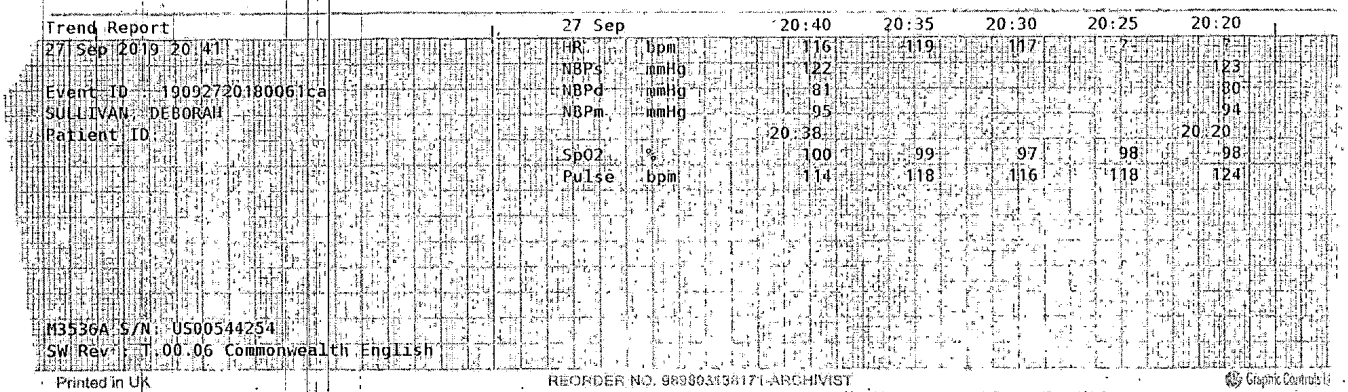
Technician: [redacted]

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Unconfirmed



10 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm 1d MAC55 010B 2Sel V241



Trend Report

27 Sep 2019 20:41

Event ID 19092720180061ca

SULLIVAN, DEBORAH

Patient ID

		27 Sep	20:40	20:35	20:30	20:25	20:20
HR	bpm		116	119	117		
NBPs	mmHg		122				123
NBPd	mmHg		81				80
NBPm	mmHg		95				94
		20:38					20:20
SpO2	%		100	99	97	98	98
Pulse	bpm		114	118	116	118	124

M3536A S/N: US00544254

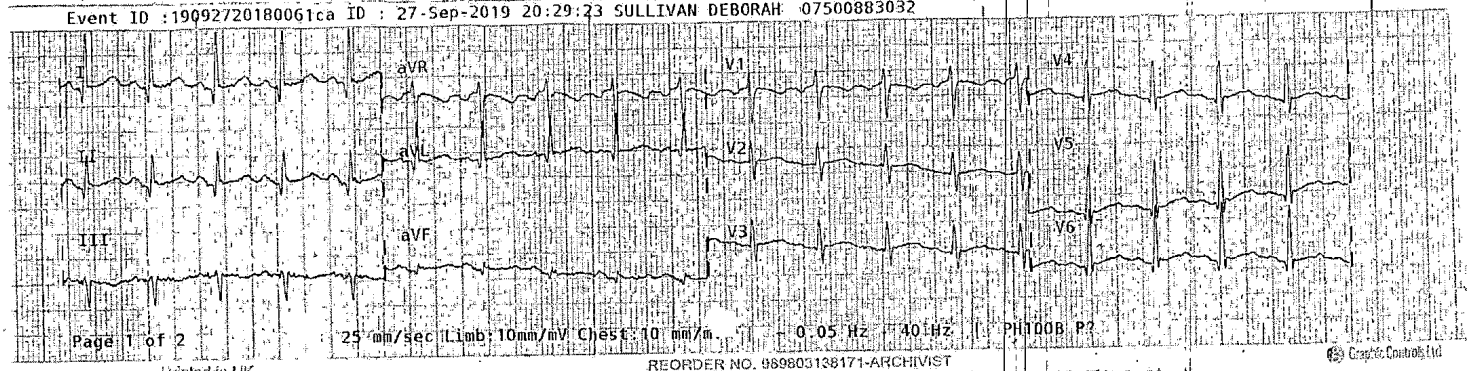
Sw Rev: J.00.06 Commonwealth English

Printed in UK

REORDER NO. 989803136171-ARCHIVIST

Graphic Controls

Event ID :19092720180061ca ID : 27-Sep-2019 20:29:23 SULLIVAN DEBORAH 07500883032



25 mm/sec Limb:10mm/mV Chest:10 mm/m 0.05 Hz 40 Hz PH100B P?

Printed in UK
REORDER NO. 989803138171-ARCHIVIST
Cardio Controls Ltd

Event ID :19092720180061ca ID : 27-Sep-2019 20:29:23 SULLIVAN DEBORAH 46 years FEMALE

HR	116	Sinus tachycardia	rate< 99
PR	142	Probable left atrial enlargement	P >50mS
QRSD	81	Abnormal R-wave progression, early transition	QRS area>0 in V2
QT	329		
QTc	457		
Axis			
P	56		
QRS	10		
T	15		

<0.10mV V1

BORDERLINE ECG

Unconfirmed diagnosis

PH100B P?

Printed in UK
REORDER NO. 989803138171-ARCHIVIST

Sullivan, Deborah ID: 0712726128 27-Sep-2019 23:17:50 GLASGOW ROYAL INFIRMARY ED

7-Dec-1972
Female

Loc: 201

Technician: 233

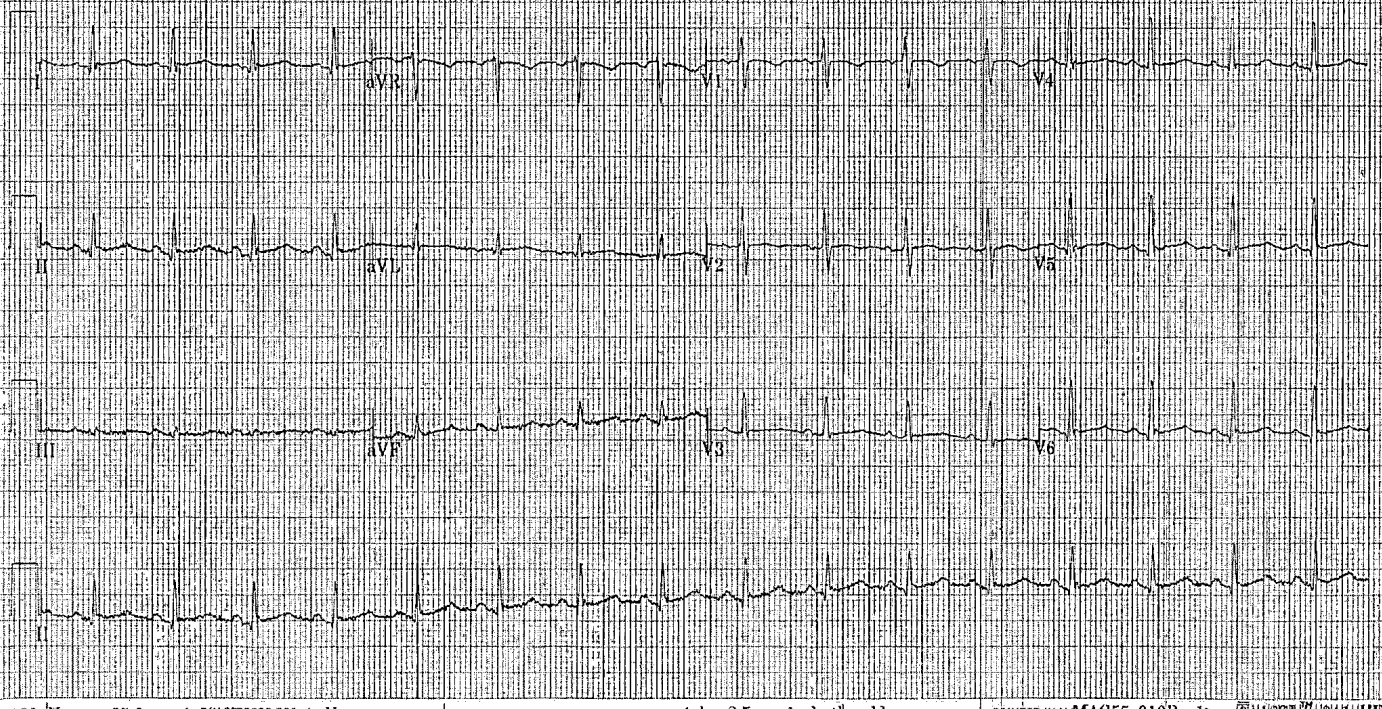
Vent. rate	98	bpm
PR interval	138	ms
QRS duration	78	ms
QT/QTc	364/464	ms
P-R-T axes	54	31 41

Normal sinus rhythm
Normal ECG

0712726128 F
SULLIVAN 07/12/1972
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire G34 9JE

Referred by: JCAMERON Unconfirmed

COMMENTS:



100 Hz 25.0 mm/s P/N 2000[illegible] 10.0 mm/mV 4 by 2.5s + 1 rhythm ld PRINTED IN U.S.A. MAC55 010Bsp13 [illegible] 12SL v241 HD

Sullivan, Deborah 0712726128 12-Sep-2019 0:13:42 GLASGOW ROYAL INFIRMARY WARD 65

7-Dec-1972
Female

Loc: 224
[redacted]
Technician:

Vent. rate	95	bpm
PR interval	146	ms
QRS duration	80	ms
QT/QTc	360/452	ms
P-R-T axes	45	9 5

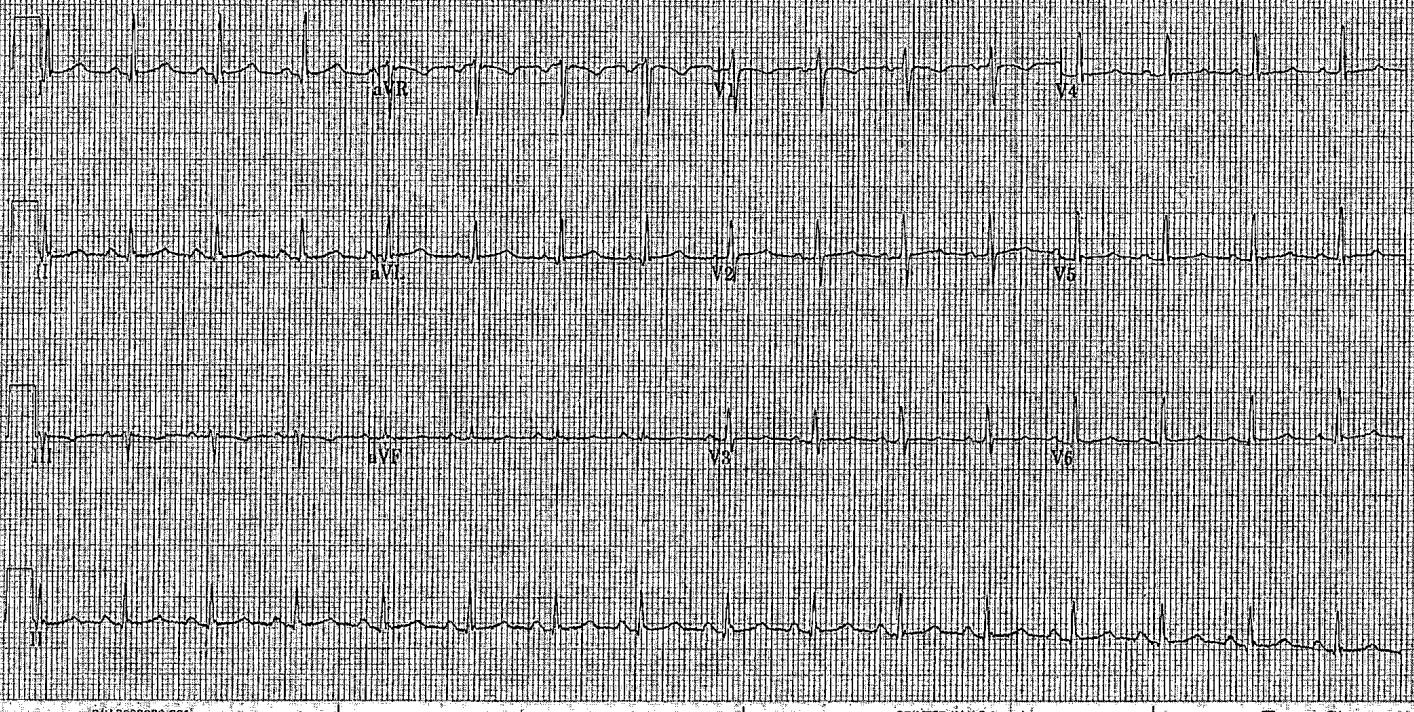
Normal sinus rhythm
Normal ECG

0712726128
SULLIVAN
Deborah
F
07/12/1972

COMMENTS:

Referred by:

Unconfirme



150 Hz P/S 0.05-0.01mV/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld PRINTED IN U.S.A. MAC55 010Rsp1 0 12SL™ v241 HD

Sullivan, Deborah [illegible] 26128 10-Sep-2019 0:12:01 GLASGOW ROYAL INFIRMARY ED

7-Dec-1972
Female

Loc: 20

Technician:

Vent. rate	110	bpm
PR interval	140	ms
QRS duration	76	ms
QT/QTc	334/452	ms
P-R-T axes	57	31	86

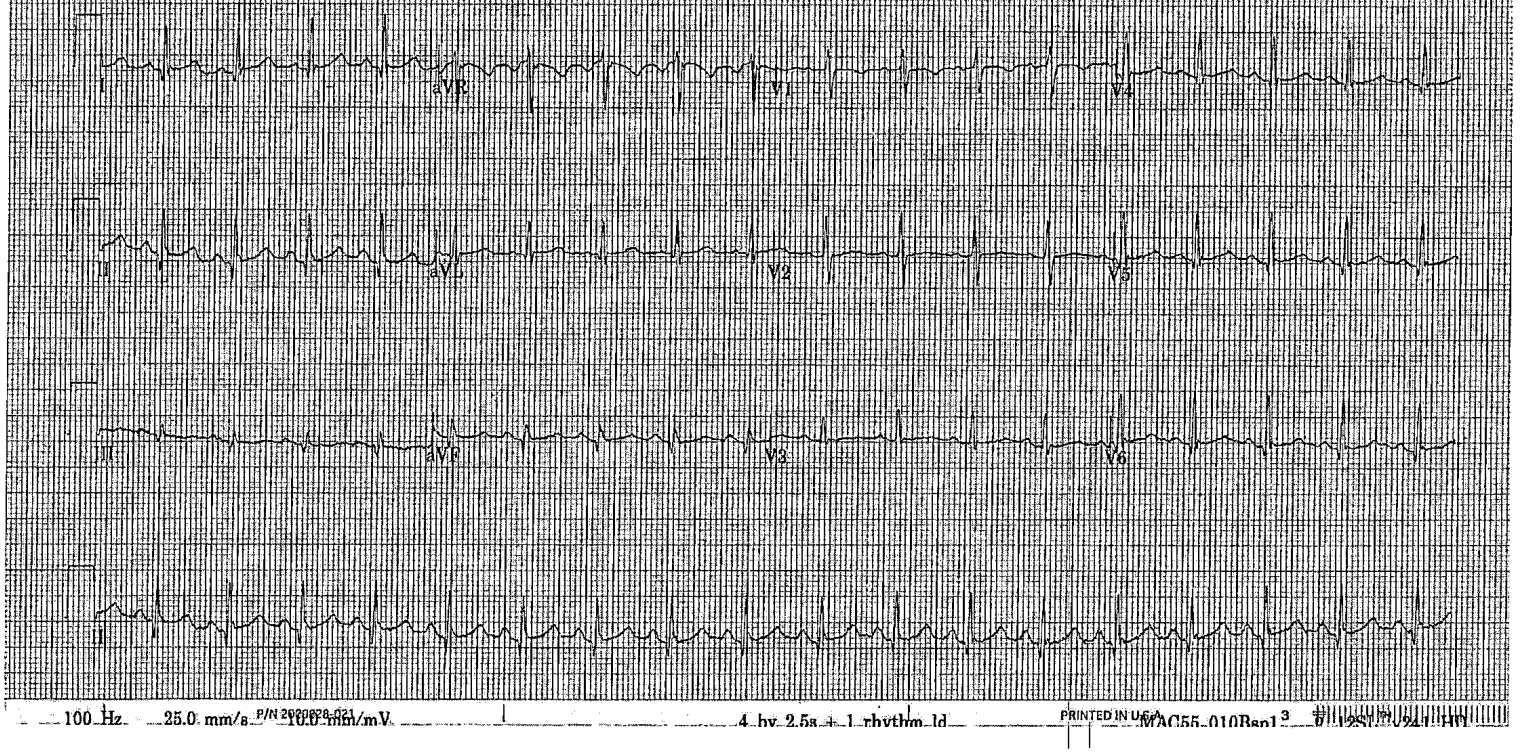
Sinus tachycardia
Otherwise normal ECG

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Referred by:

Unconfirmed

COMMENTS:



100 Hz 25.0 mm/s P/N 2000828-021 10.0 mm/mV 4 by 2.5s + 1 rhythm ld PRINTED IN USA MAC55-010Rsp1 3 [illegible]

47years
Female

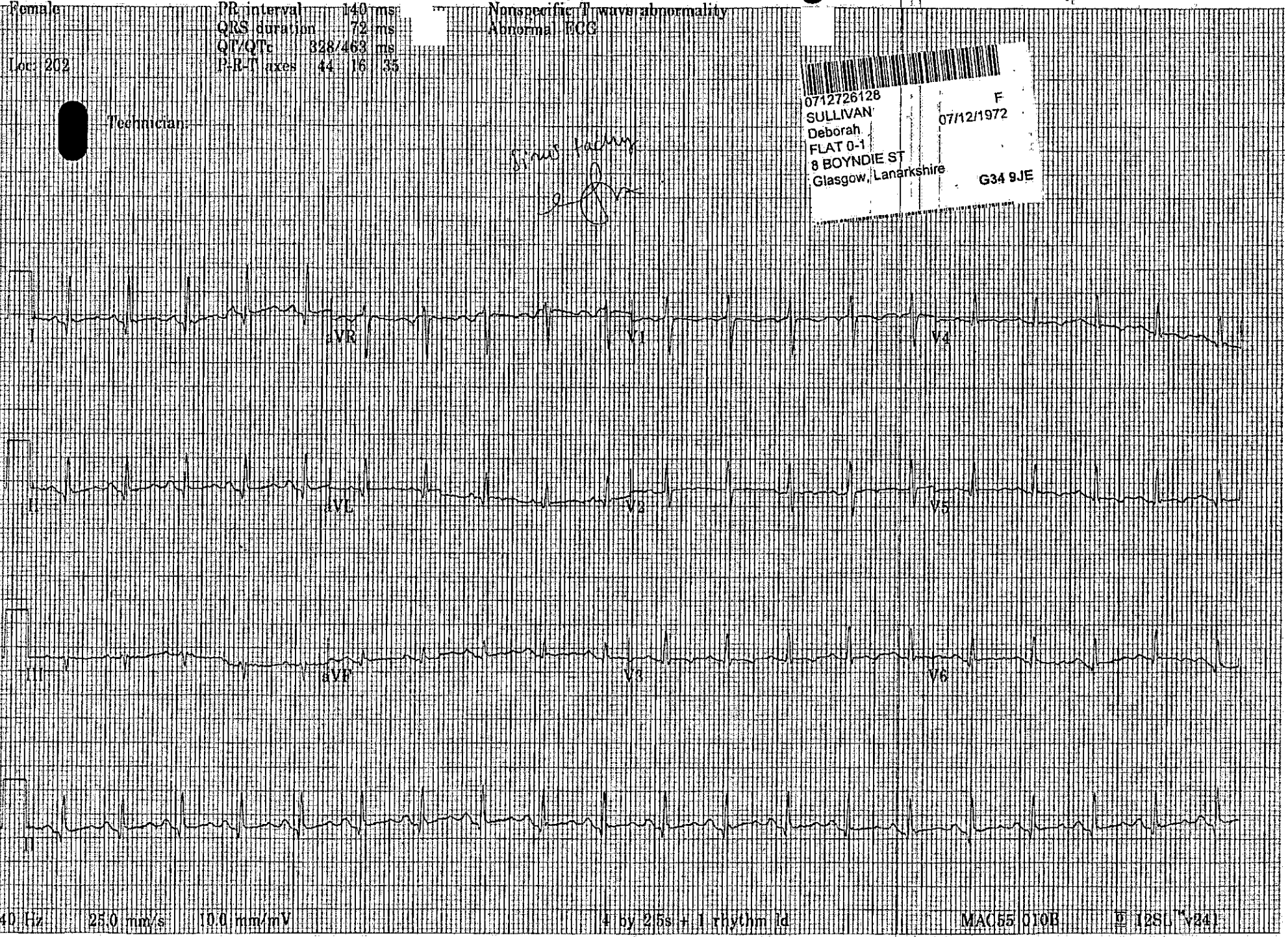
Loc: 202

Technician:

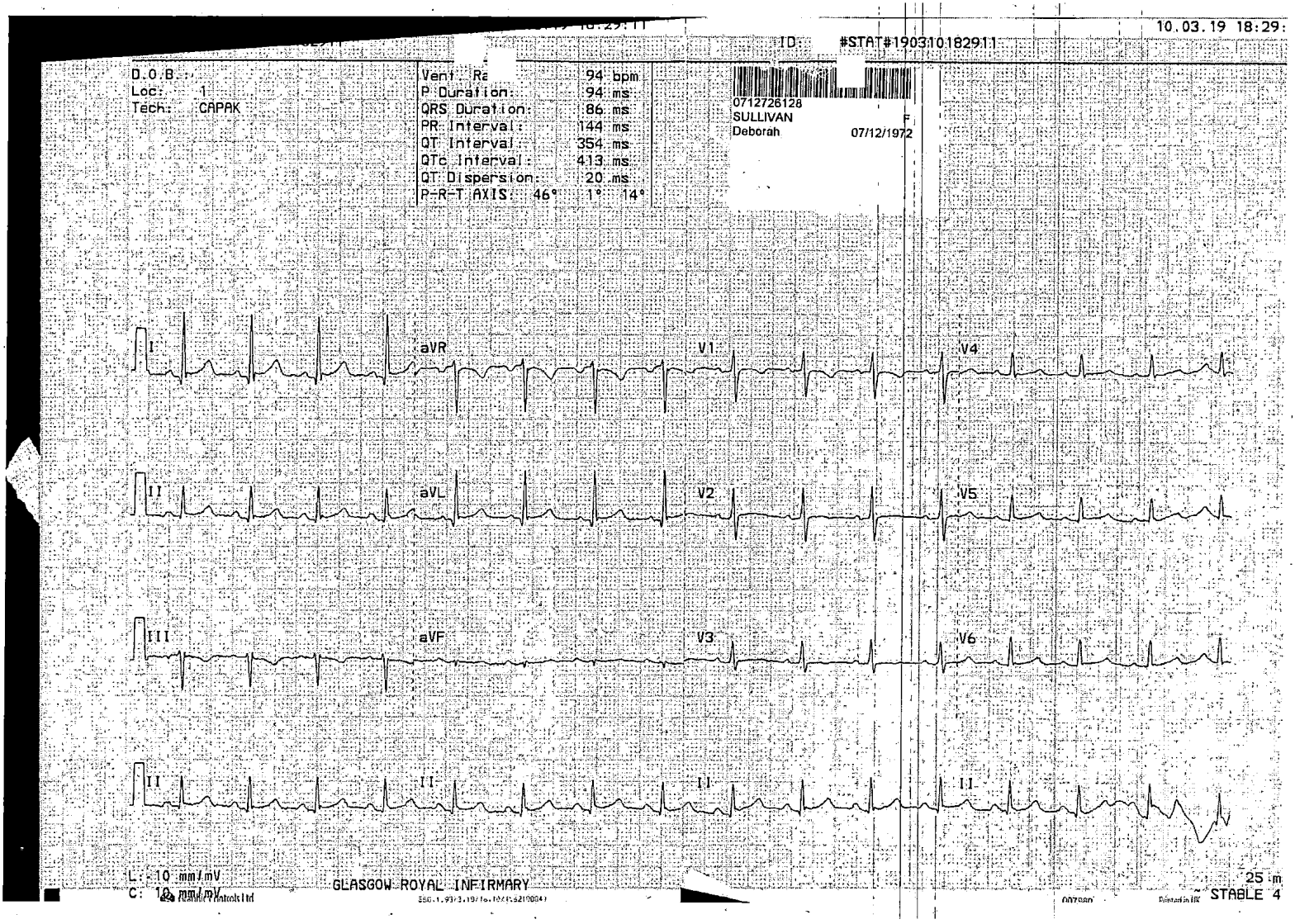
Vent. rate	120	bpm
PR interval	140	ms
QRS duration	72	ms
QT/QTc	328/463	ms
P-R-T axes	44	16	35

Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG

0712726128
SULLIVAN
Deborah
FLAT 0-1
8 BOYNDIE ST
Glasgow, Lanarkshire
F
07/12/1972
G34 9JE



40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B © 12SL™ v241


10.03.19 18:29:
ID: #STAT#190310182911
D.O.B.:
Loc: 1
Tech: CAPAK
Vent. Rate 94 bpm
P Duration 94 ms
QRS Duration: 86 ms
PR Interval: 144 ms
QT Interval: 354 ms
QTc Interval: 413 ms
QT Dispersion: 20 ms
P-R-T AXIS 46° 1° 14°
0712726128
SULLIVAN F
Deborah 07/12/1972
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
II
II
II
L - 10 mm/mV
C: 10 mm/mV
GLASGOW ROYAL INFIRMARY
25 m
STABLE 4

Sullivan, Deborah ID: 0712726128 1-Jul-2019 16:03:31 GLASGOW ROYAL INFIRMARY WARD 65

7-Dec-1972
Female

Vent. rate 97 bpm
PR interval 144 ms
QRS duration 82 ms
QT/QTc 358/452 ms
P-R-T axes 85 1 6

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG

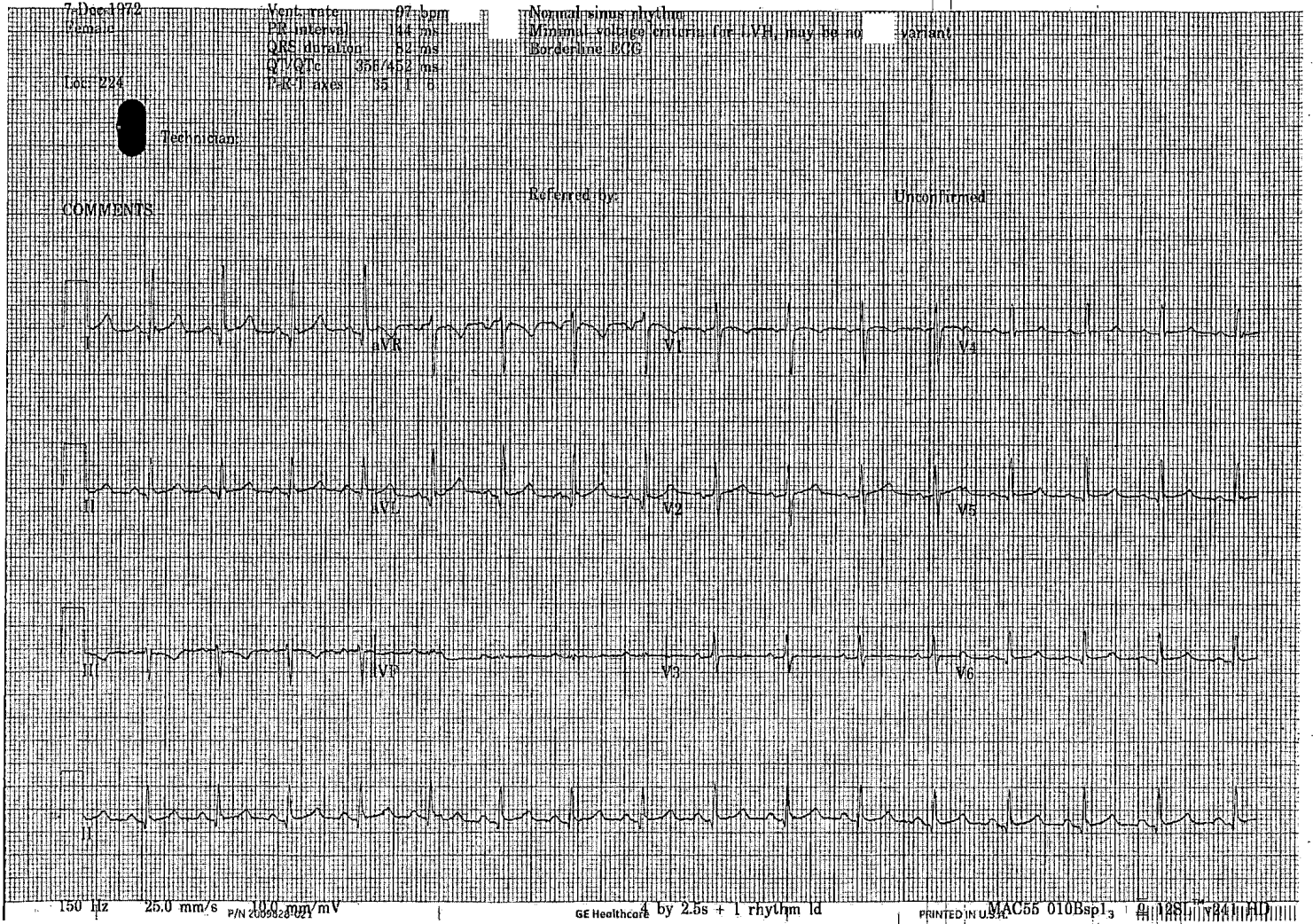
Loc: 224

[redacted] Technician:

COMMENTS

Referred by:

Unconfirmed



150 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010Bspl3 0.12SL v244 HD

P/N 2009828-021 GE Healthcare PRINTED IN U.S.A.

Sullivan, Deborah 0712726128 29-Jun-2019 20:22:38 GLASGOW ROYAL INFIRMARY ED

7-Dec-1972
Female

Ven. rate 103 bpm
PR interval 138 ms
QRS duration 76 ms
QT/QTc 344/450 ms
P-R-T axes 32 -2 6

Sinus tachycardia
Moderate voltage criteria for LVH, may be normal variant
Borderline ECG

0712726128
SULLIVAN
Deborah F
FLAT 0-1 07/12/1972
8 BOYNDIE ST
Glasgow, Lanarkshire
G34 9JE

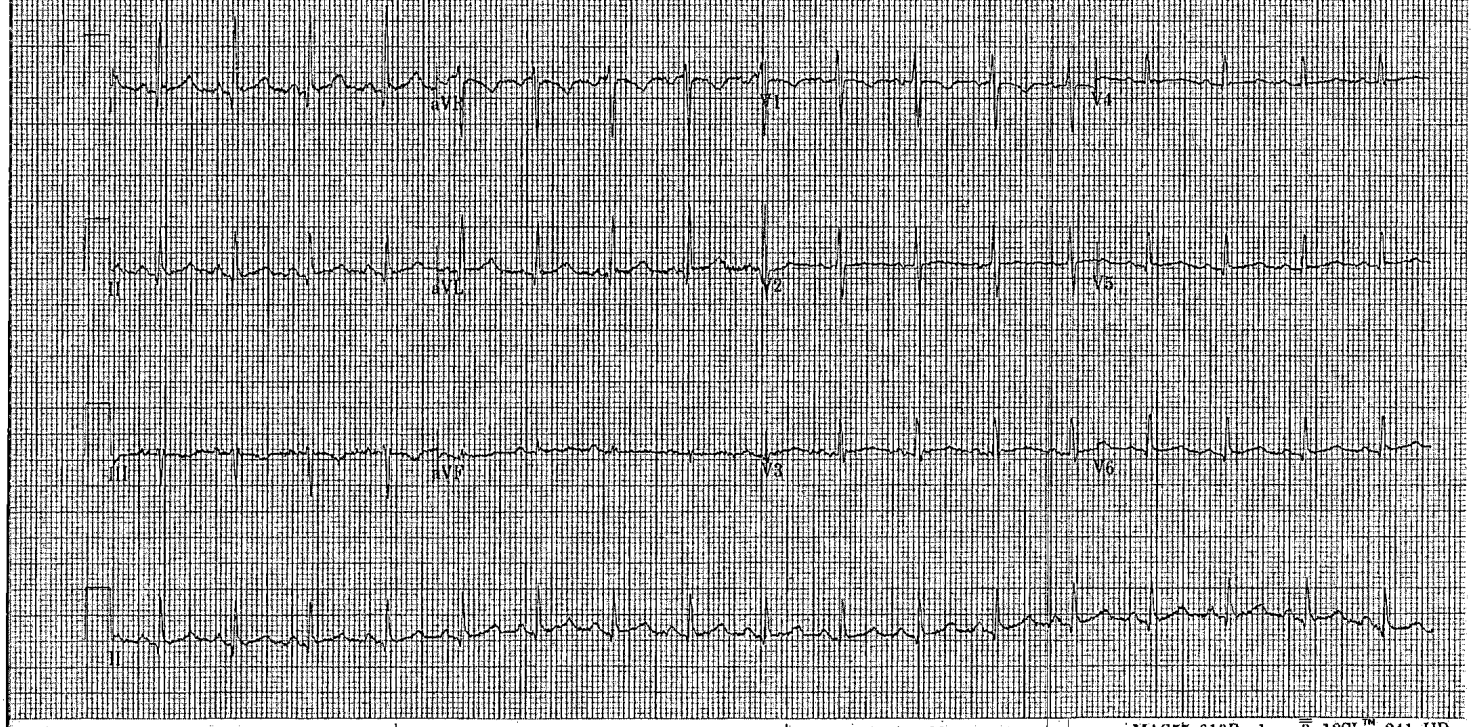
loc: 201

Technician:

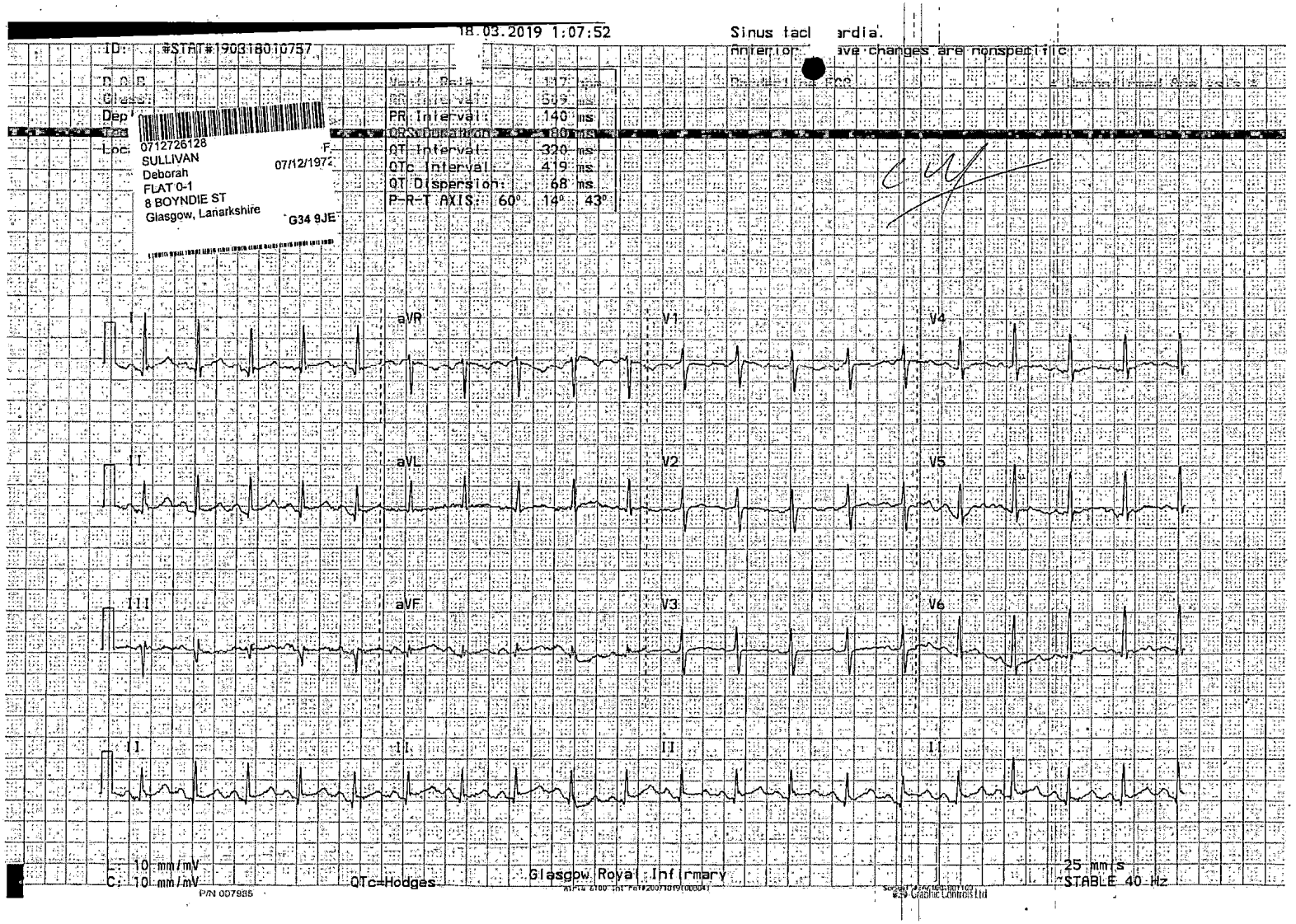
Referred by:

Unconfirmed

COMMENTS:



100 Hz P/N 2009828-021 10.0 mm/mV 4 by 2.5s + 1 rhythm PRINTED IN U.S.A. MAC55 010Bs01 12SL™ v241 HD


18.03.2019 1:07:52
Sinus tacl ardia.
Anterior ave changes are nonspecific
ID: #STAT#190318010757
Dep
Loc:
0712726128
SULLIVAN
Deborah
FLAT 0-1
8 BOYNDIE ST
Glasgow, Lanarkshire
G34 9JE
07/12/1972
F
Rate 117
PR Interval 140 ms
QRS Duration 80 ms
QT Interval 320 ms
QTc Interval 419 ms
QT Dispersion 68 ms
P-R-T AXIS 60° 14° 43°
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II
II
II
II
10 mm/mV
10 mm/mV
QTc=Hodges
Glasgow Royal Infirmary
25 mm/s
STABLE 40 Hz
P/N 007985

CT Abdomen and pelvis with contrast

Performed	11-Feb-2026 14:30	Received	11-Feb-2026 16:10
Reported	11-Feb-2026 16:08	Order Number	G107H43186657
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Deborah Sullivan
Clinical History :

53 year old lady with abdominal pain worse on the RUQ radiating to the back and right shoulder with vomiting and nausea, sudden worke her up from sleep at 7 am. Amylase 429.
? pancreatitis ? other causes

CT Abdomen and pelvis with contrast :
Post contrast. Comparison 19/03/2025.

No significant new finding at the lung bases.

Prior cholecystectomy: Mild intra and extrahepatic biliary ductal prominence which may be normal post cholecystectomy. I note liver function tests are normal. Unremarkable appearance of the pancreas with no specific CT features to suggest pancreatitis. No significant abnormality identified in relation to the spleen, adrenal glands, kidneys or unprepared upper GI tract.

Unremarkable appearance of the uterus with IUCD in situ. No gross adnexal abnormality. Unremarkable thin-walled urinary bladder. Uncomplicated sigmoid colonic diverticulosis. No other significant abnormality identified in the unprepared large or small bowel.

No acute or destructive osseous abnormality identified.

Conclusion: No specific CT features of pancreatitis. No alternative cause for patient's symptoms identified.

Reported by: Dr David Cowell (Cons)
Verified by: Dr David Cowell (Cons)

US Abdomen

Performed	07-Dec-2025 10:26	Received	07-Dec-2025 11:15
Reported	07-Dec-2025 11:13	Order Number	G107H42830627
Status	Final	Source System	MiSys

US Abdomen Final
Deborah Sullivan
Clinical History :

Outpatient please-
Presented with deranged LFTs and abdominal pain. Previous cholecystectomy ?CBD dilatation

Findings:
Scan is limited by overlying bowel gas++++++++++++++++

Liver is normal in size however moderately bright in echogenicity suggestive of moderate fatty infiltration. No focal lesion seen in the liver.

Abdominal aorta is normal in calibre and appearance.

PMHX of cholecystectomy. CBD and intra-hepatic bile ducts are not dilated.

Pancreas obscured by midline gas++++++
Both kidneys are normal in size and appearance. No renal calculi, mass lesions or hydronephrosis seen in either kidney.

Spleen is normal in size and echo pattern. No focal lesion seen in the spleen.

No free fluid seen in the abdomen.

Impression :Moderate Fatty liver .

Scanned and reported by Ikenna Ofoegbunam (sonographer).

Reported by: Ikenna Ofoegbunam (Locum Sonographer)
Verified by: Ikenna Ofoegbunam (Locum Sonographer)

CT Abdomen and pelvis with contrast

Performed	19-Mar-2025 12:17	Received	19-Mar-2025 15:16
Reported	19-Mar-2025 15:14	Order Number	G107H42033983
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Deborah Sullivan
Clinical History :

52F admitted with severe epigastric pain radiating through to back assoc. with nausea and vomiting. Abdominal and right upper quadrant pain ongoing. Amylase 153 ?pancreatitis

CT Abdomen and pelvis with contrast :
Comparison is made to the CT performed 4 months earlier on 11/11/2024.

Pancreas shows homogenous enhancement with no inflammatory stranding. No pancreatic collection or necrosis.

Liver, spleen, adrenals and kidneys are all within normal limits.
Ureters are unremarkable throughout their length.
Bladder is well distended with no abnormality.

Anteverted uterus noted with intrauterine device in situ.

No free fluid or focal collection demonstrated within the abdomen and pelvis.

No other significant findings on CT.

Opinion:
No CT abnormality to account for patient's symptoms.
No significant change since the previous CT.

Reported by: Dr Daniel Heffernan Ho
Verified by: Dr Daniel Heffernan Ho

CT Urinary tract

Performed	12-Jan-2025 16:14	Received	12-Jan-2025 16:39
Reported	12-Jan-2025 16:37	Order Number	G107H41790715
Status	Final	Source System	MiSys

CT Urinary tract Final
Deborah Sullivan
Clinical History :

52YO 3/7 of L flank pain and episode of frank haematuria. 14/7 of dysuria with multiple courses abx ?renal stone ?pyelonephritis

CT Urinary tract :
Unehanced scan. Comparison 11/11/24.

Unremarkable appearance of both kidneys, ureters and bladder. No evidence of calculi.

Cholecystectomy clips.
IUD within the uterus.
The imaged solid upper abdominal organs and unprepared bowel are unremarkable on this non-dedicated study.

Normal bones.

Opinion: No evidence of urinary tract calculi. No cause for left flank pain is demonstrated. Pyelonephritis is not excluded by CT.

Reported by: Dr Sophie McDermott (SpR) and Dr Jonathan Platt
Verified by: Dr Jonathan Platt

CT Abdomen and pelvis with contrast

Performed	11-Nov-2024 17:57	Received	09-Dec-2024 06:06
Reported	09-Dec-2024 06:01	Order Number	G107H41375199
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Deborah Sullivan
Reported as part of the Scottish National Radiology Reporting Service

Clinical Indications
51F, background of cholecystectomy, GORD -open Nissen fundo x2, "chronic pancreatitis" but normal pancreas on CTAP 2023 and MRI 2021 - on creon. came in with sharp constant central/epigastrium abdominal pain radiating to the back, after commencing insulin for the first time 2 days ago. She also vomited "green bile" unable to tolerate oral fluid. ?chronic pancreatitis ?complication from Nissen fundo ?hernia

(Information via Order Comms)

–

CT Abdomen and pelvis with contrast
Correlation made with previous CT from 23/02/2023.

Unremarkable lung bases.

The findings consistent with Nissen's fundoplication. No significant abnormality associated - metallic artefact noted within this region, as before.

Cholecystectomy clips. No biliary dilatation.
Lower attenuation of the liver parenchyma than the spleen, raising the possibility of fatty liver disease. Otherwise, normal solid upper abdominal organs, including pancreas.
Prominent small bowel loops seen throughout the abdomen but, no frank obstruction.
Minor sigmoid diverticula change. No active diverticulitis.

IUCD seen within an otherwise unremarkable uterus. No overt adnexal pathology.
No free fluid. No lymphadenopathy.

No bony abnormality identified.

Summary: Possible fatty liver. No overt cause of the patients acute symptoms identified.

–

Reported by
Dr Joanna McNeil
GMC- 6077441
Consultant Radiologist
NHS GGC
Email- snrrs@gjnh.scot.nhs.uk

Reported by: External Radiologist and External Radiologist
Verified by: External Radiologist

XR Chest

Performed	12-Sep-2024 03:23	Received	24-Sep-2024 09:20
Reported	18-Sep-2024 08:41	Order Number	G107H41373309
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

Severe abdominal pain ? perforation, erect view please

XR Chest :
PA. Previous for comparison 24/05/2024.

No free subdiaphragmatic gas.

The cardiomediastinal contour is within normal limits.

No collapse, consolidation or pleural effusion.

Reported by: Dr Kacper Dziedzic(SpR)
Verified by: Dr Kacper Dziedzic(SpR)

XR Chest

Performed	24-May-2024 05:40	Received	01-Jun-2024 09:11
Reported	01-Jun-2024 09:09	Order Number	G107H40982192
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

51F sudden onset 10/10 abdo pain. tender epigastrum. prev fundoplication. Imp: ? pneumoperitoneum

XR Chest :
PA. Previous for comparison dated 27/09/2023.

No free subdiaphragmatic gas.
Normal cardiomediastinal contours.
No collapse, consolidation or pleural effusion.

No acute rib cage abnormality.

Reported by: Dr Kacper Dziedzic(SpR)
Verified by: Dr Kacper Dziedzic(SpR)

MRI Spine lumbar and sacral

Performed	16-Jan-2024 10:07	Received	16-Jan-2024 12:01
Reported	16-Jan-2024 11:59	Order Number	G107H40509727
Status	Final	Source System	MiSys

MRI Spine lumbar and sacral Final
Deborah Sullivan
Clinical History :

CES Pathway

51F. BG: Fibromyalgia, anxiety/depression, chronic pancreatitis
2/52 hx of lower back pain after heavy housework and had done a twisting motion in bed to turn off light - felt twinge in lower back. Lower back pain since then and radiates down lower back to left leg, sharp sciatica description, associated with reduced sensation left leg.
past 24hours reports change in perianal and peri vagina area, L>R.
one episode of urinary incontinence today 6pm - insensate
no changes in bowel habits - opened bowels today.

oe: tone normal. power 5/5 bilaterally LL. SLR +ve left
sensation reduced in S1 area
reflex normal b/l, down going plantar
PR - normal anal tone, reduced perianal sensation L>R
post void 70mls

given new urinary incontinence, perianal and peri vaginal sensation change. D/W NS to R/O CES

MRI Spine lumbar and sacral :
No previous directly comparable imaging. Last mobile disc space taken to be L5/S1. Normal appearance and termination of the conus. Vertebral alignment and integrity is maintained. By imaged axial level:
L3/L4 normal appearances.
L4/L5 normal appearances.
L5/S1 normal appearances.

Reported by: Dr Claire McArthur
Verified by: Dr Claire McArthur

XR Chest

Performed	27-Sep-2023 21:55	Received	05-Oct-2023 20:09
Reported	05-Oct-2023 20:07	Order Number	G107H40136164
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

Short of breath, pleuritic chest pain - ?infection

Chest radiograph, PA. Clear lungs and pleural spaces. Cardiothoracic ratio at the upper limit of normal.

Reported by: Dr Jonathan Wei Sheng Pang (SpR)
Verified by: Dr Jonathan Wei Sheng Pang (SpR)

XR Chest

Performed	02-Jul-2023 22:24	Received	22-Jul-2023 11:08
Reported	22-Jul-2023 11:06	Order Number	G107H39835067
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

50F sudden onset epigastric pain since this am, complex surgical hx, x2 fundoplications, prev pancreatitis, cholecystectomy and appendectomy

erect cxr ?free air
obstruction?, multiple surgeries

XR Chest :
PA projection. Comparison 11/02/2022.

The cardiomediastinal contours are unremarkable and the lungs are clear. No pneumoperitoneum.

XR Abdomen :
There are several prominent loops of large bowel within the left side of the abdomen, however none are pathologically dilated.

Reported by: Dr Mark Pringle (SpR)
Verified by: Dr Mark Pringle (SpR)

XR Abdomen

Performed	02-Jul-2023 22:24	Received	22-Jul-2023 11:08
Reported	22-Jul-2023 11:06	Order Number	G107H39835158
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

50F sudden onset epigastric pain since this am, complex surgical hx, x2 fundoplications, prev pancreatitis, cholecystectomy and appendectomy

erect cxr ?free air
obstruction?, multiple surgeries

XR Chest :
PA projection. Comparison 11/02/2022.

The cardiomediastinal contours are unremarkable and the lungs are clear. No pneumoperitoneum.

XR Abdomen :
There are several prominent loops of large bowel within the left side of the abdomen, however none are pathologically dilated.

Reported by: Dr Mark Pringle (SpR)
Verified by: Dr Mark Pringle (SpR)

NM Solid gastric emptying study

Performed	30-Jun-2023 09:11	Received	30-Jun-2023 17:17
Reported	30-Jun-2023 17:15	Order Number	G107H39751378
Status	Final	Source System	MiSys

NM Solid gastric emptying study Final

Deborah Sullivan

Clinical History :

hx of fundoplication and diabetes. Recurrent episodes of reflux. OGD showed bile and food residue in stomach.

NM Solid gastric emptying study :

Tracer passes promptly from the stomach into the small bowels. The calculated gastric emptying half-time is 80 minutes which is normal.

Conclusion: No evidence of delayed gastric emptying or gastroparesis.

Reported by: Dr Tricia Yeoh (SpR) and Dr David Colville

Verified by: Dr David Colville

CT Abdomen and pelvis with contrast

Performed	23-Feb-2023 11:58	Received	23-Feb-2023 14:30
Reported	23-Feb-2023 14:28	Order Number	G107H39390204
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Deborah Sullivan
Clinical History :

50F, 1/7 severe epigastric pain +N+V on bg of prev pancreatitis, cholecystectomy and appendectomy + fundoplication.

OE: soft, severe epigastric tenderness around fundoplication scar site + hernianation

Bloods: amylase= 117, otherwise N
obs: tachycardic, hypotensive

CTAP: incarcerated incisional hernia ??

CT Abdomen and pelvis with contrast :
Portal venous phase volume acquisition of the abdomen and pelvis. Reference is made to the previous 27/10/2022.

No evidence of pneumoperitoneum, intra-abdominal collection or free fluid. I note previous cholecystectomy and appendicectomy. Normal appearance of the pancreas and biliary tree. The other solid upper abdominal organs have a normal appearance. No size significant para-aortic or pelvic lymphadenopathy. Unprepared large and small bowel appear within normal limits. IUD within the uterus, no adnexal mass.

Lung bases are clear. No concerning bony finding. No evidence of an abdominal wall hernia.

Imaged skeleton appears within normal limits.

Opinion: No acute intra-abdominal finding.

Reported by: Dr Gemma McGivern
Verified by: Dr Gemma McGivern

XR Chest

Performed	22-Feb-2023 18:51	Received	17-Mar-2023 10:49
Reported	17-Mar-2023 10:47	Order Number	G107H39388767
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

50F epigastric pain & vomiting. sharp R shoulder pain ?free air

XR Chest :
Underinspired film which is compared with the previous film of 11/02/2022. No evidence of pneumoperitoneum.Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

XR Chest

Performed	11-Feb-2022 15:43	Received	11-Feb-2022 18:23
Reported	11-Feb-2022 18:21	Order Number	G107H38135082
Status	Final	Source System	MiSys

XR Chest Final

Deborah Sullivan

Clinical History :

49 y/o presenting with severe epigastric pain associated with N+V, radiating to back and R shoulder. PMHx chronic pancreatitis, delayed gastric emptying, t2dm. need to exclude perf. majors A cubicle 18 trolley with drip

XR Chest :

The heart is not enlarged. No focal active lung pathology. No free subdiaphragmatic gas. No change to last study.

Reported by: Dr Javraj Dhaliwal (SpR)
Verified by: Dr Javraj Dhaliwal (SpR)

MRI Pancreas

Performed	07-Sep-2021 17:43	Received	09-Sep-2021 18:09
Reported	09-Sep-2021 18:07	Order Number	G107H37511372
Status	Final	Source System	MiSys

MRI Pancreas Final

Deborah Sullivan

Clinical History :
Recurrent abdominal pain, sweating. Multiple I x negative but urinary 5HIAA borderline elevated. D/W NET team - advised MRI pancreas and octroescan

MRI Pancreas :
No significant abnormality of the pancreas is demonstrated. In particular, there is no pancreatic duct dilatation and no enhancing lesion in the arterial phase to suggest a neuroendocrine tumour. There are a couple of tiny subcentimetre pancreatic cysts which are unlikely to be of any significance. No focal lesion is identified within the mildly fatty liver. There appears to have been a previous cholecystectomy. No dilation of or filling defect within the biliary tree. Nil else of note.

Conclusion :
No evidence of PNET.

Reported by: Dr David Stobo
Verified by: Dr David Stobo

XR Chest

Performed	17-Aug-2021 20:12	Received	18-Aug-2021 09:51
Reported	18-Aug-2021 09:49	Order Number	G107H37560196
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

flare of chronic pancreatitis ?perf. erect please

XR Chest :

The heart is not enlarged and mediastinal contours are normal. Lungs clear with no free subdiaphragmatic gas. No change comparing to 6/2/21.

Reported by: Dr Giles Roditi
Verified by: Dr Giles Roditi

NM Tc99m HYNIC-Tyr3-octreotide WB

Performed	17-Aug-2021 09:50	Received	17-Aug-2021 17:31
Reported	17-Aug-2021 17:29	Order Number	G107H37512334
Status	Final	Source System	MiSys

NM Injection Final
Deborah Sullivan
Clinical History :

Recurrent abdominal pain, sweating. Multiple I x negative but urinary 5HIAA borderline elevated. D/W NET team - advised MRI pancreas and octroescan

NM Injection :
Tracer injected intravenously into the left antecubital fossa.

NM Tc99m HYNIC-Tyr3-octreotide WB :
Planar images show physiological uptake within the thyroid gland, liver, spleen, bowel, kidneys and urinary bladder.
No ectopic Tektrotyd uptake identified.

SPECT CT of the abdomen:
Physiological uptake is seen in above structures. No pathological octreotide uptake is present within the pancreas or the imaged abdomen.
Cholecystectomy clips noted.

Summary:
No octreotide avid NET identified.

Reported by: Dr Hesham Dyab (SpR) and Dr Sai Han
Verified by: Dr Sai Han

NM Tc99m HYNIC-TOC SPECT CT

Performed	17-Aug-2021 09:50	Received	17-Aug-2021 17:31
Reported	17-Aug-2021 17:29	Order Number	G107H37512335
Status	Final	Source System	MiSys

NM Injection Final
Deborah Sullivan
Clinical History :

Recurrent abdominal pain, sweating. Multiple I x negative but urinary 5HIAA borderline elevated. D/W NET team - advised MRI pancreas and octroescan

NM Injection :
Tracer injected intravenously into the left antecubital fossa.

NM Tc99m HYNIC-Tyr3-octreotide WB :
Planar images show physiological uptake within the thyroid gland, liver, spleen, bowel, kidneys and urinary bladder.
No ectopic Tektrotyd uptake identified.

SPECT CT of the abdomen:
Physiological uptake is seen in above structures. No pathological octreotide uptake is present within the pancreas or the imaged abdomen.
Cholecystectomy clips noted.

Summary:
No octreotide avid NET identified.

Reported by: Dr Hesham Dyab (SpR) and Dr Sai Han
Verified by: Dr Sai Han

NM Injection

Performed	17-Aug-2021 09:50	Received	17-Aug-2021 17:31
Reported	17-Aug-2021 17:29	Order Number	G107H37512329
Status	Final	Source System	MiSys

NM Injection Final

Deborah Sullivan

Clinical History :

Recurrent abdominal pain, sweating. Multiple I x negative but urinary 5HIAA borderline elevated. D/W NET team - advised MRI pancreas and octroescan

NM Injection :

Tracer injected intravenously into the left antecubital fossa.

NM Tc99m HYNIC-Tyr3-octreotide WB :

Planar images show physiological uptake within the thyroid gland, liver, spleen, bowel, kidneys and urinary bladder.
No ectopic Tektrotyd uptake identified.

SPECT CT of the abdomen:

Physiological uptake is seen in above structures. No pathological octreotide uptake is present within the pancreas or the imaged abdomen.
Cholecystectomy clips noted.

Summary:

No octreotide avid NET identified.

Reported by: Dr Hesham Dyab (SpR) and Dr Sai Han
Verified by: Dr Sai Han

MRI Knee Lt

Performed	02-Jul-2021 11:44	Received	07-Jul-2021 08:01
Reported	07-Jul-2021 07:59	Order Number	G107H37283160
Status	Final	Source System	MiSys

MRI Knee Lt Final
Deborah Sullivan
Clinical History :
Acute knee injury whilst walking. Knee became unstable and struggling to weight-bear ever since. Has fallen multiple times. ?Meniscal or ligamental injury.

MRI Knee Lt :

There are tiny loose bodies adjacent to the median patellar ridge. There is slight focal fissuring at the median patellar ridge and minor chondral thinning of the medial patellar facet. Baker's cyst is noted containing small loose bodies. Normal extensor mechanism and fat pads. No medial meniscal tear. No lateral meniscal tear. The cruciate and collateral ligaments are intact. Slight quadriceps enthesophyte noted. Femorotibial chondral surfaces appear intact. Minor geode formation noted deep to the medial tibial spine.

Impression: No meniscal or ligament injury.

Reported by Dr R Mehan FRCR
Consultant Radiologist.
Medica Reporting Limited.
GMC 3556566.

If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Reported by: Dr Rakesh Mehan
Verified by: Dr Rakesh Mehan

XR Knee Lt

Performed	25-May-2021 12:49	Received	25-May-2021 16:40
Reported	25-May-2021 16:38	Order Number	G107H37286254
Status	Final	Source System	MiSys

XR Knee Lt Final

Deborah Sullivan

Clinical History :

48F, pain in left knee, pain going on since 1 month but a couple of falls last week. O/E: tender knee. NV Intact. ?#

XR Knee Lt :

No acute bony injury.

No lipohaemarthrosis or joint effusion.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Jennifer Curle (SpR)
Verified by: Dr Jennifer Curle (SpR)

CT Abdomen and pelvis

Performed	07-Feb-2021 12:30	Received	07-Feb-2021 12:56
Reported	07-Feb-2021 12:54	Order Number	G107H36945368
Status	Final	Source System	MiSys

CT Abdomen and pelvis Final
Deborah Sullivan
Clinical History :

epigastric pain and nausea, chronic pancreatitis, amylase raised more than usual CTAP ? worsening pancreatitis ?collection

CT Abdomen and pelvis :
Portal venous phase volume acquisition of the abdomen and pelvis. Correlation is made with the previous CT of 01/04/2020.

Cholecystectomy clips are evident at the porta hepatis. Normal appearance of the pancreatic parenchyma with no features to suggest acute pancreatitis. Normal calibre common bile duct with no pancreatic duct dilation.

Hypoattenuating liver parenchyma suggesting fatty infiltration. No focal abnormality. Satisfactory appearance of the remainder of the solid upper abdominal organs.

3.7 cm unilocular cyst within the left adnexa is likely physiological. IUD within the anteverted uterus. No free intra-abdominal fluid, collection or free gas.

Mild uncomplicated sigmoid diverticular disease. No other significant abnormality relation to the unprepared large and small bowel.

No size significant abdominal or pelvic lymphadenopathy.

Imaged lung bases are clear. No new bony abnormality.

Opinion:
No acute intra-abdominal finding to account for the patient's current clinical presentation.

Reported by: Dr Gemma McGivern
Verified by: Dr Gemma McGivern

XR Chest

Performed	06-Feb-2021 18:46	Received	09-Feb-2021 11:17
Reported	09-Feb-2021 11:15	Order Number	G107H36944849
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

Upper abdo pain. Erect CXR please. ?perf

XR Chest :
Comparison 15/10/2020. Unremarkable cardiomediastinal contours. No focal active pulmonary pathology. Bony thorax intact. No subdiaphragmatic free gas.

Reported by: Dr Jonathan Platt
Verified by: Dr Jonathan Platt

XR Chest

Performed	15-Oct-2020 17:23	Received	19-Oct-2020 14:32
Reported	19-Oct-2020 14:30	Order Number	G107H36623791
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

47yo c/o haemoptysis + epigastric pain. ?CAP minors 6

XR Chest :
Comparison is made with the previous film of 11/06/2020.Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact. No evidence of pneumoperitoneum.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

CT Sinuses

Performed	21-Sep-2020 18:17	Received	22-Sep-2020 13:50
Reported	22-Sep-2020 13:48	Order Number	G107H36033238
Status	Final	Source System	MiSys

CT Sinuses Final
Deborah Sullivan
Clinical History :

persisent nasal obstruction and facial pain, ?any sinus pathology

CT Sinuses :

Unenhanced high-resolution volume study with soft tissue reconstructions. The paranasal sinuses and their drainage pathways are clear. Mild nasal septal deviation to the left with prominent bony spur impinging on the inferior turbinate. Nasal cavity otherwise clear. Prominent adenoidal tissue noted. Otherwise no abnormality on soft tissue windows. Middle ears and mastoid are clear.

Reported by: Dr Claire McArthur
Verified by: Dr Claire McArthur

XR Chest

Performed	11-Jun-2020 09:01	Received	11-Jun-2020 10:14
Reported	11-Jun-2020 10:12	Order Number	G107H36285637
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

epigastric pain,tender on examination,? pneumoperitoneum ?Faecal loading
? obstruction
on 11-Jun-2020 at 05:22)

XR Chest :
COVID-19 CXR Report Proforma

Findings: Comparison is made with the previous film of 01/04/2020. Underinspired film. Normal heart and mediastinal contour. The lungs are clear. No pneumothorax or pleural effusion. No evidence of pneumoperitoneum. The bony thorax is intact.

Classification:
Normal (CVCX0): COVID-19 is not excluded however, correlate with RT-PCR if clinical concern.

XR Abdomen :
Unremarkable bowel gas pattern with no evidence of obstruction. Cholecystectomy clips and IUCD in situ. No other specific diagnostic findings.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

XR Abdomen

Performed	11-Jun-2020 09:01	Received	11-Jun-2020 10:14
Reported	11-Jun-2020 10:12	Order Number	G107H36285638
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

epigastric pain,tender on examination,? pneumoperitoneum ?Faecal loading
? obstruction
on 11-Jun-2020 at 05:22)

XR Chest :
COVID-19 CXR Report Proforma

Findings: Comparison is made with the previous film of 01/04/2020. Underinspired film. Normal heart and mediastinal contour. The lungs are clear. No pneumothorax or pleural effusion. No evidence of pneumoperitoneum. The bony thorax is intact.

Classification:
Normal (CVCX0): COVID-19 is not excluded however, correlate with RT-PCR if clinical concern.

XR Abdomen :
Unremarkable bowel gas pattern with no evidence of obstruction. Cholecystectomy clips and IUCD in situ. No other specific diagnostic findings.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble

US Pelvis

Performed	09-Apr-2020 13:19	Received	09-Apr-2020 13:38
Reported	09-Apr-2020 13:36	Order Number	G107H36066589
Status	Final	Source System	MiSys

US Pelvis Final
Deborah Sullivan
Clinical History :

CA 125 please. Also, USS abdo. Right sided abdo fullness. Patient complaining of right sided abdo pain. Profuse sweating. Had blood microscopic in urine. ?Renal mass ?Ovarian mass.

US Pelvis :
Bipolar diameter right kidney equalled the 9 mm, left measured 113 mm.
No significant abnormality demonstrated in either kidney.
No obstructive uropathy or calculi.

Transabdominal pelvic scan

The urinary bladder outlined normally.
No significant abnormality demonstrated the anteverted uterus or either ovary.
An IUCD is noted in good position in the midline uterine cavity.
No obvious adnexal/pelvic cysts or masses.
No free fluid.

Both iliac fossae were obscured by overlying bowel gas.

Examination performed and reported by Carine Stirling consultant Sonographer.

US Kidney Both :
See above

Reported by: Carine Stirling (Cons Sonographer)
Verified by: Carine Stirling (Cons Sonographer)

US Kidney Both

Performed	09-Apr-2020 13:19	Received	09-Apr-2020 13:38
Reported	09-Apr-2020 13:36	Order Number	G107H36165431
Status	Final	Source System	MiSys

US Pelvis Final

Deborah Sullivan
Clinical History :

CA 125 please. Also, USS abdo. Right sided abdo fullness. Patient complaining of right sided abdo pain. Profuse sweating. Had blood microscopic in urine. ?Renal mass ?Ovarian mass.

US Pelvis :
Bipolar diameter right kidney equalled the 9 mm, left measured 113 mm.
No significant abnormality demonstrated in either kidney.
No obstructive uropathy or calculi.

Transabdominal pelvic scan

The urinary bladder outlined normally.
No significant abnormality demonstrated the anteverted uterus or either ovary.
An IUCD is noted in good position in the midline uterine cavity.
No obvious adnexal/pelvic cysts or masses.
No free fluid.

Both iliac fossae were obscured by overlying bowel gas.

Examination performed and reported by Carine Stirling consultant Sonographer.

US Kidney Both :
See above

Reported by: Carine Stirling (Cons Sonographer)
Verified by: Carine Stirling (Cons Sonographer)

CT Abdomen and pelvis with contrast

Performed	01-Apr-2020 15:12	Received	01-Apr-2020 16:27
Reported	01-Apr-2020 16:25	Order Number	G107H36157144
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Deborah Sullivan
Clinical History :

47yo lady. Admitted w/ acute onset epigastric pain radiating to back w/ associated anorexia and nausea. Had open fundoplication for delayed gastric emptying on Dec 19. PMHx: PTSD, T2DM, appendectomy, cholecystectomy, HTN, depression, fibromyalgia. OE: abdo distended, soft, tender upper. WCC 12.7. Requesting CT for ?complications of fundoplication

CT Abdomen and pelvis with contrast :
Contrast enhanced CT scan of the abdomen and pelvis. Comparison is made to the previous scan dated 08/12/2019.

Thorax:
Unremarkable with no concerning lesions.

Abdomen and pelvis:
Unchanged appearance of the fundoplication - no disruption. No hiatus hernia or gastric volvulus. No adjacent fat stranding, adenopathy or free gas to suggest local inflammation/infection. No free gas fluid collection elsewhere in the abdomen.
Previous cholecystectomy and appendicectomy.
Uncomplicated sigmoid diverticulosis.
The rest of the solid abdominal organs are within normal limits.
IUCD in situ.

Skeletal review:
No destructive bony pathology. Presumed bone islands of the femurs on either side.

Summary:
No CT findings to account for the patient's current symptoms.

Reported by: Dr Marawan El Farargy (SpR) and Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

XR Abdomen

Performed	01-Apr-2020 02:49	Received	01-Apr-2020 09:54
Reported	01-Apr-2020 09:52	Order Number	G107H36156722
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History :

Admitted with abdominal pain and distension. PMH:previous fundoplication. ?bowel obstruction

XR Abdomen :

Comparison is made to x-ray dated 21/01/2020.

There is gaseous distension of the stomach and prominent small bowel loops within the left lower quadrant but no evidence of bowel obstruction or perforation. Appearances are unchanged since x-ray of 21/01/2020. Cholecystectomy clips in situ.

Reported by: Dr Julie Spalding (SpR) and Dr Mark McCleery
Verified by: Dr Mark McCleery

XR Abdomen

Performed	01-Apr-2020 02:49	Received	01-Apr-2020 09:54
Reported	01-Apr-2020 09:52	Order Number	G107H36156722
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History :

Admitted with abdominal pain and distension. PMH:previous fundoplication. ?bowel obstruction

XR Abdomen :

Comparison is made to x-ray dated 21/01/2020.

There is gaseous distension of the stomach and prominent small bowel loops within the left lower quadrant but no evidence of bowel obstruction or perforation. Appearances are unchanged since x-ray of 21/01/2020. Cholecystectomy clips in situ.

Reported by: Dr Julie Spalding (SpR) and Dr Mark McCleery
Verified by: Dr Mark McCleery

XR Chest

Performed	31-Mar-2020 23:47	Received	01-Apr-2020 00:12
Reported	01-Apr-2020 00:10	Order Number	G107H36156695
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

47 year old with severe abdo pain through to back, likely pancreatitis but erect CXR to exclude pancreatitis
?perforation
on 31-Mar-2020 at 23:41)

XR Chest :
Comparison is made to previous radiograph dated 04/02/2020.

No subdiaphragmatic free gas.
Unremarkable cardiomediastinal contours. No focal active pulmonary pathology demonstrated.
No significant interval change when compared to the previous radiograph.

Reported by: Dr Raymond Rueben (SpR)
Verified by: Dr Raymond Rueben (SpR)

XR Chest

Performed	24-Feb-2020 01:32	Received	24-Feb-2020 09:57
Reported	24-Feb-2020 09:55	Order Number	G107H36055163
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :
presented with severe epigastric pain, guarding present. needs erect CXR ?? perforation??

XR Chest :
Rotated PA chest radiograph. Comparison is made with previous chest radiographs, the most recent of which is dated 21/01/20.

No evidence of free gas below the diaphragm. Normal cardiomediastinal contours. No focal collapse or consolidation. Normal bony thorax.

Reported by: Dr Chris Cadman (SpR)
Verified by: Dr Chris Cadman (SpR)

XR Chest

Performed	21-Jan-2020 23:31	Received	23-Jan-2020 12:06
Reported	23-Jan-2020 12:04	Order Number	G107H35939614
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

47F, epigastric pain, PMHx - chronic pancreatitis. ?t/o perforation r/o obstruction

XR Chest :

PA erect chest radiograph. Comparison made with radiograph dated 04/12/2019.

No subdiaphragmatic free gas.
No focal active lung pathology.
The heart is not enlarged. Unremarkable mediastinal contours.
Normal thoracic skeleton.

XR Abdomen :

Intrauterine device in situ. Cholecystectomy clips noted.
No evidence of obstruction.
Unremarkable bowel gas pattern.

Reported by: Dr Colin Primrose (SpR) and Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

XR Abdomen

Performed	21-Jan-2020 23:31	Received	23-Jan-2020 12:06
Reported	23-Jan-2020 12:04	Order Number	G107H35939615
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

47F, epigastric pain, PMHx - chronic pancreatitis. ?r/o perforation r/o obstruction

XR Chest :

PA erect chest radiograph. Comparison made with radiograph dated 04/12/2019.

No subdiaphragmatic free gas.
No focal active lung pathology.
The heart is not enlarged. Unremarkable mediastinal contours.
Normal thoracic skeleton.

XR Abdomen :

Intrauterine device in situ. Cholecystectomy clips noted.
No evidence of obstruction.
Unremarkable bowel gas pattern.

Reported by: Dr Colin Primrose (SpR) and Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

CT Angiogram pulmonary

Performed	11-Dec-2019 14:23	Received	11-Dec-2019 17:27
Reported	11-Dec-2019 17:25	Order Number	G107H35806474
Status	Final	Source System	MiSys

CT Angiogram pulmonary Final
Deborah Sullivan
Clinical History :

Please could you perform a CTPA for this 47 year old woman. She was initially admitted to GRI with epigastric pain and ?haematemesis. A CT and OGD have shown no evidence of any bleeding from the GI tract. She has also developed a new oxygen requirement. It is thought that it now likely haemoptysis and respiratory would like a CTPA to investigate for PE or possible arterio-venous malformation. Kind Regards, Emmett McLaughlin FY1

CT Angiogram pulmonary :

Contrast enhanced helical CT of Thorax with CTPA technique,

75 ml Omnipaque 350 i.v.

Satisfactory pulmonary arterial opacification with no CT evidence of pulmonary thromboembolism. The lungs are clear. The left ventricle appears moderately large, thoracic aorta is normal calibre.

Cholecystectomy clips are apparent in the upper abdomen. No bony abnormality.

Reported by: Dr Giles Roditi
Verified by: Dr Giles Roditi

CT Abdomen and pelvis with contrast

Performed	08-Dec-2019 10:10	Received	08-Dec-2019 19:19
Reported	08-Dec-2019 19:17	Order Number	G107H35789504
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Deborah Sullivan
Clinical History : 46F a/w epigastric/RUQ pain. BG: chronic pancreatitis (unknown origin), cholecystectomy, re-do Nissan fundoplication, ERCP for stone in CBD, recent episode haematemesis with no point of origin on scope, previous admissions w/ abdo pain/n+v. Presented this occasion with severe abdo pain + bilious vomiting, epigastric tenderness++. WCC 13.5, amylase normal. Hypoxia on ABG. Please CT ?acute pancreatitis

CT Abdomen and pelvis with contrast : Portal venous phase. Comparison made with previous CT dated 10/08/2019.

Satisfactory appearance to the gastric fundoplication. No associated complications identified. Grossly normal appearance to the pancreas with no surrounding inflammatory fat stranding to suggest acute pancreatitis.

There has been a previous cholecystectomy. CBD measures 9 mm in maximum diameter (within normal limits post-cholecystectomy). I note the history of ERCPs. Please note there is no evidence of pneumobilia here IUCD noted within the uterine cavity. The remainder of the solid upper abdominal organs are within normal limits. Minor uncomplicated diverticular change noted within the sigmoid colon. Imaged lung bases are clear. No destructive bony lesion.

Summary: No cause for the patient's symptoms identified.No intrahepatic dilatation noted CBD within normal limits post cholecystectomy .Please note despite history of ERCP is there is no pneumobilia present - correlation with LFTs and if required consider MRCP

Reported by: Dr Ashley Monaghan (SpR) and Dr Subra Viswanathan
Verified by: Dr Subra Viswanathan

XR Abdomen

Performed	08-Dec-2019 01:56	Received	11-Dec-2019 15:49
Reported	11-Dec-2019 15:47	Order Number	G107H35793822
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History :

47 y/o lady with chronic pancreatitis, nissen fundoplication c/o RUQ pain radiating through to back. Bowel sounds high pitched and only passed flatus in last three days. ?obstruction. AXR on 3/12 showed no clear obstruction.

XR Abdomen :
Gaseous distension of the stomach. No other significant findings demonstrated. I note the patient has subsequently had a CT; please see report

Reported by: Dr Raymond Rueben (SpR)
Verified by: Dr Raymond Rueben (SpR)

XR Chest

Performed	04-Dec-2019 18:23	Received	05-Dec-2019 10:06
Reported	05-Dec-2019 10:04	Order Number	G107H35784361
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History : abdominal distension, severe abdominal pain, vomiting, ? haematemesis. AXR to exclude obstruction, CXR to exclude perf

XR Abdomen :
Nonspecific gaseous bowel gas pattern, no evidence obstruction.

XR Chest :
Normal heart size mediastinal contours. No focal active pulmonary abnormality, subdiaphragmatic free gas or significant change from radiograph 28/09/2019.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Sudipta Pal (SpR)
Verified by: Dr Sudipta Pal (SpR)

XR Abdomen

Performed	04-Dec-2019 18:23	Received	05-Dec-2019 10:06
Reported	05-Dec-2019 10:04	Order Number	G107H35784360
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History : abdominal distension, severe abdominal pain, vomiting, ? haematemesis.
AXR to exclude obstruction, CXR to exclude perf

XR Abdomen :
Nonspecific gaseous bowel gas pattern, no evidence obstruction.

XR Chest :
Normal heart size mediastinal contours. No focal active pulmonary abnormality, subdiaphragmatic free gas or significant change from radiograph 28/09/2019.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Sudipta Pal (SpR)
Verified by: Dr Sudipta Pal (SpR)

XR Chest

Performed	28-Sep-2019 09:55	Received	09-Nov-2019 12:30
Reported	09-Nov-2019 12:28	Order Number	G107H35551785
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

Abdominal pain and reflux symptoms. prev fundoplication x2. ?slipped fundoplication

XR Chest :
Comparison with 12/09/2019.
Normal cardiomediastinal contours. The lungs are clear. No free subdiaphragmatic gas. Bony thorax is intact.

Reported by: Dr Sin Yee Foo (SpR)
Verified by: Dr Sin Yee Foo (SpR)

XR Chest

Performed	12-Sep-2019 04:12	Received	22-Oct-2019 17:43
Reported	22-Oct-2019 17:41	Order Number	G107H35493242
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

Please - Erect Chest XRAY. A/w epigastric pain on 10/9/19, BG of gallstone pancreatitis. Worsening epigastric pain radiating to back now, 10/10 sharp pain. Has vomited 100ml of blood stained fluid and 3/4 blood clots. ?perf

XR Chest :
Prior chest x-rays dating back to 01/07/2019.
Heart size normal.
Lungs clear.
No free subdiaphragmatic gas demonstrated.

Reported by: Dr Alexander Nath (SpR)
Verified by: Dr Alexander Nath (SpR)

XR Chest

Performed	10-Sep-2019 01:29	Received	10-Sep-2019 10:48
Reported	10-Sep-2019 10:46	Order Number	G107H35484307
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

46 yo with central epigastric pain radiating to back. 10/10. Chest clear. ?Air under diaphragm

XR Chest :

Comparison is made to previous study of 09/08/2019. Cardiac and mediastinal contours are within normal limits allowing for the suboptimal inspiration. The lungs are clear. There is no free air under the diaphragm.

Reported by: Dr Laura Thomson
Verified by: Dr Laura Thomson

NM Solid gastric emptying study

Performed	22-Aug-2019 09:20	Received	22-Aug-2019 16:53
Reported	22-Aug-2019 16:51	Order Number	G107H35384169
Status	Final	Source System	MiSys

NM Solid gastric emptying study Final
Deborah Sullivan
Clinical History :

2/7 history of sudden onset epigastric pain radiating to the back. Impression ?pancreatitis. Deborah had a second fundal plication 9 years ago and had been symptom free. She has recently gained weight and has evidence of food residue in her stomach. Please could do this scan as an outpatient to assess for any evidence of delayed gastric empting.

Findings: There is some forward progression of gastric content during the study but gastric emptying is delayed. At the end of the study at 102 minutes 73% of the tracer meal still remain in the stomach and only a small fraction has moved into the small bowel. Half-life for solid phase gastric emptying is 229 minutes (normal range is 30-90 minutes).
Conclusions: Delayed gastric emptying confirmed.

Reported by: Dr Sai Han
Verified by: Dr Sai Han

CT Abdomen and pelvis with contrast

Performed	10-Aug-2019 19:40	Received	11-Aug-2019 09:56
Reported	11-Aug-2019 09:54	Order Number	G107H35380867
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final

Deborah Sullivan

Clinical History : 46y female with 2 days epigastirc pain, nausea and vomiting with haematemasis. 2x previous fundoplication ?slipped wrap as she has new onset vomiting.

CT Abdomen and pelvis with contrast : Portal venous phase acquisition. Comparison is made to the (unreported) CT dated 31/07/2019 and the prior CT 23/01/2018.

There is thickening at the gastro-oesophageal junction related to prior fundoplication. Although there is low attenuation change which is slightly more prominent than on the recent CT, appearances are fairly similar to the CT from 2018. Somewhat disordered gas locules in this region presumably due to post-fundoplication anatomy. There is no evidence of pneumatosis. No significant fat stranding around the oesophagogastric junction or stomach.

Dependent increased foci of high attenuation seen in the stomach pylorus and proximal body are in keeping with blood products, and the stomach is filled with relatively hyperdense fluid. No site of active haemorrhage demonstrated.

The solid upper abdominal organs are normal. Normal post cholecystectomy biliary tree. Normal appearance of the unprepared bowel. No free gas or fluid. IUCD noted in the uterus.

No destructive bony abnormality. The lung bases are clear.

Conclusion: Thickening and low attenuation change at site of prior fundoplication; no evidence of significant complications such as ischaemia, and no major structural change compared to older imaging. Blood in the stomach. Endoscopy suggested unless already performed. Provisional findings discussed with referring clinician 20:05 10/08/2019 - happy to review imaging with the on call surgical team. Sticky note on PACS.

Consultant review 9.30am 11/08/2019.
Agree. Appearances at gastro oesophageal junction consistent with previous fundoplication with no CT evidence of proximal oesophageal dilatation or recurrent hiatus hernia. High attenuation material in stomach consistent with blood products.

Reported by: Dr Douglas Black (SpR) and Dr Rhona Stevens
Verified by: Dr Rhona Stevens

XR Chest

Performed	09-Aug-2019 17:42	Received	17-Aug-2019 08:29
Reported	17-Aug-2019 08:27	Order Number	G107H35379563
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

erect CXR please, epigastric pain ?perf

XR Chest :
No subdiaphragmatic free air. The heart is not enlarged and the lungs are clear. No significant change from 25/07/2019. Please see subsequent CT scan performed on 10/08/2019.

Reported by: Dr Luthan Lam (SpR)
Verified by: Dr Luthan Lam (SpR)

CT Abdomen and pelvis with contrast

Performed	31-Jul-2019 08:34	Received	31-Oct-2019 07:55
Reported	31-Oct-2019 07:51	Order Number	G107H35247137
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final

Deborah Sullivan

Clinical History :

OP SCAN FOR WEEK BEGINNING 29/7/19. Pt presented with epigastric pain radiating to the back (associated with eating) and vomiting. mildly raised inflammatory markers. thought to be pancreatitis. previous similar episodes + known episode of pancreatitis secondary to gallstones. Has had previous cholecystectomy. CT for ?changes in keeping with chronic pancreatitis

Date of Examination: 31 July 2019

Name of Procedure and Technique: CT abdomen and pelvis with IV contrast. Prior CT scan dated 23 January 2018 is compared.

Findings:

The liver shows fatty infiltration. Status post cholecystectomy. The pancreas normally visualised without any ductal dilatation, atrophy or calcification. The spleen is normal in size. Normal appearance of the adrenal glands. Both kidneys are normally visualised. There is no significant retroperitoneal adenopathy. No obvious sinister bowel abnormality.

There is no destructive focal bony lesion. No concerning nodules in lung bases.

Conclusion:

No obvious cause identified for patient's symptoms.

Report Date : 31 October 2019

Reporting Consultant: Dr Mushhad Ehsan. Consultant Radiologist.

GMC: 7516692

Medica Reporting Ltd

Reported by: Dr Mushhad Ehsan

Verified by: Dr Mushhad Ehsan

XR Chest

Performed	25-Jul-2019 13:29	Received	30-Jul-2019 14:04
Reported	30-Jul-2019 14:02	Order Number	G107H35328754
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History :

46YO admitted with central and right upper quadrant and right shoulder pain and vomiting. severe pain req morphine. associated fevers. raised wcc. ex smoker. erect CXR for ?infection and r/o perforation. axr to assess ?obstruction

XR Abdomen :
Comparison made with previous x-ray from 18/03/2019.
Bowel gas pattern is nonspecific with no features to suggest obstruction or perforation.
IUD in situ.

XR Chest (25/07/2019):
Comparison made with previous chest x-ray from 01/07/2019.
Normal cardiomediastinal contours.
No focal active lung pathology. No pneumoperitoneum.
The bony thorax is intact.
No significant interval change.

XR Chest (01/07/2019):
Comparison made with previous chest x-ray from 22/01/2018.
No focal active lung pathology. No pneumoperitoneum.
The bony thorax is intact.

Reported by: Dr Paul Donnelly (ST1) and Dr Michael Digby
Verified by: Dr Michael Digby

XR Abdomen

Performed	25-Jul-2019 13:29	Received	30-Jul-2019 14:04
Reported	30-Jul-2019 14:02	Order Number	G107H35328753
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History :

46YO admitted with central and right upper quadrant and right shoulder pain and vomiting. severe pain req morphine. associated fevers. raised wcc. ex smoker. erect CXR for ?infection and r/o perforation. axr to assess ?obstruction

XR Abdomen :
Comparison made with previous x-ray from 18/03/2019.
Bowel gas pattern is nonspecific with no features to suggest obstruction or perforation.
IUD in situ.

XR Chest (25/07/2019):
Comparison made with previous chest x-ray from 01/07/2019.
Normal cardiomediastinal contours.
No focal active lung pathology. No pneumoperitoneum.
The bony thorax is intact.
No significant interval change.

XR Chest (01/07/2019):
Comparison made with previous chest x-ray from 22/01/2018.
No focal active lung pathology. No pneumoperitoneum.
The bony thorax is intact.

Reported by: Dr Paul Donnelly (ST1) and Dr Michael Digby
Verified by: Dr Michael Digby

XR Chest

Performed	01-Jul-2019 16:17	Received	30-Jul-2019 12:47
Reported	30-Jul-2019 12:47	Order Number	G107H35250225
Status	Final	Source System	MiSys

XR Chest Final

Deborah Sullivan
This attendance is part of a series
Please see the report for event
(url=cris:E-33921865|33921865)
25-Jul-2019 13:29
XR Abdomen (XABDO)XR Chest (XCHES)

Reported by: Dr Paul Donnelly (ST1)
Verified by: Dr Paul Donnelly (ST1)

XR Abdomen

Performed	18-Mar-2019 02:03	Received	19-Mar-2019 15:49
Reported	19-Mar-2019 15:47	Order Number	G107H34886356
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History :

Acute abdo pain, Severe LUQ and epigastric pain, radiating to back. Likely acute on chronic pancreatitis. Exclude obstruction or perforation

XR Abdomen :
There is an IUD in situ. There is a generally gassy appearance of the bowel but no evidence of obstruction. Surgical clips in the right upper quadrant suggesting previous cholecystectomy.

Reported by: Dr Laura Thomson
Verified by: Dr Laura Thomson

US Pelvis TA and transvaginal

Performed	03-Dec-2018 13:56	Received	03-Dec-2018 16:45
Reported	03-Dec-2018 16:43	Order Number	G107H34019146
Status	Final	Source System	MiSys

US Pelvis TA and transvaginal Final

Deborah Sullivan

Clinical History :

Ongoing pelvic pain. Previously had right haemorrhagic ovarian cyst. Left ovary had 3.8 cm simple cyst containing a smaller daughter cyst likely physiological. For 12 week ultrasound scan follow-up

US Pelvis TA and transvaginal :

Transabdominal and transvaginal ultrasound of the pelvis. With consent.

Normal appearance of the anteverted uterus. Caesarean section scar is noted. Mirena I U S identified appropriately sited within the endometrial cavity. Both ovaries have a normal appearance with no evidence of the previous reported cyst within the left ovary. No pelvic mass or free fluid is demonstrated.

J.Haworth
Sonographer
RA 26119

Reported by: Janette Haworth (Sonographer)
Verified by: Janette Haworth (Sonographer)

US Pelvis TA and transvaginal

Performed	26-Jun-2018 11:16	Received	26-Jun-2018 12:40
Reported	26-Jun-2018 12:38	Order Number	G107H34000710
Status	Final	Source System	MiSys

US Pelvis TA and transvaginal Final

Deborah Sullivan

Clinical History : Known right side likely haemorrhagic ovarian cyst. Presented this morning with severe pain. Tender right adenexa +++. ?cyst accident

US Pelvis TA and transvaginal :

Transabdominal and transvaginal ultrasound of the pelvis, with consent. LMP unknown. Unfortunately the patient presented with a completely empty bladder precluding transabdominal views therefore a TV scan was performed.

The uterus is anteverted measuring 8.1 x 3.2 x 5.0 cm in length AP and transverse dimensions. No focal myometrial abnormality identified. Lower uterine Caesarean section scar is noted. Mirena coil is identified appropriately sited within the endometrial cavity.
The right ovary appears normal.
The left ovary is distended by a 3.8 cm simple cyst containing a smaller daughter cyst likely physiological in nature. No pelvic free fluid is demonstrated.

Comment: Ultrasound follow-up in 12 weeks as per protocol is suggested.
J.Haworth
Sonographer
RA 26119

Reported by: Janette Haworth (Sonographer)
Verified by: Janette Haworth (Sonographer)

CT Abdomen and pelvis

Performed	23-Jan-2018 11:16	Received	23-Jan-2018 13:51
Reported	23-Jan-2018 13:49	Order Number	G107H33476371
Status	Final	Source System	MiSys

CT Abdomen and pelvis Final
Deborah Sullivan
Clinical History : 45 year old lady with known Chronic oancreatitis, appendicectomy, cholecystectomy, fundoplication. Presented with 4/7 epigastric pain radiating to back. Tender on palpation. WCC 14.7. Please could we request a CTAP ?Pancreatic Necrosis/Pancreatic Collection

CT Abdomen and pelvis : Contrast enhanced CT abdomen pelvis. Comparison made with examination dated 31/07/2017.

No free abdominopelvic fluid or gas demonstrated. Surgical clips at the gastro-oesophageal junction in keeping with previous fundoplication. Cholecystectomy clips noted.

Normal pancreas. No peripancreatic inflammatory fat stranding, pancreatic mass or collection. Normal calibre pancreatic duct. Normal calibre post cholecystectomy common bile duct, measuring 8 mm. Normal spleen, adrenals, kidneys, liver and biliary tree. Patent portal vein and its branches, splenic vein and superior mesenteric vein. Patent coeliac trunk, superior mesenteric artery and inferior mesenteric artery.
Unremarkable appearance of the included unprepared large and small bowel.
No lymphadenopathy.

Appropriately positioned intrauterine device noted. 3.3cm left ovarian cyst noted with simple appearances on CT - likely physiological.

Unremarkable included lung bases and bones.

Impression: No cause for pain demonstrated on CT.

Reported by: Dr Sarah MacPherson (ST2) and Dr David Cowell (Cons)
Verified by: Dr David Cowell (Cons)

XR Chest

Performed	22-Jan-2018 06:14	Received	05-Feb-2018 07:22
Reported	05-Feb-2018 07:20	Order Number	G107H33475796
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

45 y/o, complex surgical hx, chronic pancreatitis. severe epigastric pain, raised wcc, tender ++ feels abdomen bloated. exclude perforation/obstruction

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant subdiaphragmatic free gas.

XR Abdomen :
There is no sign of obstruction or pneumoperitoneum. Incidental note of a metallic IUCD projected over the midline of the pelvis

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Abdomen

Performed	22-Jan-2018 06:14	Received	05-Feb-2018 07:22
Reported	05-Feb-2018 07:20	Order Number	G107H33475803
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

45 y/o, complex surgical hx, chronic pancreatitis. severe epigastric pain, raised wcc, tender ++ feels abdomen bloated. exclude perforation/obstruction

XR Chest :
The heart is not enlarged. The lungs are clear of active disease. No significant subdiaphragmatic free gas.

XR Abdomen :
There is no sign of obstruction or pneumoperitoneum. Incidental note of a metallic IUCD projected over the midline of the pelvis

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Abdomen

Performed	13-Nov-2017 06:11	Received	22-Nov-2017 07:50
Reported	22-Nov-2017 07:48	Order Number	G107H33247576
Status	Final	Source System	MiSys

XR Abdomen Final

Deborah Sullivan

Clinical History :

Presented with epigastric pain radiating to back. ?cause of abdo pain

XR Abdomen :

There is no sign of obstruction or pneumoperitoneum.
Incidental note of a metallic IUCD projected over the midline of the pelvis.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

CT Thorax abdomen and pelvis

Performed	31-Jul-2017 12:02	Received	31-Jul-2017 13:16
Reported	31-Jul-2017 13:14	Order Number	G107H32897398
Status	Final	Source System	MiSys

CT Head Final

Deborah Sullivan

Clinical History :
RTA - crashed into fence. Cut out of car. LOC 5-10 mins - no obv ext head inj. Severe neck and thoraco-lumbar junction pain

CT Head :
Comparison made to CT of 19/07/2017.
Technique: Noncontrast examination.

No acute infarct, haemorrhage or space-occupying lesion.
No skull fracture.
Sinuses are clear.

Conclusion: No acute findings. No change to 19/07/2017.

CT Spine cervical :
No previous.
Technique: Noncontrast images.

No acute fracture or evidence of subluxation dislocation.

Conclusion: No acute findings.

CT Thorax abdomen and pelvis :
Comparison made to CT abdomen and pelvis of 15/11/2020 03:10.

Technique: CT chest, abdomen pelvis with portal venous contrast.

Chest:
No pneumothorax.
No evidence of lung parenchymal injury or mediastinal injury.
No rib fracture.

Abdomen and pelvis. Normal liver, pancreas, spleen, adrenals, and kidneys. Previous cholecystectomy. Evidence of previous gastric surgery with surgical clips distal oesophagus and thickening cardiac - unchanged to 15/11/2010.

No free intraperitoneal fluid or fat stranding to suggest abdominoperitoneal injury. IUCD noted.

Mild degenerative change L5/S1 but no evidence of acute fracture or subluxation/dislocation. A sclerotic focus right humeral head - unchanged to 15/11/2010 and likely to represent benign bone island.

Conclusion: No evidence of acute injury.

Case discussed with attending clinician and provisional report given at 12.46pm.

Reported by: Dr Kenneth Mitchell (SpR) and Dr Colin Noble
Verified by: Dr Colin Noble

CT Spine cervical

Performed	31-Jul-2017 12:02	Received	31-Jul-2017 13:16
Reported	31-Jul-2017 13:14	Order Number	G107H32897397
Status	Final	Source System	MiSys

CT Head Final

Deborah Sullivan

Clinical History :
RTA - crashed into fence. Cut out of car. LOC 5-10 mins - no obv ext head inj. Severe neck and thoraco-lumbar junction pain

CT Head :
Comparison made to CT of 19/07/2017.
Technique: Noncontrast examination.

No acute infarct, haemorrhage or space-occupying lesion.
No skull fracture.
Sinuses are clear.

Conclusion: No acute findings. No change to 19/07/2017.

CT Spine cervical :
No previous.
Technique: Noncontrast images.

No acute fracture or evidence of subluxation dislocation.

Conclusion: No acute findings.

CT Thorax abdomen and pelvis :
Comparison made to CT abdomen and pelvis of 15/11/2020 03:10.

Technique: CT chest, abdomen pelvis with portal venous contrast.

Chest:
No pneumothorax.
No evidence of lung parenchymal injury or mediastinal injury.
No rib fracture.

Abdomen and pelvis. Normal liver, pancreas, spleen, adrenals, and kidneys. Previous cholecystectomy. Evidence of previous gastric surgery with surgical clips distal oesophagus and thickening cardiac - unchanged to 15/11/2010.

No free intraperitoneal fluid or fat stranding to suggest abdominoperitoneal injury. IUCD noted.

Mild degenerative change L5/S1 but no evidence of acute fracture or subluxation/dislocation. A sclerotic focus right humeral head - unchanged to 15/11/2010 and likely to represent benign bone island.

Conclusion: No evidence of acute injury.

Case discussed with attending clinician and provisional report given at 12.46pm.

Reported by: Dr Kenneth Mitchell (SpR) and Dr Colin Noble
Verified by: Dr Colin Noble

CT Head

Performed	31-Jul-2017 12:02	Received	31-Jul-2017 13:16
Reported	31-Jul-2017 13:14	Order Number	G107H32897243
Status	Final	Source System	MiSys

CT Head Final
Deborah Sullivan
Clinical History :
RTA - crashed into fence. Cut out of car. LOC 5-10 mins - no obv ext head inj. Severe neck and thoraco-lumbar junction pain

CT Head :
Comparison made to CT of 19/07/2017.
Technique: Noncontrast examination.

No acute infarct, haemorrhage or space-occupying lesion.
No skull fracture.
Sinuses are clear.

Conclusion: No acute findings. No change to 19/07/2017.

CT Spine cervical :
No previous.
Technique: Noncontrast images.

No acute fracture or evidence of subluxation dislocation.

Conclusion: No acute findings.

CT Thorax abdomen and pelvis :
Comparison made to CT abdomen and pelvis of 15/11/2020 03:10.

Technique: CT chest, abdomen pelvis with portal venous contrast.

Chest:
No pneumothorax.
No evidence of lung parenchymal injury or mediastinal injury.
No rib fracture.

Abdomen and pelvis. Normal liver, pancreas, spleen, adrenals, and kidneys. Previous cholecystectomy. Evidence of previous gastric surgery with surgical clips distal oesophagus and thickening cardiac - unchanged to 15/11/2010.

No free intraperitoneal fluid or fat stranding to suggest abdominoperitoneal injury. IUCD noted.

Mild degenerative change L5/S1 but no evidence of acute fracture or subluxation/dislocation. A sclerotic focus right humeral head - unchanged to 15/11/2010 and likely to represent benign bone island.

Conclusion: No evidence of acute injury.

Case discussed with attending clinician and provisional report given at 12.46pm.

Reported by: Dr Kenneth Mitchell (SpR) and Dr Colin Noble
Verified by: Dr Colin Noble

CT Head

Performed	19-Jul-2017 03:55	Received	19-Jul-2017 08:53
Reported	19-Jul-2017 08:51	Order Number	G107H32858932
Status	Final	Source System	MiSys

CT Head Final
Deborah Sullivan
Clinical History : worsening frontal headache for past 3 days but increasing severity today. Now developed pain behind eyes and photophobia. Right arm and leg tingling and neck pain. has tried migraleve to little effect. history of collapse in the house today. GCS 15 currently. mild reduction in power on right side but otherwise no focal neurology. exclude bleed

CT Head : Non-contrast examination. Comparison is made previous CT of 13/01/2017.

No acute intracranial haemorrhage, collection, territorial infarction or space occupying lesion. Unremarkable appearances the brain parenchyma, CSF spaces and cranio-cervical junction.

No significant bony findings.

Summary: No acute intracranial abnormality. No change compared with previous CT examination of 13/01/2017. Please note CT cannot exclude subarachnoid haemorrhage and lumbar puncture should be considered.

Contact number constantly engaged. Sticky note attached to PACS.

Consultant review : In addition to above the patient is noted to have generalised atrophy in excess of age.

Reported by: Dr Jon-Robert Angus(ST3) and Dr Jonathan Platt
Verified by: Dr Jonathan Platt

XR Chest

Performed	06-Feb-2017 01:19	Received	07-Feb-2017 17:35
Reported	07-Feb-2017 17:33	Order Number	G107H32313783
Status	Final	Source System	MiSys

XR Chest Final

Deborah Sullivan

Clinical History : Erect chest x ray. Severe chest/epigastric pain. history of chronic pancreatitis. very tender epigastrium. ?perforation ?any subdiaphragmatic air

XR Chest :

Normal cardiomediastinal contours. Lungs are clear. No significant bony findings. No free subdiaphragmatic gas. No change compared with previous radiograph of 29/09/2016.

Reported by: Dr Jon-Robert Angus and Dr Colin Noble
Verified by: Dr Colin Noble

CT Head

Performed	13-Jan-2017 14:22	Received	13-Jan-2017 15:38
Reported	13-Jan-2017 15:36	Order Number	G107H32234139
Status	Final	Source System	MiSys

CT Head Final
Deborah Sullivan
Clinical History :

27 hours of left hemiparesis 4/5 power and left homonymous hemianopia. headache and photophobia. shingles rash. admitted as epigastric pain ?chronic pancreatitis flare. bm 5.8. not anticoagulated. normal reflexes. normal tone. ?bleed

CT Head :

Comparison made with CT of 21/12/2011.

There is no intra or extra-axial haemorrhage. No evidence of acute infarction or space-occupying lesion. Ventricular system is symmetrical and unremarkable. Skull base is unremarkable. At the frontal bone bilaterally there is enostosis which is longstanding.

Reported by: Dr David Craig (ST1) and Dr Ross MacDuff
Verified by: Dr Ross MacDuff

XR Chest

Performed	29-Sep-2016 04:38	Received	29-Sep-2016 16:40
Reported	29-Sep-2016 16:38	Order Number	G107H31891551
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :
central chest pain, sob ?infection

XR Chest :
Normal heart size mediastinal contours. Allowing for a relatively poor inspiratory effort, visualised lungs clear. No significant change compared to the previous radiograph dated 18/11/2015.

Reported by: Dr John Dreisbach (SpR)
Verified by: Dr John Dreisbach (SpR)

XR Chest

Performed	18-Nov-2015 13:41	Received	18-Nov-2015 14:21
Reported	18-Nov-2015 14:18	Order Number	G107H30855483
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

Patient admitted with new onset severe epigastric pain. Background of chronic pancreatitis. Sudden onset RUQ pain last night associated with vomitting. Abdomen distended, ?localised peritonitis. ?perforation ?free gas in abdomen

XR Chest :
Heart and mediastinal contours normal. Lungs are clear. No evidence of free peritoneal gas.

XR Abdomen :
Cholecystectomy clips noted. There are several loops of air-filled bowel but no evidence of obstruction or perforation.

Reported by: Dr Janet Litherland
Verified by: Dr Janet Litherland

XR Abdomen

Performed	18-Nov-2015 13:41	Received	18-Nov-2015 14:21
Reported	18-Nov-2015 14:18	Order Number	G107H30855484
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

Patient admitted with new onset severe epigastric pain. Background of chronic pancreatitis. Sudden onset RUQ pain last night associated with vomitting. Abdomen distended, ?localised peritonitis. ?perforation ?free gas in abdomen

XR Chest :
Heart and mediastinal contours normal. Lungs are clear. No evidence of free peritoneal gas.

XR Abdomen :
Cholecystectomy clips noted. There are several loops of air-filled bowel but no evidence of obstruction or perforation.

Reported by: Dr Janet Litherland
Verified by: Dr Janet Litherland

XR Chest

Performed	02-Sep-2015 12:23	Received	05-Sep-2015 08:54
Reported	05-Sep-2015 08:52	Order Number	G107H30604598
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

severe epigastric pain and upper abdo tenderness, prev open fundoplication, chronic pancreatitis, ?perf ?obstruction

severe epigastric pain and upper abdo tenderness, prev open fundoplication, chronic pancreatitis, ?perf ?obstruction

XR Chest :
The heart size is normal. No mediastinal abnormality. The lungs are clear. Prominent gaseous distension of the stomach. No free gas under diaphragm.

XR Abdomen :
As above marked gaseous distension of the stomach. No evidence of small or large bowel obstruction. Presumed cholecystectomy clips.

Reported by: Dr Michael Digby
Verified by: Dr Michael Digby

XR Abdomen

Performed	02-Sep-2015 12:23	Received	05-Sep-2015 08:54
Reported	05-Sep-2015 08:52	Order Number	G107H30604599
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :

severe epigastric pain and upper abdo tenderness, prev open fundoplication, chronic pancreatitis, ?perf ?obstruction

severe epigastric pain and upper abdo tenderness, prev open fundoplication, chronic pancreatitis, ?perf ?obstruction

XR Chest :
The heart size is normal. No mediastinal abnormality. The lungs are clear. Prominent gaseous distension of the stomach. No free gas under diaphragm.

XR Abdomen :
As above marked gaseous distension of the stomach. No evidence of small or large bowel obstruction. Presumed cholecystectomy clips.

Reported by: Dr Michael Digby
Verified by: Dr Michael Digby

XR Chest

Performed	13-Mar-2014 16:13	Received	14-Mar-2014 10:59
Reported	14-Mar-2014 10:57	Order Number	G107H28876129
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :
Dyspnoea. Abdominal pain. Worse on breathing. Infection? Perforation?

XR Chest :
The cardiac and mediastinal contour is normal, the lungs are clear and no bony abnormality is seen. No pneumoperitoneum.

Reported by: Dr Jonathan Foley
Verified by: Dr Jonathan Foley

XR Chest

Performed	29-Mar-2012 20:07	Received	30-Mar-2012 10:49
Reported	30-Mar-2012 10:27	Order Number	G107H26769829
Status	Final	Source System	MiSys

XR Chest Final

Deborah Sullivan

Clinical History :
Increasing abdominal pain. Distended abdomen. Raised inflammatory markers. Multiple abdominal surgeries. Obstruction? LRTI?

XR Chest :
Slightly suboptimal inspiratory effort. Visualised lungs are clear. No free subdiaphragmatic air.

XR Abdomen :
There is faecal loading in the region of the pelvis and also in the transverse and descending colon. There are some mildly distended loops of colon with the transverse colon measuring up to 65 mm. No convincing small bowel dilatation. Surgical clips noted in the right upper quadrant. No free air.

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

XR Abdomen

Performed	29-Mar-2012 20:07	Received	30-Mar-2012 10:49
Reported	30-Mar-2012 10:27	Order Number	G107H26769830
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History :
Increasing abdominal pain. Distended abdomen. Raised inflammatory markers. Multiple abdominal surgeries. Obstruction? LRTI?

XR Chest :
Slightly suboptimal inspiratory effort. Visualised lungs are clear. No free subdiaphragmatic air.

XR Abdomen :
There is faecal loading in the region of the pelvis and also in the transverse and descending colon. There are some mildly distended loops of colon with the transverse colon measuring up to 65 mm. No convincing small bowel dilatation. Surgical clips noted in the right upper quadrant. No free air.

Reported by: Dr Christopher Nicholas
Verified by: Dr Christopher Nicholas

XR Hand Both

Performed	19-Jan-2012 16:25	Received	02-Feb-2012 12:22
Reported	02-Feb-2012 12:00	Order Number	G107H26558170
Status	Final	Source System	MiSys

XR Hand Both Final
Deborah Sullivan
Clinical History :
Inflammatory arthritis.

XR Hand Both :
No erosive arthropathy is demonstrated.

XR Foot Both :
No erosive arthropathy demonstrated.

Reported by: Dr Ross MacDuff
Verified by: Dr Ross MacDuff

XR Foot Both

Performed	19-Jan-2012 16:25	Received	02-Feb-2012 12:22
Reported	02-Feb-2012 12:00	Order Number	G107H26558171
Status	Final	Source System	MiSys

XR Hand Both Final

Deborah Sullivan

Clinical History :
Inflammatory arthritis.

XR Hand Both :
No erosive arthropathy is demonstrated.

XR Foot Both :
No erosive arthropathy demonstrated.

Reported by: Dr Ross MacDuff
Verified by: Dr Ross MacDuff

CT Head

Performed	21-Dec-2011 08:45	Received	21-Dec-2011 10:21
Reported	21-Dec-2011 09:59	Order Number	G107H26478728
Status	Final	Source System	MiSys

CT Head Final
Deborah Sullivan
Clinical History :
Atypical chest pain and weakness affecting left upper limb more than left lower limb. Not yet fully resolved. CVA?

CT Head :
Pre and post contrast CT brain was performed. No significant intracranial abnormality is demonstrated.
There is no evidence of territorial infarct, extra-axial collection or haemorrhage.
No abnormal enhancement is demonstrated on the post contrast images.

Conclusion:
No cause for the patient's symptoms demonstrated.

Reported by: Dr Cindy Chew
Verified by: Dr Cindy Chew

XR Chest

Performed	20-Dec-2011 02:15	Received	21-Dec-2011 17:51
Reported	21-Dec-2011 17:29	Order Number	G107H26476519
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Central chest pain with raised inflammatory markers.

XR Chest :

The heart is not enlarged and mediastinal contours are normal. Lungs clear.

Reported by: Dr Giles Roditi
Verified by: Dr Giles Roditi

XR Knee Rt

Performed	23-Mar-2011 15:33	Received	25-Mar-2011 12:30
Reported	25-Mar-2011 12:10	Order Number	G107H25738793
Status	Final	Source System	MiSys

XR Chest Final

Deborah Sullivan

Clinical History : Abdominal pain. Trauma.

XR Chest :
Heart is not enlarged. Lungs are clear.

XR Abdomen :
Cholecystectomy clips noted. Mild gaseous distension of large bowel but faeces noted in the rectum but there is no evidence of large or small bowel obstruction as such. Otherwise unremarkable.

XR Knee Rt :
No bone injury is noted.
Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

XR Chest

Performed	23-Mar-2011 15:33	Received	25-Mar-2011 12:30
Reported	25-Mar-2011 12:10	Order Number	G107H25738791
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Abdominal pain. Trauma.

XR Chest :
Heart is not enlarged. Lungs are clear.

XR Abdomen :
Cholecystectomy clips noted. Mild gaseous distension of large bowel but faeces noted in the rectum but there is no evidence of large or small bowel obstruction as such. Otherwise unremarkable.

XR Knee Rt :
No bone injury is noted.
Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

XR Abdomen

Performed	23-Mar-2011 15:33	Received	25-Mar-2011 12:30
Reported	25-Mar-2011 12:10	Order Number	G107H25738792
Status	Final	Source System	MiSys

XR Chest Final

Deborah Sullivan

Clinical History : Abdominal pain. Trauma.

XR Chest :
Heart is not enlarged. Lungs are clear.

XR Abdomen :
Cholecystectomy clips noted. Mild gaseous distension of large bowel but faeces noted in the rectum but there is no evidence of large or small bowel obstruction as such. Otherwise unremarkable.

XR Knee Rt :
No bone injury is noted.
Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr Gregory O'Neill
Verified by: Dr Gregory O'Neill

CT Head

Performed	23-Mar-2011 15:07	Received	23-Mar-2011 18:57
Reported	23-Mar-2011 18:37	Order Number	G107H25738494
Status	Final	Source System	MiSys

CT Head Final

Deborah Sullivan

Clinical History : Minor head injury 6 days ago. Fell over in street, hit right side. No LOC.

CT Head :

There is no evidence of intracranial pathology or bleed. There is however a small enostosis of the inner table of the left frontal bone. This is of no consequence and longstanding.

Reported by: Dr Allan Reid
Verified by: Dr Allan Reid

CT Abdomen and pelvis

Performed	15-Nov-2010 12:45	Received	15-Nov-2010 16:29
Reported	15-Nov-2010 16:02	Order Number	G107H25397209
Status	Final	Source System	MiSys

CT Abdomen and pelvis Final

Deborah Sullivan

Clinical History : ? acute on chronic pancreatitis ? pseudo cyst. Severe epigastric pain, vomiting. Previous cholecystectomy. LFTs and CRP normal, WCC 6.8 amylase 61.

CT Abdomen and pelvis :

Comparison was made with a previous examination dated 29/5/10.

The pancreas appears essentially normal on this scan. There is no evidence of duct dilatation, parenchymal calcification, focal lesion or peripancreatic collection. There is no evidence to suggest acute pancreatitis.

The liver, spleen, both adrenal glands and both kidneys are unremarkable. No evidence of abdominal or pelvic lymphadenopathy. No definite abnormality identified in the pelvis.

History from CRIS indicates previous fundoplication. Appearances of the cardia are compatible with this. The stomach is moderately dilated and contains food remnants. There is the impression of moderate wall thickening of the antrum. The clinical significance of these findings is uncertain but given the clinical symptoms OGD should be considered for further assessment.

Faecal loading is seen in the right hemicolon. There is diverticulosis of the sigmoid colon but there is no specific sign of diverticulitis.

No free abdominal fluid demonstrated. The visualised bones are unremarkable. The lung bases are clear.

Summary: No evidence of acute pancreatic pathology.
Moderate dilatation of the stomach with the impression of modest mural thickening at the antrum , clinical significance uncertain. Given the clinical symptoms OGD should be considered for further assessment.

Reported by: Dr Hedvig Karteszi
Verified by: Dr Hedvig Karteszi

XR Chest

Performed	12-Nov-2010 15:55	Received	15-Nov-2010 16:41
Reported	15-Nov-2010 16:15	Order Number	G107H25393878
Status	Final	Source System	MiSys

XR Chest Final

Deborah Sullivan

Clinical History : Epigastric pain and tenderness ? perforation.

XR Chest : Unremarkable.

Reported by: Dr Allan Reid
Verified by: Dr Allan Reid

CT Abdomen & pelvis

Performed	29-May-2010 10:06	Received	29-May-2010 12:17
Reported	29-May-2010 11:56	Order Number	G107H13828238
Status	Final	Source System	MiSys

CT Abdomen & pelvis Final
Deborah Sullivan
Clinical History : Past history of chronic pancreatitis. Previous laparoscopic cholecystectomy, appendicectomy, fundoplication etc pain.

CT Abdomen & pelvis :

Contrast enhanced CT scan of abdomen and pelvis.

The appearances are in keeping with the surgery performed. Non dilated biliary tree. The solid abdominal organs appear normal and in particular, the pancreas appears normal. There is minimal residual inflammatory stranding anteriorly, much less than on last scan dated 11/11/09. A somewhat constipated looking colon and perhaps a little distension of distal small bowel but no hard evidence of established obstruction.
No free fluid in abdomen or pelvis and nil else of note.

Reported by: DR IS STEWART
Verified by: DR IS STEWART

XR Chest

Performed	28-May-2010 15:18	Received	30-May-2010 14:06
Reported	30-May-2010 13:43	Order Number	G107H13827614
Status	Final	Source System	MiSys

XR Chest Final

Deborah Sullivan

Clinical History : Central abdo pain. History of pancreatitis.

XR Chest :

The heart is not enlarged and the lungs are clear. No free air under the diaphragm.

XR Abdomen :

Prominent gassy bowel loops are noted but with no specific features of mechanical obstruction.
There is faecal loading of the large bowel.

Reported by: DR BAPPA SARKAR
Verified by: DR BAPPA SARKAR

XR Abdomen

Performed	28-May-2010 15:18	Received	30-May-2010 14:06
Reported	30-May-2010 13:43	Order Number	G107H13827615
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Central abdo pain. History of pancreatitis.

XR Chest :

The heart is not enlarged and the lungs are clear. No free air under the diaphragm.

XR Abdomen :

Prominent gassy bowel loops are noted but with no specific features of mechanical obstruction. There is faecal loading of the large bowel.

Reported by: DR BAPPA SARKAR
Verified by: DR BAPPA SARKAR

XR Abdomen

Performed	10-Mar-2010 11:16	Received	10-Mar-2010 12:29
Reported	10-Mar-2010 12:06	Order Number	G107H13622146
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History : Abdominal pain. Background recurrent pancreatitis and Nissen fundoplication October 2009. Abdominal pain and distention. ? Obstruction.

XR Abdomen :

Comparison is made with the previous film of 06.03.10.
As before, there are no specific diagnostic features to suggest obstruction.

Reported by: DR LK THOMSON and BLANK CLINICIAN
Verified by: DR LK THOMSON

XR Chest

Performed	06-Mar-2010 02:52	Received	11-Mar-2010 12:45
Reported	11-Mar-2010 12:23	Order Number	G107H13608040
Status	Final	Source System	MiSys

XR Chest Final

Deborah Sullivan

Clinical History : Severe epigastric pain radiating to back ? Perforation.

XR Chest :

Normal cardiac and mediastinal contours. The heart is not enlarged, CTR 127/296. The lungs are clear. The bony thorax is intact. No free subdiaphragmatic air to suggest perforation.

XR Abdomen :

Unremarkable bowel gas pattern. No specific diagnostic features to suggest perforation or obstruction. Incidental note is made of clips within the gallbladder fossa in keeping with the history of cholecystectomy.

Reported by: DR P DEONARINE and BLANK CLINICIAN
Verified by: DR P DEONARINE

XR Abdomen

Performed	06-Mar-2010 02:52	Received	11-Mar-2010 12:45
Reported	11-Mar-2010 12:23	Order Number	G107H13608041
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Severe epigastric pain radiating to back ? Perforation.

XR Chest :
Normal cardiac and mediastinal contours. The heart is not enlarged, CTR 127/296. The lungs are clear. The bony thorax is intact. No free subdiaphragmatic air to suggest perforation.

XR Abdomen :

Unremarkable bowel gas pattern. No specific diagnostic features to suggest perforation or obstruction. Incidental note is made of clips within the gallbladder fossa in keeping with the history of cholecystectomy.

Reported by: DR P DEONARINE and BLANK CLINICIAN
Verified by: DR P DEONARINE

MRI Abdomen

Performed	09-Dec-2009 09:26	Received	09-Dec-2009 17:10
Reported	09-Dec-2009 16:50	Order Number	G107H13346154
Status	Final	Source System	MiSys

MRI Abdomen Final
Deborah Sullivan
Clinical History : Admitted with abdominal pain. Previous open laparotomy for fundoplication and revision. Also cholecystectomy. Recurrent pancreatitis with drainage of pseudo cyst. Any intra-abdominal pathology ?.

MRI Abdomen : Axial T2 of the whole abdomen with MRCP sequences performed.

Previous cholecystectomy noted. Biliary tree and main pancreatic duct appear normal.

On the axial T2 weighted images. The pancreas is normal with no peripancreatic inflammation. There is no recurrence of pseudocyst.

On the balance TFV images, there are high intensity signals just below the stomach probably at the upper part of the greater omentum. Exact significance is uncertain but could be a result of a localised panniculitis. Does this correspond to the patient's site of tenderness ?

Conclusion: Cause of chronic abdominal pain remains uncertain. Reasonable pancreas with no recurrence of the patient's pseudocyst. Possible omental inflammation.

Reported by: DR FW POON and BLANK CLINICIAN
Verified by: DR FW POON

CT Abdomen & pelvis with contrast

Performed	11-Nov-2009 16:46	Received	11-Nov-2009 17:42
Reported	11-Nov-2009 17:21	Order Number	G107H13324302
Status	Final	Source System	MiSys

CT Abdomen & pelvis with contrast Final
Deborah Sullivan
Clinical History : Recent laparotomy for Nissen fundoplication. Severe central abdominal pain. Peritonitic.

CT Abdomen & pelvis with contrast :

I assume that the laparotomy was very recent as there is a little air in the incision. If not, then this may represent an infected wound. Anterior to the antrum of the stomach is a diffuse 6cm across area of infiltration of the peritoneal fat indicative of an area of "peritonitis". There is no collection. Within the duodenal loop, is what appears to be a small diverticulum off D2. There is no surrounding inflammation and it appears to contain food.

Close inspection of the wound is advised particularly if this is not a recent operation, to assess why there are a couple of bubbles of gas contained within the scar.
A clip is noted up around the gastro-oesophageal junction at the site of the surgery. No complication is noted up here.

Reported by: DR AW REID and BLANK CLINICIAN
Verified by: DR AW REID

XR Abdomen

Performed	11-Nov-2009 15:08	Received	13-Nov-2009 09:57
Reported	13-Nov-2009 09:36	Order Number	G107H13323927
Status	Final	Source System	MiSys

XR Abdomen Final
Deborah Sullivan
Clinical History : Severe abdominal pain. Recent laparotomy. ? SBO.

XR Abdomen : Please note this examination has been superseded by a CT scan.

The bowel gas pattern is unremarkable. There is faecal loading at the splenic flexure but there are no diagnostic features of obstruction or perforation.

Reported by: DR E OWENS and BLANK CLINICIAN
Verified by: DR E OWENS

XR Chest

Performed	11-Nov-2009 14:42	Received	06-May-2011 12:06
Reported	06-May-2011 11:40	Order Number	G107H13323829
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Nil.

XR Chest : This unreported examination entry has been found during an audit of the RIS system. The entry has been investigated by a Consultant Radiologist. If there have been multiple subsequent examinations of the same type, which have been reported, then no further comment on this particular entry will be made. Some entries may constitute mis-registered entries/examinations not performed or examinations subsequently unavailable on PACS. If appropriate, however, a brief comment will be made below. If at any time a formal report is required then please contact the department.

Reported by: Dr Alasdair McCafferty
Verified by: Dr Alasdair McCafferty

XR Chest

Performed	23-Jul-2009 11:43	Received	27-Jul-2009 18:20
Reported	23-Jul-2009 12:15	Order Number	G107H13093442
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Cough with dirty sputum ? chest infection.

XR Chest :

No change when compared with the previous film of 21/7/09. Normal heart and mediastinal contours. The lungs are clear and the bony thorax is intact. No evidence of pneumothorax.

Reported by: DR C NOBLE and BLANK RADIOL
Verified by: DR C NOBLE

CT Abdomen & pelvis

Performed	22-Jul-2009 12:51	Received	22-Jul-2009 14:28
Reported	22-Jul-2009 13:52	Order Number	G107H13090865
Status	Final	Source System	MiSys

CT Abdomen & pelvis Final

Deborah Sullivan

Clinical History : Recurrent attacks of pancreatitis. Previous pseudo cyst drained. Admitted with epigastric pain to back. ? Pseudo cyst.

CT Abdomen & pelvis :

Comparison is made with the previous CT dated 08/09.08.
There is bibasal atelectatic changes and consolidation noted.
There are some areas of low attenuation seen within the liver. Appearances are highly suggestive of fatty change here. There is no free fluid within the abdomen or pelvis. The pancreas appears to be enhancing normally with no CT evidence of pancreatitis. There is no obvious calcification seen within the pancreatic region either.
No evidence of pseudo cyst noted on the CT and the remainder of the solid organs are unremarkable.

Conclusion - Apart from lung base changes nil else of note.

Reported by: DR S VISWANATHAN and BLANK RADIOL
Verified by: DR S VISWANATHAN

XR Chest

Performed	21-Jul-2009 22:46	Received	23-Jul-2009 09:33
Reported	22-Jul-2009 09:58	Order Number	G107H13090300
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Acute abdomen.

XR Chest :

No abnormality detected.

XR Abdomen :

There is quite heavy faecal loading of the colon.
No evidence of obstruction.
No free gas seen.

Reported by: DR J FRENCH (LOCUM) and BLANK RADIOL
Verified by: DR J FRENCH (LOCUM)

XR Abdomen

Performed	21-Jul-2009 22:46	Received	23-Jul-2009 09:33
Reported	22-Jul-2009 09:58	Order Number	G107H13090301
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Acute abdomen.

XR Chest :

No abnormality detected.

XR Abdomen :

There is quite heavy faecal loading of the colon.
No evidence of obstruction.
No free gas seen.

Reported by: DR J FRENCH (LOCUM) and BLANK RADIOL
Verified by: DR J FRENCH (LOCUM)

XR Chest

Performed	07-Mar-2009 12:50	Received	11-Apr-2009 14:09
Reported	11-Apr-2009 13:49	Order Number	G107H12815955
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Chronic pancreatitis. Abdominal pain. ? obstruction. ? perforation.

XR Chest :

AP position. Comparison made with the previous radiograph from 17/11/08.

The heart and mediastinal contours are normal. No active pulmonary pathology is seen and the bony thorax appears intact. No free air seen under the right hemi-diaphragm.

XR Abdomen :

Non specific bowel gas pattern. No definite evidence of obstruction seen. Clips noted in the right ? in keeping with ?

Reported by: DR I KHAN
Verified by: DR I KHAN

XR Abdomen

Performed	07-Mar-2009 12:50	Received	11-Apr-2009 14:09
Reported	11-Apr-2009 13:49	Order Number	G107H12815956
Status	Final	Source System	MiSys

XR Chest Final
Deborah Sullivan
Clinical History : Chronic pancreatitis. Abdominal pain. ? obstruction. ? perforation.

XR Chest :

AP position. Comparison made with the previous radiograph from 17/11/08.

The heart and mediastinal contours are normal. No active pulmonary pathology is seen and the bony thorax appears intact. No free air seen under the right hemi-diaphragm.

XR Abdomen :

Non specific bowel gas pattern. No definite evidence of obstruction seen. Clips noted in the right ? in keeping with ?

Reported by: DR I KHAN
Verified by: DR I KHAN

Inpatient prescription & administration record for Deborah Sullivan (0712726128)

Admission: 28/10/2025 => 30/10/2025

05:25
02/11/25

Patient Demographics

SULLIVAN Deborah (0712726128)
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Stree, Easterhouse,
Glasgow,
Lanarksh,
G34 9JE

Admitted: 28/10/2025 14:35
Discharged: 30/10/2025 09:08

Transfer history

Admission	2025-10-27 15:46:00	RAE GRI ED
Transfer	2025-10-28 14:35:00	R64 GRI WARD 64

Responsible Consultant history

Assigned No Consultant	27/10/25	15:46
Martha Quinn	28/10/25	14:35

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): PENICILLINS (Rash - Major)

Sensitivity (reaction): OPIOIDS-MORPHINE ANALOGUES (OXYCODONE,BUPRENORPHINE,CODEINE)(GI Upset)

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 28/10/25 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Hasan Almasharqah

28/10/25	17:00	28/10/2025	21:25	Alix Steen	
29/10/25	17:00			Gemma Scullion	Other - see patient nursing notes

Paracetamol 500 mg Tablets as required

☒ 28/10/25 14:55 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Hasan Almasharqah

1,000.00	28/10/2025	20:05	Alix Steen

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Inpatient prescription & administration record for Deborah Sullivan (0712726128)

Admission: 22/08/2025 => 22/08/2025

05:25
25/08/25

Patient Demographics

SULLIVAN Deborah (0712726128)
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Stree, Easterhouse,
Glasgow,
Lanarksh,
G34 9JE

Admitted: 22/08/2025 00:09
Discharged: 22/08/2025 13:58

Transfer history

Admission	2025-08-21 17:31:00	RAE GRI ED
Transfer	2025-08-22 00:09:00	R64 GRI WARD 64

Responsible Consultant history

Assigned No Consultant	21/08/25	17:31
Carol Craig	22/08/25	00:09

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): PENICILLINS (Rash - Major)

Sensitivity (reaction): OPIOIDS-MORPHINE ANALOGUES (OXYCODONE,BUPRENORPHINE,CODEINE)(GI Upset)

Aripiprazole 15 mg Tablets

☒ 22/08/25 07:00 15 mg ONCE daily at 7am (Oral) — Cecelia Hooi Shuen Tee

22/08/25	07:00	Gemma Scullion	Self Administers

Aripiprazole 10 mg Tablets

☒ 22/08/25 07:00 10 mg ONCE daily at 7am (Oral) — Cecelia Hooi Shuen Tee

22/08/25	07:00	Gemma Scullion	Self Administers

Creon 10,000 Capsules

☒ 22/08/25 07:00 1 Capsule THREE times daily at 7am, 12 noon, and 5pm (Oral) — Cecelia Hooi Shuen Tee

22/08/25	07:00	Gemma Scullion	Self Administers
22/08/25	12:00	Gemma Scullion	Other - see patient nursing notes

Empagliflozin 10 mg Tablets

☒ 22/08/25 07:00 10 mg ONCE daily at 7am (Oral) — Cecelia Hooi Shuen Tee

22/08/25	07:00	Gemma Scullion	Self Administers

Esomeprazole 40 mg Tablets

☒ 22/08/25 07:00 40 mg ONCE DAILY MORNING 7am (Oral) — Cecelia Hooi Shuen Tee

22/08/25	07:00	Gemma Scullion	Self Administers

Humulin I (Human insulin) 3mL KwikPen AS PER PAPER CHART

☒ 22/08/25 07:00 1 Dose(s) TWICE DAILY 7am:10pm (Subcutaneous Bolus Injection) — Cecelia Hooi Shuen Tee

22/08/25	07:00	Gemma Scullion	Self Administers

Metformin 500 mg Tablets

☒ 22/08/25 07:00 1,000 mg TWICE DAILY 7am:10pm (Oral) — Cecelia Hooi Shuen Tee

22/08/25	07:00	Gemma Scullion	Self Administers

Mirtazapine 15 mg Tablets

☒ 22/08/25 22:00 15 mg ONCE DAILY NIGHT 10pm (Oral) — Cecelia Hooi Shuen Tee

Pregabalin 100 mg Capsules

☒ 22/08/25 07:00 200 mg ONCE DAILY MORNING 7am (Oral) — Cecelia Hooi Shuen Tee

22/08/25	07:00	Gemma Scullion	Self Administers

Pregabalin 300 mg Capsules

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Pregabalin 300 mg Capsules *(Continued)*

22/08/25 22:00 300 mg ONCE DAILY NIGHT 10pm (Oral) Cecelia Hooi Shuen Tee

Procyclidine 5 mg Tablets

22/08/25 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Cecelia Hooi Shuen Tee

22/08/25 07:00 Gemma Scullion Self Administers

Ramipril 2.5 mg Capsules

22/08/25 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Cecelia Hooi Shuen Tee

22/08/25 07:00 Gemma Scullion Self Administers

Semaglutide 14 mg Tablets

22/08/25 07:00 14 mg ONCE daily at 7am (Oral) Cecelia Hooi Shuen Tee

22/08/25 07:00 Gemma Scullion Self Administers

Simvastatin 20 mg Tablets

22/08/25 22:00 20 mg ONCE daily at 10pm (Oral) Cecelia Hooi Shuen Tee

Sucralfate (Unlicensed) 1g Tablets

22/08/25 22:00 2 g ONCE DAILY NIGHT 10pm (Oral) Cecelia Hooi Shuen Tee

Venlafaxine 75 mg Tablets

22/08/25 07:00 75 mg TWICE DAILY 7am:10pm (Oral) Cecelia Hooi Shuen Tee

22/08/25 07:00 Gemma Scullion Self Administers

Diazepam 2 mg Tablets as required

22/08/25 02:06 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) pain Cecelia Hooi Shuen Tee

Ondansetron 4 mg Tablets as required

22/08/25 02:09 4 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) For Nausea Cecelia Hooi Shuen Tee

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HEPMA MAP v1.0

Inpatient prescription & administration record for Deborah Sullivan (0712726128) Admission: 18/03/2025 => 21/03/2025

05:00
24/03/25

Patient Demographics

SULLIVAN Deborah (0712726128)
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Stree, Easterhouse,
Glasgow,
Lanarksh,
G34 9JE

Admitted: 18/03/2025 21:37
Discharged: 21/03/2025 23:02

Transfer history

Admission	2025-03-18 16:32:00	RAE GRI ED
Transfer	2025-03-18 21:37:00	R64 GRI WARD 64
Transfer	2025-03-20 00:16:00	R49GS GRI GS

Responsible Consultant history

Assigned No Consultant	18/03/25	16:32
Mark Duxbury	18/03/25	21:37

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): PENICILLINS (Rash - Major)

Sensitivity (reaction): OPIOIDS-MORPHINE ANALOGUES (OXYCODONE,BUPRENORPHINE,CODEINE)(GI Upset)

Aripiprazole 15 mg Tablets

☒ 19/03/25 07:00 15 mg ONCE daily at 7am (Oral) — Thomas Wilkes

19/03/25	07:00			Natalie Maguire	Self Administers
20/03/25	07:00			Louise Macleod	Self Administers
21/03/25	07:00	21/03/2025	08:06	Ana Marques	

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Aripiprazole 10 mg Tablets

☒ 19/03/25 07:00 10 mg ONCE daily at 7am (Oral) — Thomas Wilkes

19/03/25	07:00			Natalie Maguire	Self Administers
20/03/25	07:00			Louise Macleod	Self Administers
21/03/25	07:00	21/03/2025	08:06	Ana Marques	

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Ciclosporin 1mg in 1ml (0.1%) Single Use Eye Drops

☒ 19/03/25 22:00 1 Drop(s) ONCE DAILY NIGHT 10pm (Eye Both) — Thomas Wilkes

19/03/25	22:00	Alix Duncan	Self Administers
20/03/25	22:00	Emma Riddle	Self Administers
21/03/25	22:00	Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Creon 10,000 Capsules

☒ 19/03/25 07:00 1 Capsule THREE times daily at 7am, 12 noon, and 5pm (Oral) — Thomas Wilkes

19/03/25	07:00	Natalie Maguire	Self Administers
19/03/25	12:00	Natalie Maguire	Self Administers
19/03/25	17:00	Natalie Maguire	Self Administers
20/03/25	07:00	Louise Macleod	Self Administers
20/03/25	12:00	Louise Macleod	Self Administers
20/03/25	17:00	Louise Macleod	Self Administers
21/03/25	07:00	Ana Marques	Self Administers
21/03/25	12:00	Ana Marques	Self Administers
21/03/25	17:00	Ana Marques	Self Administers

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Empagliflozin 10 mg Tablets

☒ 19/03/25 07:00 10 mg ONCE daily at 7am (Oral) — Thomas Wilkes

19/03/25	07:00	Suspended
20/03/25	07:00	Suspended
21/03/25	07:00	Suspended

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Empagliflozin 10 mg Tablets *(Continued)*

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

19/03/25 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Thomas Wilkes

19/03/25	17:00	19/03/2025	17:23	Natalie Maguire	
20/03/25	17:00	20/03/2025	17:55	Louise Macleod	
21/03/25	17:00	21/03/2025	17:34	Ana Marques	

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Esomeprazole 40 mg Tablets

19/03/25 07:00 40 mg TWICE DAILY 7am:10pm (Oral) — Thomas Wilkes

19/03/25	07:00			Natalie Maguire	Self Administers
19/03/25	22:00	19/03/2025	21:10	Alix Duncan	
20/03/25	07:00			Louise Macleod	Self Administers
20/03/25	22:00	20/03/2025	21:34	Emma Riddle	
21/03/25	07:00	21/03/2025	08:06	Ana Marques	
21/03/25	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

HYLO-NIGHT Preservative Free Eye Ointment

19/03/25 22:00 1 Application ONCE DAILY NIGHT 10pm (Eye Both) — Thomas Wilkes

19/03/25	22:00	Alix Duncan	Self Administers
20/03/25	22:00	Emma Riddle	Self Administers
21/03/25	22:00	Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Metformin 500 mg Tablets

19/03/25 07:00 1,000 mg TWICE DAILY 7am:10pm (Oral) — Thomas Wilkes

19/03/25	07:00			Natalie Maguire	Self Administers
19/03/25	22:00	19/03/2025	21:11	Alix Duncan	
20/03/25	07:00			Louise Macleod	Self Administers
20/03/25	22:00			Emma Riddle	Other - see patient nursing notes
21/03/25	07:00	21/03/2025	08:06	Ana Marques	
21/03/25	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Methenamine hippurate 1000mg Tablets

18/03/25 22:00 1,000 mg TWICE daily at 7am and 10pm (Oral) — Thomas Wilkes

18/03/25	22:00			Alix Duncan	Other - see patient nursing notes
19/03/25	07:00			Natalie Maguire	Self Administers
19/03/25	22:00			Alix Duncan	Drug unavailable
20/03/25	07:00			Louise Macleod	Drug unavailable
20/03/25	22:00	Suspended			
21/03/25	07:00	Suspended			
21/03/25	22:00	Suspended			

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

MIRTAZAPINE 30 mg Tablets

19/03/25 22:00 30 mg ONCE DAILY NIGHT 10pm (Oral) — Thomas Wilkes

19/03/25	22:00	19/03/2025	21:10	Alix Duncan	
20/03/25	22:00	20/03/2025	21:34	Emma Riddle	
21/03/25	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

PREGABALIN 100 mg Capsules

21/03/25 07:00 200 mg ONCE DAILY MORNING 7am (Oral) — Hasan Almasharqah

21/03/25	07:00	21/03/2025	08:06	Ana Marques	

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

PREGABALIN 300 mg Capsules

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HEPMA MAP v1.0

PREGABALIN 300 mg Capsules *(Continued)*

18/03/25 22:00 300 mg ONCE DAILY NIGHT 10pm (Oral) Thomas Wilkes

18/03/25	22:00			Alix Duncan	Other - see patient nursing notes
19/03/25	22:00	19/03/2025	21:10	Alix Duncan	
20/03/25	22:00	20/03/2025	21:33	Emma Riddle	
21/03/25	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Procyclidine 5 mg Tablets

19/03/25 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Thomas Wilkes

19/03/25	07:00			Natalie Maguire	Self Administers
20/03/25	07:00			Louise Macleod	Self Administers
21/03/25	07:00	21/03/2025	08:06	Ana Marques	

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

RAMIPRIL 2.5 mg Capsules

19/03/25 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Thomas Wilkes

19/03/25	07:00			Natalie Maguire	Self Administers
20/03/25	07:00			Louise Macleod	Self Administers
21/03/25	07:00	21/03/2025	08:06	Ana Marques	

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Saliva Artificial Oral Spray

19/03/25 07:00 4 Spray(s) FOUR TIMES DAILY 7am:12pm:5pm:10pm (Mouth) Thomas Wilkes

19/03/25	07:00	Natalie Maguire	Self Administers
19/03/25	12:00	Natalie Maguire	Self Administers
19/03/25	17:00	Natalie Maguire	Self Administers
19/03/25	22:00	Alix Duncan	Self Administers
20/03/25	07:00	Louise Macleod	Self Administers
20/03/25	12:00	Louise Macleod	Self Administers
20/03/25	17:00	Louise Macleod	Self Administers
20/03/25	22:00	Emma Riddle	Self Administers
21/03/25	07:00	Ana Marques	Self Administers
21/03/25	12:00	Ana Marques	Self Administers
21/03/25	17:00	Ana Marques	Self Administers
21/03/25	22:00	Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Semaglutide 7 mg Tablets

19/03/25 07:00 7 mg ONCE daily at 7am (Oral) Thomas Wilkes

19/03/25	07:00	Suspended
20/03/25	07:00	Suspended
21/03/25	07:00	Suspended

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

SIMVASTATIN 20 mg Tablets

19/03/25 22:00 20 mg ONCE daily at 10pm (Oral) Thomas Wilkes

19/03/25	22:00	Suspended
20/03/25	22:00	Suspended
21/03/25	22:00	Suspended

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

SUCRALFATE (Unlicensed) 1g Tablets

18/03/25 22:00 2 g ONCE DAILY NIGHT 10pm (Oral) Thomas Wilkes

18/03/25	22:00			Alix Duncan	Other - see patient nursing notes
19/03/25	22:00			Alix Duncan	Drug unavailable
20/03/25	22:00	20/03/2025	21:37	Emma Riddle	
21/03/25	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

TED STOCKINGS Stocking

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TED STOCKINGS Stocking *(Continued)*

18/03/25 22:21 1 Dose (Topical) Thomas Wilkes

18/03/25	22:21	18/03/2025	22:21	Alix Duncan	

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

19/03/25 07:00 1 Dose ONCE DAILY MORNING 7am (Topical) Thomas Wilkes

19/03/25	07:00	19/03/2025	08:44	Natalie Maguire	
20/03/25	07:00			Louise Macleod	Refused by Patient
21/03/25	07:00	21/03/2025	08:06	Ana Marques	

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

VENLAFAXINE 75 mg Tablets

18/03/25 22:00 75 mg TWICE DAILY 7am:10pm (Oral) Thomas Wilkes

18/03/25	22:00			Alix Duncan	Other - see patient nursing notes
19/03/25	07:00			Natalie Maguire	Self Administers
19/03/25	22:00	19/03/2025	21:10	Alix Duncan	
20/03/25	07:00			Louise Macleod	Self Administers
20/03/25	22:00	20/03/2025	21:34	Emma Riddle	
21/03/25	07:00	21/03/2025	08:06	Ana Marques	
21/03/25	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Clotrimazole 1% Cream as required

18/03/25 21:57 1 Application TWICE DAILY 7am:10pm (Topical) as required Thomas Wilkes

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Co-dydramol 10/500 Tablets as required

18/03/25 21:57 2 Tablet FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN Thomas Wilkes

2.00	19/03/2025	08:43	Natalie Maguire
2.00	19/03/2025	14:47	Sahra Gelle
2.00	20/03/2025	11:22	Louise Macleod
2.00	20/03/2025	18:29	Louise Macleod
2.00	21/03/2025	13:11	Ana Marques

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Diazepam 2 mg Tablets as required

18/03/25 21:59 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) as needed Thomas Wilkes

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

GLYCEROL 4 g Suppositories (Glycerin Adult) as required

21/03/25 09:10 4 g (Rectal) FOR CONSTIPATION Genevieve Turner

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

IUMULIN I 3mL Kwikpen - AS PER PAPER CHART as required

18/03/25 22:04 1 Dose(s) (Subcutaneous Bolus Injection) check chart Thomas Wilkes

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Lactulose Oral Solution as required

18/03/25 22:05 15 mL TWICE DAILY 7am:10pm (Oral) as required Thomas Wilkes

15.00	20/03/2025	21:38	Emma Riddle

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

19/03/25 14:41 5 mg every TWO HOURS (Oral) FOR PAIN Max 6 dose/24h thn Dr r/v Niall Holden

Discontinued on: 19/03/2025 14:41:00 by: Niall Holden . Reason: Contra-Indicated

19/03/25 15:37 5 mg (Oral) FOR PAIN Max 6 dose/24h thn Dr r/v Niall Holden

5.00	19/03/2025	15:41	Finn MacKee
10.00	19/03/2025	19:06	Natalie Maguire
10.00	19/03/2025	21:20	Alix Duncan

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MORPHINE SULFATE 10 mg in 5mL Oral Solution as required *(Continued)*

10.00	20/03/2025	00:32	Grace Kouadio
5.00	20/03/2025	13:16	Louise Macleod
10.00	20/03/2025	19:35	Emma Riddle
10.00	20/03/2025	20:42	Emma Riddle

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Ondansetron 4 mg Tablets as required

18/03/25 22:00 4 mg every 8 HOURS (Oral) For Nausea *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* Thomas Wilkes

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Ondansetron 4 mg in 2mL Injection as required

18/03/25 22:00 4 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* Thomas Wilkes

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

18/03/25 22:00 4 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Ondansetron Po/Iv/Im 4Mg* Thomas Wilkes

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

PEPTAC Oral Sugar Free Suspension as required

18/03/25 22:07 5 mL FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR INDIGESTION Thomas Wilkes

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

RIZATRIPTAN 10mg TABLETS as required

18/03/25 21:56 10 mg (Oral) For Migraine Thomas Wilkes

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

SODIUM HYALURONATE 0.2 % PF Eye Drops HYLOFORTE as required

18/03/25 22:14 1 Drop(s) (Eye Both) as needed Thomas Wilkes

Discontinued on: 21/03/2025 23:02:58 by: Grace Kouadio

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Inpatient prescription & administration record for Deborah Sullivan (0712726128)

Admission: 03/12/2024 => 05/12/2024

05:00
08/12/24

Patient Demographics

SULLIVAN Deborah (0712726128)
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Stree, Easterhouse,
Glasgow,
Lanarksh,
G34 9JE

Admitted: 03/12/2024 21:47
Discharged: 05/12/2024 10:33

Transfer history

Admission	2024-12-03 13:42:00	RAE GRI ED
Transfer	2024-12-03 21:47:00	R63 GRI WARD 63

Responsible Consultant history

Assigned No Consultant	03/12/24 13:42
Richard Stevenson	03/12/24 21:47

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): PENICILLINS (Rash - Major)

Sensitivity (reaction): OPIOIDS-MORPHINE ANALOGUES (OXYCODONE,BUPRENORPHINE,CODEINE)(GI Upset)

Aripiprazole 15 mg Tablets

☒ 04/12/24 07:00 15 mg ONCE daily at 7am (Oral) — Morven Walters

04/12/24	07:00	Louise Pender	Self Administers
05/12/24	07:00	Katie Hale	Self Administers

Aripiprazole 10 mg Tablets

☒ 04/12/24 07:00 10 mg ONCE daily at 7am (Oral) — Morven Walters

04/12/24	07:00	Louise Pender	Self Administers
05/12/24	07:00	Katie Hale	Self Administers

Creon 10,000 Capsules

☒ 04/12/24 07:00 1 Capsule THREE times daily at 7am, 12 noon, and 5pm (Oral) — Morven Walters

04/12/24	07:00	Louise Pender	Self Administers
04/12/24	12:00	Lynne Clark	Self Administers
04/12/24	17:00	Lynne Clark	Self Administers
05/12/24	07:00	Katie Hale	Self Administers

Empagliflozin 10 mg Tablets

☒ 04/12/24 07:00 10 mg ONCE daily at 7am (Oral) — Morven Walters

04/12/24	07:00	Louise Pender	Self Administers
05/12/24	07:00	Katie Hale	Self Administers

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 04/12/24 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Morven Walters

04/12/24	17:00	04/12/2024	17:38	Lynne Clark

Esomeprazole 40 mg Tablets

☒ 04/12/24 07:00 40 mg TWICE DAILY 7am:10pm (Oral) — Morven Walters

04/12/24	07:00	Louise Pender	Self Administers
04/12/24	22:00	Gosia Czyzanowska	Self Administers
05/12/24	07:00	Katie Hale	Self Administers

HUMULIN I 3mL Kwikpen - AS PER PAPER CHART

☒ 04/12/24 07:00 1 Dose(s) ONCE DAILY MORNING 7am (Subcutaneous Bolus Injection) — Morven Walters

04/12/24	07:00	04/12/2024	09:58	Lynne Clark
05/12/24	07:00			Katie Hale Self Administers

Lactulose Oral Solution

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Lactulose Oral Solution *(Continued)*

☒ 04/12/24 07:00 15 mL TWICE DAILY 7am:10pm (Oral) Morven Walters

04/12/24	07:00	04/12/2024	08:29	Louise Pender	
04/12/24	22:00	04/12/2024	21:35	Gosia Czyzanowska	
05/12/24	07:00	05/12/2024	09:23	Katie Hale	

Laxido (Orange) Sachets

☒ 04/12/24 07:00 1 Sachet TWICE DAILY 7am:10pm (Oral) Morven Walters

04/12/24	07:00			Louise Pender	Self Administers
04/12/24	22:00			Gosia Czyzanowska	Refused by Patient
05/12/24	07:00	05/12/2024	09:25	Katie Hale	

Metformin 500 mg Tablets

☒ 04/12/24 07:00 1,000 mg TWICE DAILY 7am:10pm (Oral) Morven Walters

04/12/24	07:00			Louise Pender	Self Administers
04/12/24	22:00			Gosia Czyzanowska	Prescription Clarification Required
05/12/24	07:00			Katie Hale	Self Administers

MIRTAZAPINE 30 mg Tablets

☒ 04/12/24 22:00 30 mg ONCE DAILY NIGHT 10pm (Oral) Morven Walters

04/12/24	22:00			Gosia Czyzanowska	Self Administers

PREGABALIN 100 mg Capsules

☒ 04/12/24 07:00 200 mg ONCE DAILY MORNING 7am (Oral) Morven Walters

04/12/24	07:00			Louise Pender	Self Administers
05/12/24	07:00			Katie Hale	Self Administers

Procyclidine 5 mg Tablets

☒ 04/12/24 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Morven Walters

04/12/24	07:00			Louise Pender	Self Administers
05/12/24	07:00			Katie Hale	Self Administers

RAMIPRIL 2.5 mg Capsules

☒ 04/12/24 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Morven Walters

04/12/24	07:00			Louise Pender	Self Administers
05/12/24	07:00			Katie Hale	Self Administers

SIMVASTATIN 20 mg Tablets

☒ 04/12/24 22:00 20 mg ONCE daily at 10pm (Oral) Morven Walters

04/12/24	22:00			Gosia Czyzanowska	Self Administers

SUCRALFATE (Unlicensed) 1g Tablets

☒ 04/12/24 07:00 2 g TWICE DAILY 7am:10pm (Oral) Morven Walters

04/12/24	07:00			Louise Pender	Self Administers
04/12/24	22:00	04/12/2024	21:35	Gosia Czyzanowska	
05/12/24	07:00			Katie Hale	Self Administers

VENLAFAXINE 75 mg Modified Release Capsules

☒ 04/12/24 07:00 75 mg TWICE DAILY 7am:10pm (Oral) Morven Walters

04/12/24	07:00			Louise Pender	Self Administers
04/12/24	22:00			Gosia Czyzanowska	Self Administers
05/12/24	07:00			Katie Hale	Self Administers

Cyclizine 50 mg in 1 mL Injection as required

☒ 04/12/24 06:45 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Morven Walters

Dione Longmuir Alternative administered

☒ 04/12/24 06:45 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Morven Walters

Dione Longmuir Alternative administered

Cyclizine 50 mg Tablets as required

☒ 04/12/24 06:45 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Morven Walters

50.00 04/12/2024 18:35 Dione Longmuir

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Diazepam 2 mg Tablets as required

☒ 04/12/24 03:47 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) prn aiming to minimise — Morven Walters

Dihydrocodeine 30 mg Tablets as required

☒ 04/12/24 06:38 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN — Morven Walters

30.00	04/12/2024	07:09	Emma Bruce
30.00	04/12/2024	18:33	Dione Longmuir
30.00	05/12/2024	06:22	Gosia Czyzanowska

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 04/12/24 11:28 2 mg (Oral) FOR PAIN — Mariyam Layya Riyaz

2.00	04/12/2024	11:41	Dione Longmuir
2.00	04/12/2024	15:18	Dione Longmuir
2.00	04/12/2024	20:17	Gosia Czyzanowska
2.00	05/12/2024	04:05	Jim Innes

Ondansetron 4 mg Tablets as required

☒ 04/12/24 03:43 4 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) for nausea — Morven Walters

Paracetamol 500 mg Tablets as required

☒ 04/12/24 02:39 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Morven Walters

1,000.00	04/12/2024	02:44	Joanne Cairney
1,000.00	04/12/2024	10:33	Lynne Clark
1,000.00	04/12/2024	18:33	Dione Longmuir
1,000.00	05/12/2024	06:22	Gosia Czyzanowska

PEPTAC Oral Sugar Free Suspension as required

☒ 04/12/24 02:43 5 mL EVERY SIX HOURS (Oral) FOR INDIGESTION — Morven Walters

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HEPMA MAP v1.0

Inpatient prescription & administration record for Deborah Sullivan (0712726128)

Admission: 12/09/2024 => 15/09/2024

05:00
18/09/24

Patient Demographics

SULLIVAN Deborah (0712726128)
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Stree, Easterhouse,
Glasgow,
Lanarksh,
G34 9JE

Admitted: 12/09/2024 04:09
Discharged: 15/09/2024 12:25

Transfer history

Admission	2024-09-11 21:35:00	RAE GRI ED
Transfer	2024-09-12 04:09:00	R63 GRI WARD 63
Transfer	2024-09-12 13:54:00	R64 GRI WARD 64

Responsible Consultant history

Assigned No Consultant 12/09/24 04:09

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): PENICILLINS (Rash - Major)

Sensitivity (reaction): OPIOIDS-MORPHINE ANALOGUES (OXYCODONE,BUPRENORPHINE,CODEINE)(GI Upset)

Aripiprazole 15 mg Tablets

☒ 13/09/24 07:00 15 mg ONCE daily at 7am (Oral) — Katherine Duncan

13/09/24	07:00		Lauren McLean	Drug unavailable
14/09/24	07:00		Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00		Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Aripiprazole 10 mg Tablets

☒ 13/09/24 07:00 10 mg ONCE daily at 7am (Oral) — Katherine Duncan

13/09/24	07:00		Lauren McLean	Drug unavailable
14/09/24	07:00		Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00		Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Carbomer 0.2 % Eye Drops (Clinitas)

☒ 12/09/24 19:00 1 Drop(s) SIX TIMES DAILY (Eye Both) — Stephen Toland

12/09/24	19:00	12/09/2024	21:21	Grace White	
12/09/24	21:00	12/09/2024	22:00	Grace White	
13/09/24	07:00			Lisa Ann Sinclair	Self Administers
13/09/24	09:00			Lisa Ann Sinclair	Self Administers
13/09/24	11:00			Lauren McLean	Self Administers
13/09/24	13:00			Lauren McLean	Self Administers
13/09/24	15:00			Lauren McLean	Self Administers
13/09/24	17:00			Lauren McLean	Self Administers
13/09/24	19:00			Grace Kouadio	Self Administers
13/09/24	21:00			Nicole Orrock	Self Administers
14/09/24	07:00			Ailie Hamilton Murray	Self Administers
14/09/24	09:00			Ailie Hamilton Murray	Self Administers
14/09/24	11:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	13:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	15:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	17:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	19:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	21:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	09:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	11:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

CELECOXIB 100 mg Capsules

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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CELECOXIB 100 mg Capsules *(Continued)*

☒ 12/09/24 22:00 100 mg TWICE DAILY 7am:10pm (Oral) Stephen Toland

12/09/24	22:00	Grace White	Drug unavailable
13/09/24	07:00	Lisa Ann Sinclair	Refused by Patient
13/09/24	22:00	Nicole Orrock	Drug unavailable
14/09/24	07:00	Ailie Hamilton Murray	Refused by Patient
14/09/24	22:00	Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00	Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Ciclosporin 1mg in 1ml (0.1%) Single Use Eye Drops

☒ 13/09/24 07:00 1 Drop(s) ONCE DAILY MORNING 7am (Eye Both) Stephen Toland

13/09/24	07:00	Lisa Ann Sinclair	Self Administers
14/09/24	07:00	Ailie Hamilton Murray	Self Administers
15/09/24	07:00	Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Creon 10,000 Capsules

☒ 12/09/24 12:00 1 Capsule THREE times daily at 7am, 12 noon, and 5pm (Oral) Katherine Duncan

12/09/24	12:00	12/09/2024	13:35	Nicole Morrison	
12/09/24	17:00	12/09/2024	17:49	Charlie Andrew Law	
13/09/24	07:00	13/09/2024	09:07	Lisa Ann Sinclair	
13/09/24	12:00	13/09/2024	13:17	Lauren McLean	
13/09/24	17:00	13/09/2024	17:29	Lauren McLean	
14/09/24	07:00			Ailie Hamilton Murray	Self Administers
14/09/24	12:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	17:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	12:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Dihydrocodeine 30 mg Tablets

☒ 12/09/24 12:00 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Melchizedek Olatunji

12/09/24	12:00	12/09/2024	13:35	Nicole Morrison	
12/09/24	17:00	12/09/2024	17:49	Charlie Andrew Law	
12/09/24	22:00	12/09/2024	21:19	Grace White	
13/09/24	07:00	13/09/2024	09:08	Lisa Ann Sinclair	
13/09/24	12:00	13/09/2024	13:17	Lauren McLean	
13/09/24	17:00	13/09/2024	17:29	Lauren McLean	
13/09/24	22:00	13/09/2024	22:57	Nicole Orrock	
14/09/24	07:00	14/09/2024	08:47	Ailie Hamilton Murray	
14/09/24	12:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	17:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	12:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Empagliflozin 10 mg Tablets

☒ 13/09/24 07:00 10 mg ONCE daily at 7am (Oral) Katherine Duncan

13/09/24	07:00	Suspended
14/09/24	07:00	Suspended
15/09/24	07:00	Suspended

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 12/09/24 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) Melchizedek Olatunji

12/09/24	17:00	12/09/2024	17:49	Charlie Andrew Law	
13/09/24	17:00	13/09/2024	17:29	Lauren McLean	
14/09/24	17:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Esomeprazole 40 mg Tablets

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Esomeprazole 40 mg Tablets *(Continued)*

☒ 12/09/24 22:00 40 mg TWICE DAILY 7am:10pm (Oral) Katherine Duncan

12/09/24	22:00	12/09/2024	21:15	Grace White	
13/09/24	07:00	13/09/2024	08:56	Lisa Ann Sinclair	
13/09/24	22:00	13/09/2024	22:59	Nicole Orrock	
14/09/24	07:00	14/09/2024	08:42	Ailie Hamilton Murray	
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:56 by: Grace Kouadio

HUMULIN I 3mL Kwikpen - AS PER PAPER CHART

☒ 13/09/24 07:00 1 Dose(s) ONCE DAILY MORNING 7am (Subcutaneous Bolus Injection) Katherine Duncan

13/09/24	07:00	13/09/2024	09:17	Lisa Ann Sinclair	
14/09/24	07:00	14/09/2024	08:58	Ailie Hamilton Murray	
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:56 by: Grace Kouadio

☒ 12/09/24 07:49 1 Dose(s) (Subcutaneous Bolus Injection) Katherine Duncan

12/09/24	07:49			Nicole Morrison	Self Administers

Discontinued on: 15/09/2024 12:25:56 by: Grace Kouadio

HYLO-NIGHT Preservative Free Eye Ointment

☒ 12/09/24 22:00 1 Application ONCE DAILY NIGHT 10pm (Eye Both) Stephen Toland

12/09/24	22:00	12/09/2024	21:19	Grace White	
13/09/24	22:00			Nicole Orrock	Self Administers
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Lactulose Oral Solution

☒ 12/09/24 22:00 15 mL TWICE DAILY 7am:10pm (Oral) Katherine Duncan

12/09/24	22:00	12/09/2024	21:15	Grace White	
13/09/24	07:00	13/09/2024	08:55	Lisa Ann Sinclair	
13/09/24	22:00	13/09/2024	23:00	Nicole Orrock	
14/09/24	07:00	14/09/2024	08:41	Ailie Hamilton Murray	
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:56 by: Grace Kouadio

Metformin 500 mg Tablets

☒ 12/09/24 22:00 1,000 mg TWICE DAILY 7am:10pm (Oral) Katherine Duncan

12/09/24	22:00	12/09/2024	21:18	Grace White	
13/09/24	07:00	13/09/2024	08:58	Lisa Ann Sinclair	
13/09/24	22:00			Nicole Orrock	Prescription Clarification Required
14/09/24	07:00	14/09/2024	08:44	Ailie Hamilton Murray	
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

MIRTAZAPINE 30 mg Tablets

☒ 12/09/24 22:00 30 mg ONCE DAILY NIGHT 10pm (Oral) Katherine Duncan

12/09/24	22:00	12/09/2024	22:00	Grace White	
13/09/24	22:00	13/09/2024	22:55	Nicole Orrock	
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Paracetamol 500 mg Tablets

☒ 12/09/24 12:00 1,000 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Melchizedek Olatunji

12/09/24	12:00	12/09/2024	13:35	Nicole Morrison
12/09/24	17:00	12/09/2024	17:49	Charlie Andrew Law
12/09/24	22:00	12/09/2024	21:19	Grace White
13/09/24	07:00	13/09/2024	09:08	Lisa Ann Sinclair
13/09/24	12:00	13/09/2024	13:17	Lauren McLean
13/09/24	17:00	13/09/2024	17:29	Lauren McLean

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Paracetamol 500 mg Tablets *(Continued)*

13/09/24	22:00	13/09/2024	22:57	Nicole Orrock	
14/09/24	07:00	14/09/2024	08:47	Ailie Hamilton Murray	
14/09/24	12:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	17:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	12:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

PEPTAC Oral Sugar Free Suspension

☒ 12/09/24 12:00 5 mL FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Katherine Duncan

12/09/24	12:00			Nicole Morrison	Refused by Patient
12/09/24	17:00	12/09/2024	17:49	Charlie Andrew Law	
12/09/24	22:00	12/09/2024	21:17	Grace White	
13/09/24	07:00	13/09/2024	08:57	Lisa Ann Sinclair	
13/09/24	12:00	13/09/2024	13:17	Lauren McLean	
13/09/24	17:00	13/09/2024	17:29	Lauren McLean	
13/09/24	22:00	13/09/2024	23:00	Nicole Orrock	
14/09/24	07:00	14/09/2024	08:43	Ailie Hamilton Murray	
14/09/24	12:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	17:00			Grace Kouadio	Not Charted prior to Discharge
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	12:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

PREGABALIN 100 mg Capsules

☒ 13/09/24 07:00 200 mg ONCE DAILY MORNING 7am (Oral) Katherine Duncan

13/09/24	07:00	13/09/2024	08:55	Lisa Ann Sinclair	
14/09/24	07:00	14/09/2024	08:41	Ailie Hamilton Murray	
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:56 by: Grace Kouadio

PREGABALIN 300 mg Capsules

☒ 12/09/24 22:00 300 mg ONCE DAILY NIGHT 10pm (Oral) Katherine Duncan

12/09/24	22:00	12/09/2024	22:00	Grace White	
13/09/24	22:00	13/09/2024	22:55	Nicole Orrock	
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:56 by: Grace Kouadio

Procyclidine 5 mg Tablets

☒ 13/09/24 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Katherine Duncan

13/09/24	07:00	13/09/2024	08:58	Lisa Ann Sinclair	
14/09/24	07:00	14/09/2024	08:44	Ailie Hamilton Murray	
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

RAMIPRIL 2.5 mg Capsules

☒ 13/09/24 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Katherine Duncan

13/09/24	07:00	13/09/2024	08:56	Lisa Ann Sinclair	
14/09/24	07:00	14/09/2024	08:42	Ailie Hamilton Murray	
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Semaglutide 7 mg Tablets

☒ 13/09/24 07:00 7 mg ONCE daily at 7am (Oral) Stephen Toland

13/09/24	07:00			Lauren McLean	Drug unavailable
14/09/24	07:00	14/09/2024	08:54	Ailie Hamilton Murray	
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

SIMVASTATIN 20 mg Tablets

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SIMVASTATIN 20 mg Tablets *(Continued)*

☒ 12/09/24 22:00 20 mg ONCE daily at 10pm (Oral) Katherine Duncan

12/09/24	22:00	12/09/2024	21:15	Grace White	
13/09/24	22:00	13/09/2024	22:57	Nicole Orrock	
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:56 by: Grace Kouadio

SUCRALFATE (Unlicensed) 1g Tablets

☒ 12/09/24 22:00 2 g TWICE DAILY 7am:10pm (Oral) Stephen Toland

12/09/24	22:00	Grace White	Drug unavailable
13/09/24	07:00	Lauren McLean	Drug unavailable
13/09/24	22:00	Nicole Orrock	Drug unavailable
14/09/24	07:00	Grace Kouadio	Not Charted prior to Discharge
14/09/24	22:00	Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00	Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

TED STOCKINGS Stocking

☒ 12/09/24 08:28 1 Dose every 24 HOURS (Topical) for 1 day(s) Melchizedek Olatunji

12/09/24	08:28	12/09/2024	09:35	Robyn Lee	

☒ 13/09/24 07:00 1 Dose ONCE DAILY MORNING 7am (Topical) Melchizedek Olatunji

13/09/24	07:00	13/09/2024	09:09	Lisa Ann Sinclair	
14/09/24	07:00	14/09/2024	08:47	Ailie Hamilton Murray	
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

VENLAFAXINE 75 mg Tablets

☒ 12/09/24 22:00 75 mg TWICE DAILY 7am:10pm (Oral) Stephen Toland

12/09/24	22:00	12/09/2024	21:19	Grace White	
13/09/24	07:00	13/09/2024	09:08	Lisa Ann Sinclair	
13/09/24	22:00	13/09/2024	22:57	Nicole Orrock	
14/09/24	07:00	14/09/2024	08:52	Ailie Hamilton Murray	
14/09/24	22:00			Grace Kouadio	Not Charted prior to Discharge
15/09/24	07:00			Grace Kouadio	Not Charted prior to Discharge

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Cyclizine 50 mg in 1 mL Injection as required

☒ 12/09/24 08:28 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Melchizedek Olatunji

Charlie Andrew Law	Alternative administered
Grace Kouadio	Alternative administered
Nicole Orrock	Alternative administered

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

☒ 12/09/24 08:28 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Melchizedek Olatunji

			Charlie Andrew Law	Alternative administered
50.00	13/09/2024	13:01	Grace Kouadio/ Lisa Ann Sinclair	
			Nicole Orrock	Alternative administered

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Cyclizine 50 mg Tablets as required

☒ 12/09/24 08:28 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* Melchizedek Olatunji

50.00	12/09/2024	17:49	Charlie Andrew Law	
			Grace Kouadio	Alternative administered
50.00	14/09/2024	03:51	Nicole Orrock	

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Diazepam 2 mg Tablets as required

☒ 12/09/24 17:27 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) Anxiety Stephen Toland

Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

HYLO-CARE EYE DROPS (preserv-free) as required

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HYLO-CARE EYE DROPS (preserv-free) as required *(Continued)*

☒ 12/09/24 17:35 1 Drop(s) FOUR TIMES DAILY 7am:12pm:5pm:10pm (Eye Both) for dry eyes — Stephen Toland

⓪ Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 12/09/24 08:28 5 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* — Melchizedek Olatunji

Robyn Lee	Alternative administered
Robyn Lee	Alternative administered
Grace White	Alternative administered
Grace White	Alternative administered
Lauren McLean	Alternative administered
Grace Kouadio	Alternative administered
Grace Kouadio	Alternative administered
Lauren McLean	Alternative administered
Nicole Orrock	Alternative administered
Nicole Orrock	Alternative administered
Ailie Hamilton Murray	Alternative administered

⓪ Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

☒ 12/09/24 08:28 10 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Surgical Admission Protocol* — Melchizedek Olatunji

10.00	12/09/2024	09:37	Robyn Lee
10.00	12/09/2024	13:24	Robyn Lee
10.00	12/09/2024	21:20	Grace White
10.00	13/09/2024	01:36	Grace White
10.00	13/09/2024	10:53	Lauren McLean
10.00	13/09/2024	13:14	Grace Kouadio
10.00	13/09/2024	15:42	Grace Kouadio
10.00	13/09/2024	18:48	Lauren McLean
10.00	13/09/2024	20:34	Nicole Orrock
10.00	14/09/2024	03:51	Nicole Orrock
10.00	14/09/2024	09:55	Ailie Hamilton Murray

⓪ Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

Ondansetron 4 mg Tablets as required

☒ 12/09/24 07:53 4 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) for N+V — Katherine Duncan

4.00	12/09/2024	08:10	Robyn Lee

⓪ Discontinued on: 12/09/2024 17:24:42 by: Stephen Toland . Reason: Discontinued due to conflict

☒ 12/09/24 08:28 4 mg every 12 hours (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Melchizedek Olatunji

⓪ Discontinued on: 12/09/2024 17:24:42 by: Stephen Toland . Reason: Discontinued due to conflict

Ondansetron 4 mg in 2mL Injection as required

☒ 12/09/24 08:28 4 mg every 12 hours (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Melchizedek Olatunji

⓪ Discontinued on: 12/09/2024 17:24:43 by: Stephen Toland . Reason: Discontinued due to conflict

☒ 12/09/24 08:28 4 mg every 12 hours (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Surgical Admission Protocol* — Melchizedek Olatunji

⓪ Discontinued on: 12/09/2024 17:24:42 by: Stephen Toland . Reason: Discontinued due to conflict

PROCHLORPERAZINE 3 mg Buccal Tablets as required

☒ 13/09/24 18:11 3 mg TWICE DAILY 7am:10pm (Buccal) Nausea/vomiting — Monica Blair

3.00	13/09/2024	18:30	Grace Kouadio

⓪ Discontinued on: 15/09/2024 12:25:55 by: Grace Kouadio

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HEPMA MAP v1.0

Inpatient prescription & administration record for Deborah Sullivan (0712726128)

Admission: 16/01/2024 => 17/01/2024

05:00
19/01/24

Patient Demographics

SULLIVAN Deborah (0712726128)
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Stree, Easterhouse,
Glasgow,
Lanarksh,
G34 9JE

Admitted: 16/01/2024 02:16
Discharged: 17/01/2024 14:07

Transfer history

Admission	2024-01-15 21:25:00	RAE GRI ED
Transfer	2024-01-16 02:16:00	R62 GRI WARD 62

Responsible Consultant history

Assigned No Consultant	15/01/24	21:25
Jane Madeley	16/01/24	02:16

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): PENICILLINS (Rash - Major)

Sensitivity (reaction): OPIOIDS-MORPHINE ANALOGUES (OXYCODONE,BUPRENORPHINE,CODEINE)(GI Upset)

ACETYLCYSTEINE 600 mg Effervescent Tablets

☒ 16/01/24 07:00 600 mg ONCE daily at 7am (Oral) — Xin Yin Choo

16/01/24	07:00			Janet Dyer	Refused by Patient
17/01/24	07:00			Suzanne Quigley	Refused by Patient

Aripiprazole 15 mg Tablets

☒ 16/01/24 07:00 15 mg ONCE daily at 7am (Oral) — Xin Yin Choo

16/01/24	07:00	16/01/2024	08:49	Janet Dyer
17/01/24	07:00	17/01/2024	06:34	Suzanne Quigley

Aripiprazole 10 mg Tablets

added by **Xin Yin Choo** on 16/01/2024 at 01:42

Title: Aripiprazole
TOTAL DOSE 25MG

☒ 16/01/24 07:00 10 mg ONCE daily at 7am (Oral) — Xin Yin Choo

16/01/24	07:00	16/01/2024	08:40	Janet Dyer
17/01/24	07:00	17/01/2024	06:34	Suzanne Quigley

CREON 10000 Capsules

☒ 16/01/24 07:00 1 Capsule THREE times daily at 7am, 12 noon, and 5pm (Oral) — Xin Yin Choo

16/01/24	07:00	16/01/2024	08:47	Janet Dyer	
16/01/24	12:00	16/01/2024	13:20	Janet Dyer	
16/01/24	17:00	16/01/2024	18:14	Janet Dyer	
17/01/24	07:00	17/01/2024	06:32	Suzanne Quigley	
17/01/24	12:00			SYSTEM	Not Charted prior to Discharge

DULAGLUTIDE 1.5 mg PFP Subcutaneous Injection

☒ 16/01/24 07:00 1.5 mg ONCE weekly - Tuesday at 7am (Subcutaneous Bolus Injection) — Xin Yin Choo

16/01/24	07:00	Janet Dyer	Self Administers

EMPAGLIFLOZIN 10 mg Tablets

☒ 16/01/24 07:00 10 mg ONCE daily at 7am (Oral) — Xin Yin Choo

16/01/24	07:00	16/01/2024	08:51	Janet Dyer
17/01/24	07:00	17/01/2024	06:34	Suzanne Quigley

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe *(Continued)*

16/01/24 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) Xin Yin Choo

16/01/24	17:00	16/01/2024	18:14	Janet Dyer

ESOMEPRAZOLE 40 mg Tablets

16/01/24 07:00 40 mg ONCE DAILY MORNING 7am (Oral) Xin Yin Choo

16/01/24	07:00	16/01/2024	08:37	Janet Dyer
17/01/24	07:00	17/01/2024	06:32	Suzanne Quigley

EVOREL CONTI Patch

added by **Xin Yin Choo** on 16/01/2024 at 06:15

Title: Evorel 100mic/24h

patient has own supply

16/01/24 07:00 1 Patch Twice Weekly Tues and Thurs (Transdermal) Xin Yin Choo

16/01/24	07:00	Janet Dyer	Self Administers	

LACTULOSE Oral Solution

16/01/24 07:00 15 mL TWICE DAILY 7am:10pm (Oral) Xin Yin Choo

16/01/24	07:00	16/01/2024	08:36	Janet Dyer
16/01/24	22:00	16/01/2024	21:39	Suzanne Quigley
17/01/24	07:00	17/01/2024	06:32	Suzanne Quigley

LIDOCAINE 5 % Medicated plaster

16/01/24 07:00 700 mg LIDOCAINE PATCH 12 ON 12 OFF 7am/7pm (Topical) Xin Yin Choo

16/01/24	07:00	16/01/2024	08:52	Janet Dyer
16/01/24	19:00	16/01/2024	21:39	Suzanne Quigley
17/01/24	07:00	17/01/2024	06:37	Suzanne Quigley

Metformin 500 mg Tablets

16/01/24 07:00 1,000 mg TWICE DAILY 7am:10pm (Oral) Xin Yin Choo

16/01/24	07:00	16/01/2024	08:38	Janet Dyer
16/01/24	22:00	16/01/2024	21:39	Suzanne Quigley
17/01/24	07:00	17/01/2024	06:32	Suzanne Quigley

MIRTAZAPINE 30 mg Tablets

16/01/24 22:00 30 mg ONCE DAILY NIGHT 10pm (Oral) Xin Yin Choo

16/01/24	22:00	16/01/2024	21:33	Suzanne Quigley

NAPROXEN 250 mg Tablets

16/01/24 22:00 250 mg TWICE daily at 7am and 10pm (Oral) Rosamma Lenitte Thomas

16/01/24	22:00	16/01/2024	21:35	Suzanne Quigley
17/01/24	07:00	17/01/2024	06:37	Suzanne Quigley

Paracetamol 500 mg Tablets

16/01/24 17:00 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) Jonathan McKinney

16/01/24	17:00	16/01/2024	18:15	Janet Dyer
16/01/24	22:00	16/01/2024	21:39	Suzanne Quigley
17/01/24	07:00	17/01/2024	06:37	Suzanne Quigley
17/01/24	12:00		SYSTEM	Not Charted prior to Discharge

PREGABALIN 100 mg Capsules

16/01/24 07:00 200 mg ONCE DAILY MORNING 7am (Oral) Xin Yin Choo

16/01/24	07:00	16/01/2024	08:51	Janet Dyer
17/01/24	07:00	17/01/2024	06:35	Suzanne Quigley

PREGABALIN 300 mg Capsules

16/01/24 22:00 300 mg ONCE DAILY NIGHT 10pm (Oral) Xin Yin Choo

16/01/24	22:00	16/01/2024	21:38	Suzanne Quigley

Procyclidine 5 mg Tablets

16/01/24 07:00 5 mg ONCE DAILY MORNING 7am (Oral) Xin Yin Choo

16/01/24	07:00	16/01/2024	08:52	Janet Dyer
17/01/24	07:00	17/01/2024	06:35	Suzanne Quigley

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RAMIPRIL 2.5 mg Capsules

16/01/24 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) — Xin Yin Choo

16/01/24	07:00	16/01/2024	08:52	Janet Dyer
17/01/24	07:00	17/01/2024	06:35	Suzanne Quigley

SIMVASTATIN 20 mg Tablets

16/01/24 22:00 20 mg ONCE daily at 10pm (Oral) — Xin Yin Choo

16/01/24	22:00	16/01/2024	21:34	Suzanne Quigley

VENLAFAXINE 75 mg Tablets

16/01/24 07:00 75 mg TWICE DAILY 7am:10pm (Oral) — Xin Yin Choo

16/01/24	07:00	16/01/2024	08:51	Janet Dyer
16/01/24	22:00	16/01/2024	21:36	Suzanne Quigley
17/01/24	07:00	17/01/2024	06:35	Suzanne Quigley

CODEINE PHOSPHATE 15 mg Tablets as required

16/01/24 15:18 15 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) pain — Jonathan McKinney

15.00		16/01/2024	15:41	Janet Dyer

16/01/24 15:42 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) pain — Sanah Ahmed

30.00	16/01/2024	21:36	Suzanne Quigley
30.00	17/01/2024	05:16	Suzanne Quigley

Diazepam 2 mg Tablets as required

16/01/24 02:16 2 mg TWICE DAILY 7am:10pm (Oral) ONE OR TWO TAB UP TO THREE TIMES A DAY — Xin Yin Choo

2.00	16/01/2024	11:49	Janet Dyer

16/01/24 11:50 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) ONE OR TWO TAB UP TO THREE TIMES A DAY — Jonathan McKinney

2.00	17/01/2024	05:16	Suzanne Quigley

Ibuprofen 5 % Gel as required

16/01/24 11:05 1 Application THREE TIMES DAILY 7am:12pm:10pm (Topical) pain — Rosamma Lenitte Thomas

1.00	16/01/2024	14:00	Janet Dyer

Paracetamol 500 mg Tablets as required

16/01/24 10:55 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Rosamma Lenitte Thomas

1,000.00	16/01/2024	11:47	Janet Dyer

Discontinued on: 16/01/2024 15:16:00 by: Jonathan McKinney

PEPTAC Oral Sugar Free Suspension as required

16/01/24 02:16 5 mL FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR INDIGESTION — Xin Yin Choo

5.00	16/01/2024	18:17	Janet Dyer

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Inpatient prescription & administration record for Deborah Sullivan (0712726128)

Admission: 02/07/2023 => 03/07/2023

05:00
05/07/23

Patient Demographics

SULLIVAN Deborah (0712726128)
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Stree, Easterhouse,
Glasgow,
Lanarksh,
G34 9JE

Admitted: 02/07/2023 11:42
Discharged: 03/07/2023 19:07

Transfer history

Admission	2023-07-02 06:40:00	RAE GRI ED
Transfer	2023-07-02 11:42:00	R66 GRI WARD 66
Transfer	2023-07-02 19:57:00	R65 GRI WARD 65

Responsible Consultant history

Assigned No Consultant	02/07/23	06:40
David Mansouri	02/07/23	11:42

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): PENICILLINS (Rash - Major)

Sensitivity (reaction): OPIOIDS-MORPHINE ANALOGUES (OXYCODONE,BUPRENORPHINE,CODEINE)(GI Upset)

ACETYLCYSTEINE 600 mg Effervescent Tablets

☒ 03/07/23 07:00 600 mg ONCE daily at 7am (Oral) — Maarja-Liis Ferry

03/07/23	07:00	03/07/2023	09:25	Nicole Morrison	

ARIPIPRAZOLE 10 mg Tablets

☒ 03/07/23 07:00 10 mg ONCE daily at 7am (Oral) — Maarja-Liis Ferry

03/07/23	07:00			Nicole Morrison	Self Administers

ARIPIPRAZOLE 15 mg Tablets

☒ 03/07/23 07:00 15 mg ONCE daily at 7am (Oral) — Maarja-Liis Ferry

03/07/23	07:00			Nicole Morrison	Self Administers

CREON 10000 Capsules

Note to appear when Charting added by Maarja-Liis Ferry on 02/07/2023 at 18:16

Title: WITH MEALS

CREON WITH MEALS

☒ 03/07/23 07:00 1 Capsule THREE times daily at 7am, 12 noon, and 5pm (Oral) — Maarja-Liis Ferry

03/07/23	07:00			Nicole Morrison	Self Administers
03/07/23	12:00	03/07/2023	12:30	Nicole Morrison	
03/07/23	17:00			Catriona Shaw	Other - see patient nursing notes

DULAGLUTIDE 1.5 mg PFP Subcutaneous Injection

☒ 04/07/23 07:00 1.5 mg ONCE weekly - Tuesday at 7am (Subcutaneous Bolus Injection) — Maarja-Liis Ferry

EMPAGLIFLOZIN 10 mg Tablets

☒ 03/07/23 07:00 10 mg ONCE daily at 7am (Oral) — Maarja-Liis Ferry

03/07/23	07:00	Suspended	

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 03/07/23 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Maarja-Liis Ferry

03/07/23	17:00	Catriona Shaw	Other - see patient nursing notes

ESOMEPRAZOLE 40 mg Tablets

☒ 03/07/23 07:00 40 mg ONCE DAILY MORNING 7am (Oral) — Maarja-Liis Ferry

03/07/23	07:00	Suspended

LACTULOSE Oral Solution

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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LACTULOSE Oral Solution *(Continued)*

☒ 03/07/23 22:00 10 mL TWICE DAILY 7am:10pm (Oral) Aaron Stewart

LAXIDO Sachets

☒ 03/07/23 22:00 2 Sachet TWICE DAILY 7am:10pm (Oral) Aaron Stewart

Metformin 500 mg Tablets

☒ 02/07/23 22:00 1,000 mg TWICE DAILY 7am:10pm (Oral) Maarja-Liis Ferry

02/07/23 22:00 Suspended

03/07/23 07:00 Suspended

MIRTAZAPINE 30 mg Tablets

☒ 02/07/23 22:00 30 mg ONCE DAILY NIGHT 10pm (Oral) Maarja-Liis Ferry

02/07/23 22:00 02/07/2023 21:31 Sarah Mooney

OMEPRAZOLE 40 mg Intravenous Infusion

☒ 03/07/23 07:00 40 mg ONCE DAILY MORNING 7am (Intravenous Intermittent Infusion) Maarja-Liis Ferry

03/07/23 07:00 03/07/2023 09:20 Nicole Morrison

☒ 02/07/23 18:29 40 mg (Intravenous Intermittent Infusion) Maarja-Liis Ferry

02/07/23 18:29 02/07/2023 19:01 Ann Brannan/ Heather Wilson

PREGABALIN 100 mg Capsules

☒ 03/07/23 07:00 200 mg ONCE DAILY MORNING 7am (Oral) Maarja-Liis Ferry

03/07/23 07:00 03/07/2023 09:25 Nicole Morrison

☒ 02/07/23 22:00 300 mg ONCE DAILY NIGHT 10pm (Oral) Maarja-Liis Ferry

02/07/23 22:00 02/07/2023 21:30 Sarah Mooney

Procyclidine 5 mg Tablets

☒ 02/07/23 22:00 5 mg ONCE DAILY NIGHT 10pm (Oral) Maarja-Liis Ferry

02/07/23 22:00 Sarah Mooney Prescription Clarification Required

RAMIPRIL 2.5 mg Capsules

☒ 03/07/23 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Maarja-Liis Ferry

03/07/23 07:00 Nicole Morrison Self Administers

VENLAFAXINE 75 mg Tablets

☒ 02/07/23 22:00 75 mg TWICE DAILY 7am:10pm (Oral) Maarja-Liis Ferry

02/07/23 22:00 02/07/2023 21:29 Sarah Mooney

03/07/23 07:00 Nicole Morrison Self Administers

CYCLIZINE 50 mg Tablets as required

☒ 02/07/23 18:24 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Maarja-Liis Ferry

50.00 mg 02/07/2023 18:50 Ann Brannan

CYCLIZINE 50 mg in 1 mL Injection as required

02/07/23 18:24 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Maarja-Liis Ferry

mg Ann Brannan Alternative administered

☒ 02/07/23 18:24 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Maarja-Liis Ferry

mg Ann Brannan Alternative administered

DIAZEPAM 2 mg Tablets as required

☒ 02/07/23 18:18 2 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) FOR ANXIETY Maarja-Liis Ferry

DIHYDROCODEINE 30 mg Tablets as required

☒ 02/07/23 18:27 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN Maarja-Liis Ferry

30.00 mg 02/07/2023 18:50 Ann Brannan/ Heather Wilson

30.00 mg 02/07/2023 23:56 Sarah Mooney

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

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MORPHINE SULFATE 10 mg in 5mL Oral Solution as required *(Continued)*

☒ 02/07/23 18:27 5 mg every TWO HOURS (Oral) FOR PAIN MAX 5 DOSE /DAY Maarja-Liis Ferry
prescribed as part of either/or protocol:Morphine Oral Solution 5Mg-10Mg 2H Pm Dose Range

☒ 02/07/23 18:27 10 mg every TWO HOURS (Oral) FOR PAIN *prescribed as part of either/or protocol:Morphine Oral Solution 5Mg-10Mg 2H Pm Dose Range* Maarja-Liis Ferry

PARACETAMOL 500 mg Tablets as required

☒ 02/07/23 18:26 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN Maarja-Liis Ferry

1,000.00 mg	02/07/2023	18:50	Ann Brannan/ Heather Wilson
1,000.00 mg	02/07/2023	23:56	Sarah Mooney

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Inpatient prescription & administration record for Deborah Sullivan (0712726128)

Admission: 22/02/2023 => 24/02/2023

05:00
26/02/23

Patient Demographics

SULLIVAN Deborah (0712726128)
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Stree, Easterhouse,
Glasgow,
Lanarksh,
G34 9JE

Admitted: 22/02/2023 23:23
Discharged: 24/02/2023 18:33

Transfer history

Admission	2023-02-22 12:50:00	RAE GRI ED
Transfer	2023-02-22 23:23:00	R66 GRI WARD 66

Responsible Consultant history

Assigned No Consultant	22/02/23	12:50
Martha Quinn	22/02/23	23:23

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): PENICILLINS (Rash - Major)

Sensitivity (reaction): OPIOIDS-MORPHINE ANALOGUES (OXYCODONE,BUPRENORPHINE,CODEINE)(GI Upset)

ACETYLCYSTEINE 600 mg Effervescent Tablets

☒ 23/02/23 07:00 600 mg ONCE daily at 7am (Oral) — Emer Cunningham

23/02/23	07:00		Lesley-Ann Clydesdale	Nil by mouth / Fasting
24/02/23	07:00		Amanda Colvin	Self Administers

ARIPIPRAZOLE 10 mg Tablets

☒ 23/02/23 07:00 10 mg ONCE daily at 7am (Oral) — Emer Cunningham

23/02/23	07:00		Lesley-Ann Clydesdale	Nil by mouth / Fasting
24/02/23	07:00		Amanda Colvin	Self Administers

ARIPIPRAZOLE 15 mg Tablets

☒ 23/02/23 07:00 15 mg ONCE daily at 7am (Oral) — Emer Cunningham

23/02/23	07:00		Lesley-Ann Clydesdale	Nil by mouth / Fasting
24/02/23	07:00		Amanda Colvin	Self Administers

CLOTRIMAZOLE 200 mg Pessaries

☒ 24/02/23 22:00 200 mg ONCE DAILY NIGHT 10pm (Vaginal) for 3 day(s) — Thomas Clouston

CREON 10000 Capsules

☒ 23/02/23 07:00 1 Capsule THREE times daily at 7am, 12 noon, and 5pm (Oral) — Emer Cunningham

23/02/23	07:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
23/02/23	12:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
23/02/23	17:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
24/02/23	07:00			Amanda Colvin	Self Administers
24/02/23	12:00			Amanda Colvin	Nil by mouth / Fasting
24/02/23	17:00	24/02/2023	17:12	Alice Shaw	

DULAGLUTIDE 1.5 mg PFP Subcutaneous Injection

☒ 28/02/23 07:00 1.5 mg ONCE weekly - Tuesday at 7am (Subcutaneous Bolus Injection) — Emer Cunningham

EMPAGLIFLOZIN 10 mg Tablets

☒ 23/02/23 07:00 10 mg ONCE daily at 7am (Oral) — Emer Cunningham

23/02/23	07:00		Lesley-Ann Clydesdale	Nil by mouth / Fasting
24/02/23	07:00		Amanda Colvin	Self Administers

ENOXAPARIN 40 mg in 0.4mL Pre-Filled Syringe

☒ 23/02/23 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Emer Cunningham

23/02/23	17:00	23/02/2023	18:18	Lesley-Ann Clydesdale	
24/02/23	17:00			SYSTEM	Not Charted prior to Discharge

ESOMEPRAZOLE 40 mg Tablets

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ESOMEPRAZOLE 40 mg Tablets *(Continued)*

☒ 23/02/23 07:00 40 mg TWICE DAILY 7am:10pm (Oral) Emer Cunningham

23/02/23	07:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
23/02/23	22:00	23/02/2023	21:38	Joanne Cairney	
24/02/23	07:00			Amanda Colvin	Self Administers

EVOREL CONTI Patch

☒ 25/02/23 07:00 1 Patch TWICE weekly - Saturday & Tuesday (07:00) (Transdermal) Emer Cunningham

HYLO-NIGHT Preservative Free Eye Ointment

☒ 23/02/23 22:00 1 Application ONCE DAILY NIGHT 10pm (Eye Both) Emer Cunningham

23/02/23	22:00			Joanne Cairney	Drug unavailable

LACTULOSE Oral Solution

☒ 23/02/23 07:00 15 mL THREE times daily - 7am;5pm;10pm (Oral) Emer Cunningham

23/02/23	07:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
23/02/23	17:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
23/02/23	22:00			Joanne Cairney	Refused by Patient
24/02/23	07:00	24/02/2023	08:48	Amanda Colvin	
24/02/23	17:00	24/02/2023	17:13	Alice Shaw	

LIDOCAINE 5 % Medicated plaster (LIGNOCAINE)

☒ 23/02/23 07:00 700 mg LIDOCAINE PATCH 12 ON 12 OFF 7am/7pm (Topical) Emer Cunningham

23/02/23	07:00	23/02/2023	10:01	Lesley-Ann Clydesdale	
23/02/23	19:00	23/02/2023	18:18	Lesley-Ann Clydesdale	
24/02/23	07:00			Amanda Colvin	Self Administers

METFORMIN 500 mg Tablets

☒ 23/02/23 12:00 1,000 mg TWICE daily at 12 midday and 5pm (Oral) Emer Cunningham

23/02/23	12:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
23/02/23	17:00			Lesley-Ann Clydesdale	Vomiting
24/02/23	12:00			Amanda Colvin	Nil by mouth / Fasting
24/02/23	17:00	24/02/2023	17:12	Alice Shaw	

MIRTAZAPINE 30 mg Tablets

☒ 23/02/23 22:00 30 mg ONCE DAILY NIGHT 10pm (Oral) Emer Cunningham

23/02/23	22:00	23/02/2023	21:38	Joanne Cairney	

PREGABALIN 300 mg Capsules

☒ 23/02/23 07:00 300 mg TWICE DAILY 7am:10pm (Oral) Emer Cunningham

23/02/23	07:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
23/02/23	22:00	23/02/2023	21:38	Joanne Cairney	
24/02/23	07:00			Amanda Colvin	Self Administers

PROCYCLIDINE 5 mg Tablets

☒ 23/02/23 07:00 5 mg ONCE DAILY MORNING 7am (Oral) Emer Cunningham

23/02/23	07:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
24/02/23	07:00			Amanda Colvin	Self Administers

RAMIPRIL 2.5 mg Capsules

☒ 23/02/23 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Emer Cunningham

23/02/23	07:00			Lesley-Ann Clydesdale	Nil by mouth / Fasting
24/02/23	07:00			Amanda Colvin	Self Administers

Saliva Artificial Oral Spray

☒ 23/02/23 07:00 4 Spray(s) FOUR TIMES DAILY 7am:12pm:5pm:10pm (Mouth) Emer Cunningham

23/02/23	07:00			Lesley-Ann Clydesdale	Drug unavailable
23/02/23	12:00			Lesley-Ann Clydesdale	Drug unavailable
23/02/23	17:00			Lesley-Ann Clydesdale	Drug unavailable
23/02/23	22:00			Joanne Cairney	Drug unavailable
24/02/23	07:00			Amanda Colvin	Self Administers
24/02/23	12:00			Amanda Colvin	Nil by mouth / Fasting
24/02/23	17:00			Alice Shaw	Drug unavailable

SIMVASTATIN 20 mg Tablets

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SIMVASTATIN 20 mg Tablets *(Continued)*

☒ 23/02/23 22:00 20 mg ONCE daily at 10pm (Oral) — Emer Cunningham

23/02/23 22:00 23/02/2023 21:38 Joanne Cairney

SUCRALFATE (Unlicensed) 1g Tablets

Medicines Reconciliation Note added by **Amy Haddock** on 24/02/2023 at 18:03

Title: 12 weeks

to be taken for 12 weeks

☒ 24/02/23 22:00 2 g TWICE DAILY 7am:10pm (Oral) — Amy Haddock

VENLAFAXINE 75 mg Tablets

☒ 23/02/23 07:00 75 mg TWICE DAILY 7am:10pm (Oral) — Emer Cunningham

23/02/23 07:00 Lesley-Ann Clydesdale Nil by mouth / Fasting

23/02/23 22:00 23/02/2023 21:38 Joanne Cairney

24/02/23 07:00 Amanda Colvin Self Administers

DIAZEPAM 2 mg Tablets as required

☒ 23/02/23 06:18 4 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) for anxiety — Kate Allen
MAX 3 DOSES

MORPHINE SULFATE 10 mg in 1 mL Injection as required

☒ 23/02/23 14:25 5 mg every TWO HOURS (Subcutaneous Bolus Injection) FOR PAIN *prescribed as part of either/or protocol:Morphine Liq/Sc Prn* — AHMED SOUALHI

mg Lesley-Ann Clydesdale Alternative administered

mg Abbie Goldie Alternative administered

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 23/02/23 14:25 5 mg every TWO HOURS (Oral) FOR PAIN *prescribed as part of either/or protocol:Morphine Liq/Sc Prn* — AHMED SOUALHI

5.00 mg 23/02/2023 14:33 Lesley-Ann Clydesdale

5.00 mg 24/02/2023 11:20 Abbie Goldie

MORPHINE SULFATE 10 mg in 1 mL Injection (Recovery only) as required

☒ 24/02/23 14:38 3 mg every 5 MINUTES (Intravenous (Recovery) Bolus Inj) RECOVERY ONLY, FOR PAIN UP TO 3MG IN 5MINUTES for 1 day(s) — Kumar Mrinal

3.00 mg 24/02/2023 15:01 Caitlin Harris

3.00 mg 24/02/2023 15:11 Caitlin Harris

☒ 24/02/23 14:38 5 mg (Intravenous (Recovery) Bolus Inj) RECOVERY PAIN PROTOCOL SCN/BAND 6 AND ABOVE ONLY for 2 dose(s) — Kumar Mrinal

ONDANSETRON 4 mg Tablets as required

☒ 23/02/23 06:27 4 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) for nausea — Emer Cunningham

4.00 mg 23/02/2023 11:04 Lesley-Ann Clydesdale

4.00 mg 23/02/2023 19:31 Joanne Cairney

PARACETAMOL 500 mg Tablets as required

23/02/23 06:36 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Emer Cunningham

1,000.00 mg 23/02/2023 14:34 Lesley-Ann Clydesdale

1,000.00 mg 24/02/2023 08:50 Amanda Colvin

PARACETAMOL - IN RECOVERY ONLY 1000 mg in 100mL IV Infusion as required

☒ 24/02/23 14:38 1,000 mg (Intravenous Intermittent Infusion) RECOVERY USE ONLY for 1 dose(s) — Kumar Mrinal

1,000.00 mg 24/02/2023 14:45 Caitlin Harris/ Jennifer Duffy

PEPTAC Oral Sugar Free Suspension as required

☒ 23/02/23 06:31 5 mL FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR INDIGESTION — Emer Cunningham

RIZATRIPTAN 10 mg Orodispersible Tablet as required

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RIZATRIPTAN 10 mg Orodispersible Tablet as required *(Continued)*

23/02/23 06:44 10 mg every TWO HOURS (Sublingual) for headache max 2 tablets per day — Emer Cunningham

SODIUM HYALURONATE 0.2 % PF Eye Drops HYLOFORTE as required

23/02/23 06:20 1 Drop(s) every HOUR (Eye Both) for dry eyes — Emer Cunningham

Patient level notes

Protocol Information Unseen added by **Francis Quinn** on 24/02/2023 at 14:40

Title: GRI Anaesthesia Minor Surgery

GRI Anaesthesia Minor Surgery

IV Paracetamol STAT dose - If you have given a STAT dose of IV paracetamol please select **'Retrospective STAT order'** in the **'Order Entry'** tab and enter the time administered.

PO Paracetamol - Please adjust start time in the **'Order Entry'** tab to at least 4hours from IV STAT dose if necessary.

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eMedicines Reconciliation Form - v1.2

NHS Greater Glasgow and Clyde

CHI Number: 0712726128 Patient Name: Deborah Sullivan

Hospital Name:	Glasgow Royal Infirmary
Consultant's Name:	
Ward:	65
Specialty:	General Surgery

Patient Details	
Name:	Sullivan, Deborah
Address:	6 MUIRHEAD COURT,BAILLIESTON,Glasgow,Lanarkshire,
Postcode:	G69 7EP
CHI Number:	0712726128
CRN:	10638479K
D.B:	07/12/1972
nder:	Female

Sources Checked					
ECS	X	**Patient**	X	**Carer**	
Relative		**GP Surgery**		**GP Printout**	
Patients own drugs		**Other**			
Other Details					

Active

Continued

Source	Date Started	Last Issued	Drug	Formulation	Dose	Frequency
ECS	27/10/2017	27/10/2017	Aripiprazole	10 mg Tablets	N/A	1 Tab Daily
ECS	27/10/2017	27/10/2017	Aripiprazole	15 mg Tablets	N/A	1 Tab Daily
ECS	02/11/2017	02/11/2017	Codeine Phosphate	60 mg Tablets	N/A	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 4 IN 24 HOURS)
ECS	19/01/2015	02/11/2017	Cyclizine	50 mg Tablets	N/A	1 Tab PRN MAX TDS
ECS	22/12/2011	27/10/2017	Diazepam	5 mg Tablets	N/A	1 Tab Daily
ECS	24/11/2015	27/10/2017	Duloxetine	60 mg Gastro-resistant Capsules	N/A	1 Cap Twice daily
ECS	29/03/2011	02/11/2017	Lactulose	3.1-3.7 g/5 ml Solution	N/A	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY
ECS	27/10/2017	27/10/2017	Naproxen	500 mg Tablets	N/A	ONE TO BE TAKEN TWICE A DAY
ECS	18/11/2010	02/11/2017	Paracetamol	500 mg Capsules	N/A	2 Caps qds
ECS	26/10/2016	27/10/2017	Pregabalin	300 mg Capsules	N/A	ONE CAPSULE TWICE DAILY (START THIS DOSE IN 7 DAYS)
ECS	27/10/2017	27/10/2017	Quinine Sulfate	200 mg Tablets	N/A	ONE TO BE TAKEN AT NIGHT
ECS	02/03/2017	27/10/2017	Ramipril	2.5 mg Capsules	N/A	ONE TO BE TAKEN EACH DAY
ECS	27/10/2017	27/10/2017	Rizatriptan Benzoate	10 mg Tablets	N/A	1 Tab Daily
ECS	16/08/2012	27/10/2017	Senna	7.5 mg Tablets	N/A	TAKE TWO TABLETS AT NIGHT
ECS	27/10/2017	27/10/2017	Simvastatin	20 mg Tablets	N/A	ONE TO BE TAKEN AT NIGHT
ECS	27/10/2017	27/10/2017	Temazepam	10 mg Tablets	N/A	1 Tab Daily

Last signed off by: Katie Hoban 13/11/2017 10:11

eMedicines Reconciliation Form - v1.2

NHS Greater Glasgow and Clyde

CHI Number: 0712726128 Patient Name: Deborah Sullivan

Stopped or withheld medicines

Not Current

Source	Prescribed Date	Drug	Formulation	Dose	Frequency
ECS	29/12/2011	Esomeprazole	40 mg Gastro-resistant Tablets	N/A	1 Tab Twice daily
ECS	24/06/2015	Tolterodine Tartrate	2 mg Tablets	N/A	ONE TO BE TAKEN TWICE A DAY

Allergies - ECS Table

Allergy Date	Allergy Name	Allergy Comments
10/02/2009	Adverse reaction to penicillins	

Additional Allergy Notes

No Allergies Added

Prescriber Sign Off

Signed off by	Grade	Sign off date
Katie Hoban	FY1	13/11/2017 10:11

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's surname / family name

Patient's first name

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Date of birth

Gender Male ☐ Female ☐

CHI number

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Oesophageal Gastric Duodenoscopy +/- biopsy

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Bleeding, perforation, aspiration, pneumonia, reaction to sedative

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) DANIEL NETTO (JUNIOR CLINICAL FELLOW)

Date 23/02/2023

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature D E Sullivan	Date
Name (print) D E SULLIVAN	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

0712726128 F
SULLIVAN 07/12/1972
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Lumbar Puncture

Date 16/3/22

Ward 46

Indication	Therapeutic		Diagnostic	✓
Consent	Written Consent obtained	✓	AWI	
	Coagulation satisfactory	✓	Aseptic technique	✓
Position	Left/right lateral	Left	Seated	
	Seated to lateral for OP			
Local Anaesthetic	Lidocaine 1%	✓	Lidocaine 2%	
	Volume used (ml)	5		
Needle	22G (Black)	✓	20G (Yellow)	
	Atraumatic		Number of attempts	1
	Successful	✓	Unsuccessful	
CSF appearance	Clear	✓	Bloodstained (initially)	✓
	Yellow		Other	
If lateral:	Opening pressure	19.5	Closing pressure	
Samples	Biochem	✓	Micro	✓
	Virology		Cytology	
	Other	✓	Xanthic	✓
Serum	Glucose	✓	Other	

Comments/ Complications

No immediate complications.
Post-LP advice given.

Note – all patients should have an opening pressure measured and all CSF samples should be sent with paired serum samples for glucose and any other relevant tests eg oligoclonal bands

Name MCFEELY Grade ST6

Signed

Consent for Lumbar Puncture

I acknowledge that the named doctor has discussed the nature of a lumbar puncture procedure with me and has explained:

- Why I require this test
- What the test involves
- The risks involved in this procedure including:
  - A headache in the hours and days following the procedure
  - Back pain
  - Bleeding
  - Infection
  - Damage to any surrounding tissues (rare)
- Alternative management if I choose to not go ahead with the procedure

Having discussed the above and satisfied that I have understood the information given I give permission for the procedure to be performed. I understand the doctor who has discussed the above with me may or may not be the doctor who performs the procedure.

Signed .....

Print Name DEBORAH ELIZABETH SULLIVAN Date 16/3/22

Witnessed by (print and sign) ..... MCFEELY

.....

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surname / family name	0712726128 SULLIVAN F
Patient's first name	Deborah 07/12/1972
Date of birth	Flat 0-1, 8 Boyndie Street Easterhouse Glasgow, Lanarkshire G34 9JE Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

BRONCHOSCOPY ± BIOPSY.

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

BLEEDING
INFECTION
REACTION TO ANAESTHETIC / SEDATION
PERFORATION / PNEUMOTHORAX.

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	V. Shaw.
Name / Designation (print)	V. SHAW
Date	12/12/19

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature x D E Sullivan	Date 12/12/19
Name (print) DEBORAH SULLIVAN.	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surname / family name	0712726128 SULLIVAN
Patient's first name	Deborah
Date of birth	07/12/1972 F
CHI number	
Special requirements (e.g. other language / communication method)	

Male ☐ Female ☐

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

OGD + Proceed

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Bleeding
Perforation

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	STEELE ST8
Date	10/12/19

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature x D E [illegible]	Date 10/12/19.
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's surname / f

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Patient's first name

Date of birth

Gender Male ☐ Female ☐

CHI number

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Upper G.I. Endoscopy ± proceed as required

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Bleeding / infection / perforation / further procedure.

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) Mr S Dhaygude (SAS)

Date 28/9/19

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
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- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

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that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature D E Sullivan	Date
Name (print) Deborah SULLIVAN	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

0712726128 F
SULLIVAN 07/12/1972
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire G34 9JE

Patient's surname / family name

Patient's first name

Date of birth

Gender Male ☐ Female ☐

CHI number

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Upper Gastrointestinal Endoscopy
+ Biopsies

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Bleeding Need for further procedure
Perforation
Aspiration.

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) MR J [illegible], ST7

Date 10/8/19.

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
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that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature [signature]	Date 10/8/19
Name (print)	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	GRI
Patient's surname / family name	SULLIVAN
Patient's first name	DEBORAH
Date of birth 07/12/1972	Gender Male ☐ Female ☒
CHI number 0712726128	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Upper GI Endoscopy

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

bleeding
perforation

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) L SULLIVAN FY2

Date 10/7/19

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
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- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
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Patient / parent agreement to treatment

Signature D E Sullivan	Date 10/7/19
Name (print) DEBORAH E SULLIVAN	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's st

0712726128
SULLIVAN F
Deborah 07/12/197
6 MUIRHEAD COURT
BAILLIESTON
Glasgow, Lanarkshire
G69 7EP

Patient's fir

Date of bir

Gender Male ☐ Female ☐

CHI number

Special requirements (e.g. other language / communication method)

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Upper GI Endoscopy

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

- perforation - bleeding - infection - dental injury

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) Mysorekar MF

Date 3/9/15

00526

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

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that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature * D E Sullivan	Date 3/9/15
Name (print) D E SULLIVAN	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date

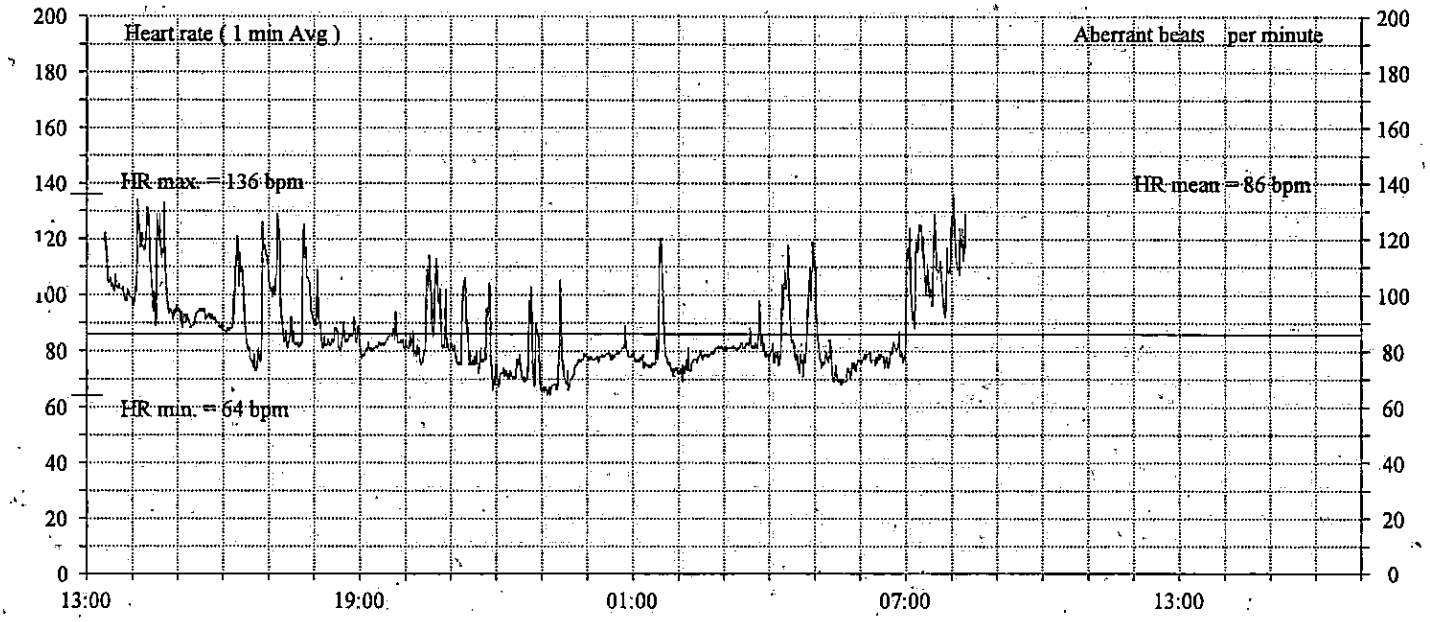
GLASGOW ROYAL INFIRMARY
MEDICAL CARDIOLOGY DEPARTMENT

Confirmed

Patient Name : Sullivan, Deborah
Patient No : 0712726128

Recording Date : 01/10/2018

Period beginning	QRS	Normal	Premature Normal	SVT	Isolated Aberrant	Premature Aberrant	Couplet	Triplet	Salvo	VT
13:21	3869	3869	0	0	0	0	0	0	0	0
14:00	6587	6587	0	0	0	0	0	0	0	0
15:00	5535	5535	0	0	0	0	0	0	0	0
16:00	5613	5613	0	0	0	0	0	0	0	0
17:00	5802	5802	0	0	0	0	0	0	0	0
18:00	5176	5176	0	0	0	0	0	0	0	0
19:00	4985	4985	0	0	0	0	0	0	0	0
20:00	5306	5306	0	0	0	0	0	0	0	0
21:00	4914	4914	0	0	0	0	0	0	0	0
22:00	4534	4534	0	0	0	0	0	0	0	0
23:00	4346	4346	0	0	0	0	0	0	0	0
00:00	4745	4745	0	0	0	0	0	0	0	0
01:00	4803	4803	0	0	0	0	0	0	0	0
02:00	4670	4670	0	0	0	0	0	0	0	0
03:00	4945	4945	0	0	0	0	0	0	0	0
04:00	5280	5280	0	0	0	0	0	0	0	0
05:00	4578	4577	0	0	0	1	0	0	0	0
06:00	4728	4728	1	0	0	0	0	0	0	0
7:00	6578	6577	0	0	0	1	0	0	0	0
08:00	2262	2262	0	0	0	0	0	0	0	0
08:19										
Total	99256	99254	1	0	0	2	0	0	0	0



Arrhythmia Criteria :

Pause	: >= 2.50 s	Bradycardia	: minimum of 4 beats at <= 45 bpm
Dropped beat	: >= 180 % of RR interval	SVT	: minimum of 5 beats at >= 130 bpm
VT	: minimum of 5 beats at >= 100 bpm	Premature Aberrant	: <= 90 % of RR interval
Salvo	: minimum of 4 beats	Premature Normal	: <= 66 % of RR interval

Lisa Barclay on 04/10/2018 11:54:27

GLASGOW ROYAL INFIRMARY
MEDICAL CARDIOLOGY DEPARTMENT

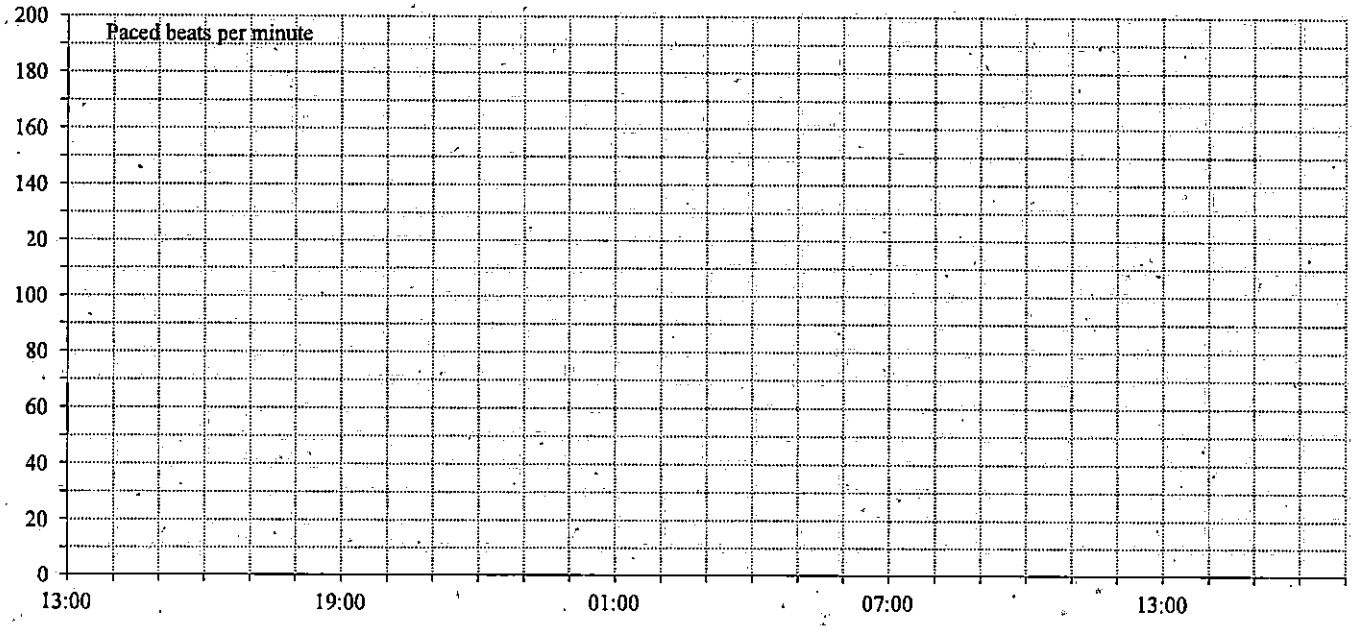
Confirmed

Patient Name : Sullivan, Deborah

Recording Date : 01/10/2018

Patient No : 0712726128

Period beginning	AF seconds	Paced beats	Pause	Dropped beat	Bradycardia	Bigeminy	Trigeminy	R on T	Artefact seconds
13:21	0	0	0	0	0	0	0	0	119
14:00	0	0	0	0	0	0	0	0	0
15:00	0	0	0	0	0	0	0	0	0
16:00	0	0	0	0	0	0	0	0	0
17:00	0	0	0	0	0	0	0	0	0
18:00	0	0	0	0	0	0	0	0	0
19:00	0	0	0	0	0	0	0	0	0
20:00	0	0	0	0	0	0	0	0	0
21:00	0	0	0	0	0	0	0	0	0
22:00	0	0	0	0	0	0	0	0	0
23:00	0	0	0	0	0	0	0	0	0
00:00	0	0	0	0	0	0	0	0	0
01:00	0	0	0	0	0	0	0	0	0
02:00	0	0	0	0	0	0	0	0	0
03:00	0	0	0	0	0	0	0	0	0
04:00	0	0	0	0	0	0	0	0	0
05:00	0	0	0	0	0	0	0	0	0
06:00	0	0	0	0	0	0	0	0	0
07:00	0	0	0	0	0	0	0	0	0
08:00	0	0	0	0	0	0	0	0	0
08:19									
Total	0	0	0	0	0	0	0	0	119



Lisa Barclay on 04/10/2018 11:54:27

GLASGOW ROYAL INFIRMARY
MEDICAL CARDIOLOGY DEPARTMENT

Confirmed

Patient Name : Sullivan, Deborah

Recording Date : 01/10/2018

Patient No : 0712726128

Lisa Barclay on 04/10/2018 11:54:27

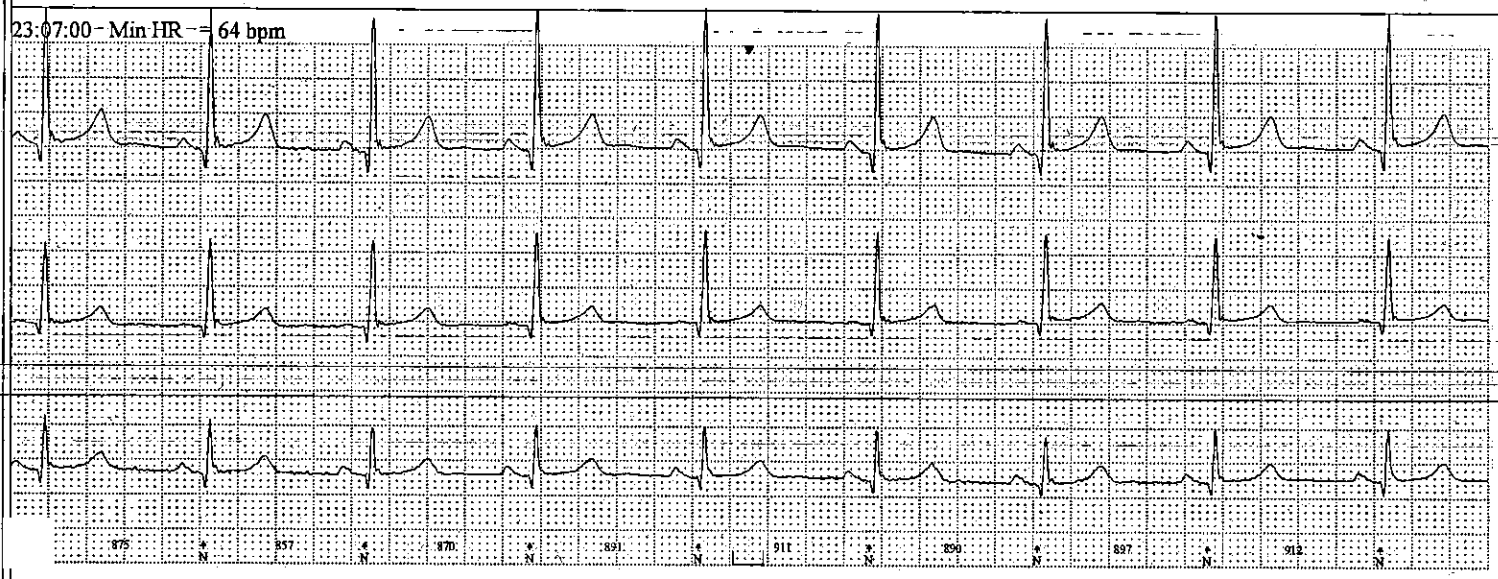
GLASGOW ROYAL INFIRMARY
MEDICAL CARDIOLOGY DEPARTMENT

Confirmed

Patient Name : Sullivan, Deborah

Recording Date : 01/10/2018

Patient No : 0712726128



Lisa Barclay on 04/10/2018 11:54:27

SPACELABS

Sullivan, Deborah ID:0712726128 05-FEB-2026 15:58:51 GREATER GLASGOW SITE-GRAE ROUTINE RECORD

07-DEC-1972 (53 yr)
Female

Room:
Loc:201

Vent. rate	92	BPM
PR interval	162	ms
QRS duration	76	ms
QT/QTc	416/514	ms
P-R-T axes	44 -12	6

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant (R in aVL)
Prolonged QT
Abnormal ECG

Technician: si
Test ind:

Unconfirmed

Location: Comments:

25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1509

SID: 2449969 EID:13 EDT: ORDER:

Oral and Other Drugs: Regular Prescription

DATE 9 20
MONTH 8 7

H DRUG: Duloxetine
DOSE: 60mg | ROUTE: PO | DATE: 8/7 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Kllen
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: 8 AM
1600-1800: 8
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

J DRUG: Nova Zopiclone
DOSE: 3.75mg | ROUTE: PO | DATE: 19/7 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Kllen
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
2200-2400: 8
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

K DRUG: Lactulose
DOSE: 15mls | ROUTE: PO | DATE: 19/7 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Kllen
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: 8 AM
1600-1800: 8
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

L DRUG: Paracetamol
DOSE: 1g | ROUTE: PO | DATE: 19/7 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Kllen
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: 8 AM
1200-1400: 8
1600-1800: 8
2200-2400: 8
Patient's Own Medicine: 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 → 19 | 20
MONTH → 8 | 9

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

M | DRUG: Ramipril | DOSE: 2.5mg | ROUTE: PO | DATE: 19/7 | STOPPED DATE: | STOPPED INITIALS: | PRESCRIBER (PRINT & SIGN): K Mellen | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

0700-0900: D / AM

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

N | DRUG: Pregabalin | DOSE: 300mg | ROUTE: PO | DATE: 19/7 | STOPPED DATE: | STOPPED INITIALS: | PRESCRIBER (PRINT & SIGN): K Mellen | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | [redacted] | 2200-2400 | Other time

0700-0900: D / AM

2200-2400: N

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

P | DRUG: Diazepam | DOSE: 5mg | ROUTE: PO | DATE: 19/7 | STOPPED DATE: | STOPPED INITIALS: | PRESCRIBER (PRINT & SIGN): K Mellen | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

0700-0900: D / AM

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

R | DRUG: Senna | DOSE: 15mg | ROUTE: PO | DATE: 19/7 | STOPPED DATE: | STOPPED INITIALS: | PRESCRIBER (PRINT & SIGN): K Mellen | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

2200-2400: N

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 → 9 20
MONTH → OX 7

| | | |

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.

All Routes: As Required Prescriptions

REFUSED

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.

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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE | **PRESCRIPTION FORM** | Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

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

0712726128
SULLIVAN
Deborah F
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Hospital No:
DOB: 07/12/1972
Date:
Consultant Name:

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
12-1	Buscopan	20mg	IV		I Heron	I Heron	10:40
12-1	Morphine	5mg	IV		I Heron	I Heron	10:40
12-1	CYCLIZINE	50mg	IM		I Heron	I Heron	10:40
12-1	OMEPRAZOLE	40mg	IV		I Heron	M Darnell	12:05
12-1	Morphine	5mg	IV		I Heron	I Heron	12:10
17/1	Ondansetron	2mg	IV	1300	RR	12:55	

REWRITTEN 19/1

	DATE	12	13	14	15	16	17	18																				
	MONTH	a\	1	1	1	1	1	1																				
	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

Patient's Own Medicine

A — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: CLEXANE

DOSE: 40mg | ROUTE: S/C | DATE: 13/1 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time																												
0700-0900																												
1200-1400																												
1600-1800																												
2200-2400																												
Other time																												

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

B — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: TEDS

DOSE: PAIR. | ROUTE: TOP. | DATE: 13/1 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time																												
0700-0900																												
1200-1400																												
1600-1800																												
2200-2400																												
Other time																												

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

C — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time																												
0700-0900																												
1200-1400																												
1600-1800																												
2200-2400																												
Other time																												

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

G DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE → 12 13 14 15 16 17 18 19
MONTH → 1 1 1 1 1 1 1 1

Patient's Own Medicine

H DRUG: DIHYDROCODEINE
DOSE: 30mg | ROUTE: O | DATE: 12/1 | STOPPED DATE: 19/1 | INITIALS: BB
PRESCRIBER (PRINT & SIGN): CMN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☑ NEW MEDICATION ☐

J DRUG: PARACETAMOL
DOSE: 1g | ROUTE: O | DATE: 12/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): CMN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

K DRUG: LACTULOSE
DOSE: 15ml | ROUTE: PO | DATE: 14/1/19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

L DRUG: DIAZEPAM
DOSE: 5mg | ROUTE: PO | DATE: 12/1/19 | STOPPED DATE: | INITIALS:
PRESCRIBED (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: PRN @ Home. Max OD.
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

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: 12 13 14 15 16 17 18 19
MONTH: 1 1 1 1 1 1 1 1

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

M — DRUG: FENTANYL
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 75 Micrograms/hr | ROUTE: TOP | DATE: 12/1/A | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: every 72hr.

N — DRUG: DULOXETINE
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 60 mg | ROUTE: PO | DATE: 12/1/A | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

P — DRUG: QUININE SULFATE
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 200 mg | ROUTE: PO | DATE: 12/1/A | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

R — DRUG: SENNA
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 15 mg | ROUTE: PO | DATE: 12/1/A | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE: 12 | 13 | 14 | 15/16 | 17 | 18 | 19
MONTH: 1 | 1 | 1 | 1 | 1 | 1 | 01

Patient's Own Medicine

S — DRUG: TOLTERODINE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 2mg | ROUTE: PO | DATE: 1/1/19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Not Current - Stopped Pre-admission
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

T — DRUG: PREGABALIN
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 300mg | ROUTE: PO | DATE: 1/1/19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

V — DRUG: ESOMEPRAZOLE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 40mg | ROUTE: PO | DATE: 1/1/19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

W — DRUG: ZOPICLONE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 7.5mg | ROUTE: PO | DATE: 1/1/19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
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: 14 | 15 | 16 | 17 | 18 | 19
MONTH: 1 | 1 | 1 | 1 | 1 | 01

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

X DRUG: acidovir
DOSE: 800mg | ROUTE: O | DATE: 13/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): RICCOTTS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Five times daily x 7days

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	4 DJ BJ BJ LM	4 DJ BJ BJ LM	4 DJ BJ BJ		1400

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

Y DRUG: TRAMADOL
DOSE: 100 mg | ROUTE: O | DATE: 19/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
			LM	LM	

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

AA DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

BB DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine: 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
MONTH

Patient's Own Medicine

| | | |

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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

LL — DRUG: ORAMORPH — DOSE: 10mg — ROUTE: O — INDICATION: PAIN — PRESCRIBER (PRINT & SIGN): [illegible] — MAX.FREQ.: 2D — STOPPED DATE: 14/1 — INITIALS: SLH — DATE: 12/1 — NEW DOSE ☐ — NEW MEDICATION ☐ — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

MM — DRUG: CYCLIZINE — DOSE: 50mg — ROUTE: PO — INDICATION: [illegible] — PRESCRIBER (PRINT & SIGN): [illegible] — MAX.FREQ.: TDS — STOPPED DATE: 14/1/17 — INITIALS: [illegible] — NEW DOSE ☐ — NEW MEDICATION ☐ — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

NN — DRUG: TRAMADOL — DOSE: 50mg — ROUTE: PO — INDICATION: PAIN — PRESCRIBER (PRINT & SIGN): [illegible] — MAX.FREQ.: OD — STOPPED DATE: 14/1/17 — INITIALS: [illegible] — NEW DOSE ☐ — NEW MEDICATION ☐ — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

PP — DRUG: DIAZEPAM — DOSE: 5mg — ROUTE: PO — INDICATION: ANXIETY — PRESCRIBER (PRINT & SIGN): [illegible] — MAX.FREQ.: OD — STOPPED DATE: 13/1 — INITIALS: [illegible] — NEW DOSE ☐ — NEW MEDICATION ☐ — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | |

Patient's Own Medicine

RR — DRUG: LAXIDO — STOPPED: DATE: / INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 1 SACHET | ROUTE: O | INDICATION: Constipation
PRESCRIBER (PRINT & SIGN): Karen Leslie | MAX.FREQ.: BD | DATE: 15/1
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
DATE: 14/1/17 | TIME: 22:00 | DOSE: x1 | GIVEN BY: BD
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

SS — DRUG: DERMOL 500 — STOPPED: DATE: / INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 1 APP | ROUTE: TOP | INDICATION: Dry skin
PRESCRIBER (PRINT & SIGN): Karen Leslie | MAX.FREQ.: PRN | DATE: 15/1
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
DATE | TIME | DOSE | GIVEN BY
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

TT — DRUG: Oramorph — STOPPED: DATE: / INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 10-20mg | ROUTE: PO | INDICATION: pain
PRESCRIBER (PRINT & SIGN): Karen Leslie | MAX.FREQ.: 1/2 | DATE: 16/1
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
DATE | TIME | DOSE | GIVEN BY
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

VV — DRUG: PIRITON — STOPPED: DATE: / INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 4mg | ROUTE: PO | INDICATION: Itchy
PRESCRIBER (PRINT & SIGN): Karen Leslie | MAX.FREQ.: QID | DATE: 15/1
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Chlorphenamine
DATE: 14/1/17 | TIME: 22:00 | DOSE: 4mg | GIVEN BY: BD
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.

Name: Deborah Sullivan
CHI No: 071272 6128

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

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

REWRITTEN 14/1

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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	= naso[e]junostomy	PEJ	= percutaneous endoscopic [e]junostomy
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE **PRESCRIPTION FORM** Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

0712726128
SULLIVAN
Deborah F
6 Muirhead Court 07/12/197
Baillieston
Glasgow, Lanarkshire
G69 7EF

Consultant Name:

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

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

	DATE → 19																								
	MONTH → 1																								
	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

Patient's Own Medicine

A — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☑

DRUG: CLEXANE

DOSE: 40mg | ROUTE: S/C | DATE: 12/1 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): Karen Leslie

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 → 19 Dec
MONTH → 1 1

H — DRUG: PARACETAMOL
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 1g | ROUTE: O | DATE: 12/1 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 X | 1200-1400 X | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

J — DRUG: LACTULOSE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 15ml | ROUTE: O | DATE: 14/1 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 X | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

K — DRUG: FENTANYL
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 75 micrograms/hr | ROUTE: TOP | DATE: 12/1 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Change every 72h
Other time | 0700-0900 | 1200-1400 X X X X | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

L — DRUG: DULOXETINE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 60mg | ROUTE: O | DATE: 12/1 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 X | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Patient's Own Medicine

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: 19 (12)
MONTH: 1 7

Drug 1
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
M DRUG QUININE SULFATE
DOSE 200mg | ROUTE O | DATE 18/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN) Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time	
Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	AB
Other time	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm. | Patient's Own Medicine

Drug 2
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
N DRUG SENNA
DOSE 15mg | ROUTE O | DATE 12/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN) Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time	
Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	AB
Other time	

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

Drug 3
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
P DRUG PREGABALIN
DOSE 300mg | ROUTE O | DATE 12/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN) Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time	
Other time	
0700-0900	X (J)
1200-1400	
1600-1800	
2200-2400	AB
Other time	

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

Drug 4
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
R DRUG ESOMEPRAZOLE
DOSE 40mg | ROUTE O | DATE 12/1/17 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN) Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time	
Other time	
0700-0900	X (J)
1200-1400	
1600-1800	
2200-2400	AB
Other time	

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: 19 (20)
MONTH: 1 1

S — DRUG: ZOPICLONE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 7.5mg | ROUTE: O | DATE: 12/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
2200-2400: KL
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

T — DRUG: ACICLOVIR
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 800mg | ROUTE: O | DATE: 13/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Five times daily for 7 days - commenced 13/1
Other time: 08:00 | 12:00 | 16:00 | 18:00 | 22:00 | Other time
08:00: X
12:00: X
16:00: X
18:00: KL
22:00: KL
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

V — DRUG: TRAMADOL
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 100mg | ROUTE: O | DATE: 19/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Karen Leslie
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: X
1200-1400: X
1600-1800: X
2200-2400: KL
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

W — DRUG:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine: 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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Other times | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION		DRUG	DOSE	ROUTE	INDICATION	STOPPED DATE: / INITIALS:	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
☑	☐	☐	LL	CYCLIZINE	50mg	O	Nausea		Karen Leslie	TID	12/1	
☑	☐	☐	MM	DIAZEPAM	5mg	O	Anxiety		Karen Leslie	OD	13/1	
☐	☐	☑	NN	LAXIDO	1 SACHET	O	Constipation		Karen Leslie	BD	15/1	
☐	☐	☑	PP	DERMOL 500	1 APP	TOP	Dry skin		Karen Leslie	PRN	15/1	

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

Patient's Own Medicine: 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

BEFORE ADMISSION		DRUG	STOPPED	DATE																								Patient's Own Medicine
☐	RR	ORAMORPH	DATE:	DATE	M	19/01	20/01	21/01	22/01	23/01																		For Use Y/N
NEW DOSE	DOSE	ROUTE	INDICATION	TIME	1300	2045	0055	0800	1140																			Qty:
☐	10-20mg	O	Pain	DOSE	20mg	20mg	20mg	20mg	20mg																			Date:
NEW MEDICATION	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	GIVEN BY	KL	AS	AS	C	C																			Assessed by:
☑	Karen Leahi		10																									Ordered from Pharm.
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											
BEFORE ADMISSION	SS	DRUG PIRITON	STOPPED DATE:	DATE																								For Use Y/N
☐	DOSE	ROUTE	INDICATION	TIME																								Qty:
NEW DOSE	4mg	O	Itch	DOSE																								Date:
☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	GIVEN BY																								Assessed by:
NEW MEDICATION	Karen Leahi		QID																									Ordered from Pharm.
☑	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											
	Chlorphenamine																											
BEFORE ADMISSION	TT	DRUG	STOPPED DATE:	DATE																								For Use Y/N
☐	DOSE	ROUTE	INDICATION	TIME																								Qty:
NEW DOSE				DOSE																								Date:
☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	GIVEN BY																								Assessed by:
NEW MEDICATION			DATE:																									Ordered from Pharm.
☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											
BEFORE ADMISSION	VV	DRUG	STOPPED DATE:	DATE																								For Use Y/N
☐	DOSE	ROUTE	INDICATION	TIME																								Qty:
NEW DOSE				DOSE																								Date:
☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	GIVEN BY																								Assessed by:
NEW MEDICATION			DATE:																									Ordered from Pharm.
☐	ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

0712726128
SULLIVAN F
Deborah 07/12/197
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Name

CHI No

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

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Clinical Date

Last Emergency Care Summary received 11 January 2017

Allergy

Description	Date Recorded	Comments
Adverse reaction to penicillins	16-Feb-2009	

Acute Medication (including those greater than 30 days)

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date
In Practice	Trimethoprim	200 mg Tablets	N/A	ONE TO BE TAKEN TWICE A DAY	06-Jan-2017	06-Jan-2017
In Practice	Granisetron Hydrochloride	1 mg Tablets	N/A	ONE TO BE TAKEN TWICE A DAY	21-Dec-2016	21-Dec-2016
In Practice	Norethisterone	5 mg Tablets	N/A	ONE TO BE TAKEN THREE TIMES A DAY	19-Dec-2016	19-Dec-2016
In Practice	Oralbalance	Gel	N/A	APPLY THINLY TWICE A DAY	14-Dec-2016	14-Dec-2016

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Cancel Date
In Practice	Pregabalin	300 mg Capsules	N/A	ONE CAPSULE TWICE DAILY (START THIS DOSE IN 7 DAYS)	26-Oct-2016	11-Jan-2017		
In Practice	Lactulose	3.1-3.7 g/5 ml Solution	N/A	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	29-Mar-2011	09-Jan-2017		
In Practice	Diazepam	5 mg Tablets	N/A	1 Tab Daily	22-Dec-2011	04-Jan-2017		
In Practice	Zopiclone	3.75 mg Tablets	N/A	ONE OR TWO TO BE TAKEN AT NIGHT	20-Jul-2016	29-Dec-2016		
In Practice	Tramadol Hydrochloride	50 mg Capsules	N/A	ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED	22-Dec-2011	21-Dec-2016		
In Practice	Fentanyl	75 micrograms/hour Transdermal patches	N/A	apply 1 patch every 72 hours	24-Nov-2015	21-Dec-2016		
In Practice	Dihydrocodeine	30 mg Tablets	N/A	ONE OR TWO TABLETS TO BE TAKEN THREE OR FOUR TIMES A DAY	14-Jun-2016	21-Dec-2016		
In Practice	Paracetamol	500 mg Capsules	N/A	2 Caps qds	18-Nov-2010	21-Dec-2016		
In Practice	Duloxetine	60 mg Gastro-resistant Capsules	N/A	1 Cap Twice daily	24-Nov-2015	21-Dec-2016		
In Practice	Quinine Sulfate	200 mg Tablets	N/A	ONE TO BE TAKEN AT NIGHT	30-Oct-2012	19-Dec-2016		
In Practice	Senna	7.5 mg Tablets	N/A	TAKE TWO TABLETS AT NIGHT	16-Aug-2012	19-Dec-2016		
In Practice	Transvasin Heat	Rub (Cream)	N/A	APPLY TID	22-Aug-2016	19-Dec-2016		
In Practice	Cyclizine	50 mg Tablets	N/A	1 Tab PRN MAX TDS	19-Jan-2015	19-Dec-2016		
In Practice	Tolterodine Tartrate	2 mg Tablets	N/A	ONE TO BE TAKEN TWICE A DAY	24-Jun-2015	19-Dec-2016		
In Practice	Esomeprazole	40 mg Gastro-resistant Tablets	N/A	1 Tab Twice daily	29-Dec-2011	01-Dec-2016		

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

Hospit[illegible]
DOB: 07/12/1972 F
0712726128
SULLIVAN
Deborah
6 MUIRHEAD COURT
BAILLIESTON
Glasgow, Lanarkshire
G69 7EP
Date of [illegible]
Consult[illegible]

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
18/11	MORPHINE	10mg	SC	13:20	[illegible]	[illegible]	13:27
18/11	MORPHINE	10MG	SC	1520	[illegible]	[illegible]	1515

DATE 18
MONTH 11

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

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

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG CLEXANE

DOSE 40mg | ROUTE SC | DATE 18/11 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) G Wall

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG TED STOCKINGS

DOSE 1 PAIR | ROUTE TOP | DATE 18/11 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) G Wall

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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: 18 19
MONTH: 11 11

Patient's Own Medicine

H — DRUG: FENTANYL 75mcg/hour

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE: 1 patch | ROUTE: TOD | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): CLaC

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: change every 72 hours

Time		
Other time		
0700-0900		15
1200-1400		
1600-1800		
2200-2400		
Other time		

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

J — DRUG: TOLTERODINE

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE: 2 mg | ROUTE: PO | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): CLaC

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time		
Other time		
0700-0900		W
1200-1400		
1600-1800		
2200-2400	HS	
Other time		

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

K — DRUG: QUININE

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE: 200mg | ROUTE: PO | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): CLaC

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: QUININE SULPHATE

Time		
Other time		
0700-0900		
1200-1400		
1600-1800		
2200-2400	HS	
Other time		

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

L — DRUG: SENNA

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE: 15 mg | ROUTE: PO | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): CLaC

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time		
Other time		
0700-0900		
1200-1400		
1600-1800		
2200-2400	HS	
Other time		

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 18 19
MONTH 11 11

M — DRUG: HYDROXYCHLOROQUINE
DOSE: 400mg | ROUTE: PO | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): G Volk
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 (IW) | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

N — DRUG: ESOMEPRAZOLE
DOSE: 40mg | ROUTE: PO | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): G Volk
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 (IW) | 1200-1400 | 1600-1800 | 2200-2400 (G) | Other time
Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P — DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: PO | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): G Volk
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R — DRUG: DIAZEPAM
DOSE: 5 mg | ROUTE: PO | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): G.V. Volk
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 (IW) | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine | 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: 18 19
MONTH: 11 11

S — DRUG: LACTULOSE
DOSE: 15ml | ROUTE: PO | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900: LW | 1200-1400 | 1600-1800 | 2200-2400: LW | Other time

T — DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PO | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900: LW | 1200-1400: JT | 1600-1800: CK | 2200-2400: LW | Other time

V — DRUG: TRIMETHOPRIM
DOSE: 200MG | ROUTE: O | DATE: 18/11 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☒
Other time | 0700-0900: LW | 1200-1400 | 1600-1800 | 2200-2400: LW | Other time

W — DRUG:
DOSE: | ROUTE: | DATE: | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | 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 / MONTH

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.

All Routes: As Required Prescriptions

Patient's Own Medicine

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010

CINES RECONCILIATION

0712726128
SULLIVAN F
Deborah 07/12/1972

PATIENT NAME
DATE OF BIRTH
CHI no.....

Source of medication history — Patient ☑ CG — Relative/carer ☐ — GP Phone call ☐ — ECS ☐
(minimum 2 sources) — Patient own drugs ☐ — Com. Pharmacist ☐ — GP letter/summary ☑ CG — Repeat Script ☐
Other (please specify) .....

Admission Medicines			Plan for medicines (Dr complete)				Comments
Name	Dose	Freq	Continue	Amend	Withold	Stop	Reason for alteration
✓ Fentanyl patch 75mcg/hr	1 patch	every 72 hours					Due to change 19/11/15
✓ tolterodine	2mg	BD					
✓ cyclizine	50mg	TDS PRN					
✓ quinine sulphate	200mg	ON					
✓ senna	15mg	ON					
✓ hydroxychloroquine 2x200mg		ON					usually 200mg BD
✓ esomeprazole	40mg	BD					
✓ tramadol	50-100mg	QDS PRN					
✓ temazepam	10mg	ON					
✓ diazepam	5mg	ON					
✓ dihydrocodeine 79.8	30-60mg	3-4x daily					
✓ lactulose CL=62	15ml	BD					
✓ paracetamol	1g	QDS					
✓ duloxetine	60mg	BD					

Allergies Penicillin

None known ☐

List any Over The Counter or alternative medicines

Bach's rescue remedy.

Do medicines need further clarification Yes ☐ No ☐

List collected by : CM. Cranson

Designation : PHARMACIST **Date :** 19/11/15.

Plan approved by :

Designation : **Date :**

Pharmacy review

Comments Patient confirms analgesia regimen (takes regular tramadol, dihydrocodeine, fentanyl and paracetamol)

Compliance aid : Yes ☐ No ☐

Community pharmacist Phone

Reviewed by : Designation : Date :

Pat 0712726128
SULLIVAN F
Da Deborah 07/12/1972
6 MUIRHEAD COURT
CH BAILLIESTON
Glasgow, Lanarkshire
G69 7EP
Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
2/9		ALARTMANNS	1000ml	IV	1°		JT	
2/9		HARTMANNS	1000	IV	2°		JT	
02/09		HARTMANNS	500	IV	4°		eRadley RGN.	
02/09		HARTMANNS	500	IV	4°		eRadley RGN.	
03/09		5% DEXTROSE + 20mmol KCl	600	IV	6°		eRadley RGN	

Administration details

Date	Time	Given by	Checked by	Comments
2/9	12.20	[illegible]		
2/9	16.00	JT	15-09 [illegible]	[illegible]
2/9	21.30	JT		
3/9	02.00	JT		
3/9	11.00	RF		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = $\frac{\text{Volume of fluid (ml) x 20}}{\text{Duration of admin (min)}}$

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)

Administration details - continued

Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

Dtx: ummo 3/9/15

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

CHI No: 0712726128

SULLIVAN F

Deborah 07/12/1972

6 MUIRHEAD COURT

BAILLIESTON

Glasgow, Lanarkshire

Postcode: G69 7EP

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
2/9/15	Morphine	5mg	IV	1120	[signature]	AD	11.20
2/9/15	Morphine	5mg	IV	12-10	[signature]	[signature]	1210
3/9	Midazolam	5mg	IV	1320	[signature]		

DATE → 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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: 2 3 4
MONTH: 9 9 9

Patient's Own Medicine

H DRUG: ondansetron
DOSE: 4mg | ROUTE: O | DATE: 2/9/15 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	(D) 10a				
	W	Of			

J DRUG: Paracetamol
DOSE: 1g | ROUTE: O | DATE: 2/9/15 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	(D) 10a				
	W	6 Of			
			1 PR		
				5 H	

K DRUG: Metoclopramide
DOSE: 10 | ROUTE: O | DATE: 3/9 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 5 days only
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	X	X			
	X	X			
	X	PR			

L DRUG:
DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	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 → 4
MONTH → 9

M DRUG: CLOTRIMAZOLE 1%
DOSE: 1 APP | ROUTE: TOP | DATE: 3/9 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): JBrogan
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

N DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

P DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

R DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	13				

Patient's Own Medicine | 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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | 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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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					STOPPED																								Patient's Own Medicine
☐	RR	DRUG ZOPICLONE			DATE:	DATE	26																						For Use Y/N
NEW DOSE ☐	DOSE 7.5mg	ROUTE PO	INDICATION		INITIALS:	TIME	23																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) MICO		MAX.FREQ. nocte	DATE: 3/9		DOSE	7.5																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																							Assessed by:
																													Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG			STOPPED DATE:	DATE																							For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION		INITIALS:	TIME																							Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		DOSE																							Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																							Assessed by:
																													Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG			STOPPED DATE:	DATE																							For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION		INITIALS:	TIME																							Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		DOSE																							Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					GIVEN BY																							Assessed by:
																													Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG			STOPPED DATE:	DATE																							For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION		INITIALS:	TIME																							Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		DOSE																							Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					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 Deborah Sullivan.

CHI No 071272 6128.

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

PENICILLIN (Rash)

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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	= naso/ejunostomy	PEJ	= percutaneous endoscopic (e)junostomy
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

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

Cat. No. 40995 Ver 4, 09/2010

Inpatient prescription & administration record for Deborah Sullivan (0712726128)

05:25
15/02/26

Admission: 06/02/2026 => 12/02/2026

Patient Demographics

SULLIVAN Deborah (0712726128)
DOB: 07/12/1972
Flat 0-1, 8 Boyndie Stree, Easterhouse,
Glasgow,
Lanarksh,
G34 9JE

Admitted: 06/02/2026 06:05
Discharged: 12/02/2026 17:36

Transfer history

Admission	2026-02-05 15:11:00	RAE GRI ED
Transfer	2026-02-06 06:05:00	R63 GRI WARD 63
Transfer	2026-02-07 00:19:00	R65 GRI WARD 65

Responsible Consultant history

Assigned No Consultant	05/02/26	15:11
Campbell Roxburgh	06/02/26	06:05
David Holroyd	12/02/26	09:02

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): PENICILLINS (Rash - Major)

Sensitivity (reaction): OPIOIDS-MORPHINE ANALOGUES (OXYCODONE,BUPRENORPHINE,CODEINE)(GI Upset)

Aripiprazole 5 mg Tablets

☒ 07/02/26 07:00 25 mg ONCE daily at 7am (Oral) — Thazin Tan-Ya

07/02/26	07:00	Dione Longmuir	Self Administers
08/02/26	07:00	Niamh Morgan	Self Administers
09/02/26	07:00	Niamh Morgan	Self Administers
10/02/26	07:00	Rebecca Cowie	Self Administers
11/02/26	07:00	Niamh Morgan	Self Administers
12/02/26	07:00	Erin Callaghan	Self Administers

Creon 10,000 Capsules

added by **Thazin Tan-Ya** on 06/02/2026 at 07:50

Title: with meals

with meals

☒ 06/02/26 12:00 1 Capsule THREE times daily at 7am, 12 noon, and 5pm (Oral) — Thazin Tan-Ya

06/02/26	12:00	Eilidh Forbes	Self Administers
06/02/26	17:00	Gosia Czyzanowska	Refused by Patient
07/02/26	07:00	Dione Longmuir	Self Administers
07/02/26	12:00	Dione Longmuir	Self Administers
07/02/26	17:00	Dione Longmuir	Self Administers
08/02/26	07:00	Niamh Morgan	Self Administers
08/02/26	12:00	Niamh Morgan	Self Administers
08/02/26	17:00	Niamh Morgan	Self Administers
09/02/26	07:00	Niamh Morgan	Self Administers
09/02/26	12:00	Niamh Morgan	Self Administers
09/02/26	17:00	Niamh Morgan	Self Administers
10/02/26	07:00	Rebecca Cowie	Self Administers
10/02/26	12:00	Rebecca Cowie	Self Administers
10/02/26	17:00	Rebecca Cowie	Self Administers
11/02/26	07:00	Niamh Morgan	Self Administers
11/02/26	12:00	Niamh Morgan	Self Administers
11/02/26	17:00	Lauren Smith	Self Administers
12/02/26	07:00	Erin Callaghan	Self Administers
12/02/26	12:00	Erin Callaghan	Self Administers
12/02/26	17:00	Erin Callaghan	Self Administers

Empagliflozin 10 mg Tablets

☒ 07/02/26 07:00 10 mg ONCE daily at 7am (Oral) — Thazin Tan-Ya

07/02/26	07:00	Suspended
08/02/26	07:00	Suspended
09/02/26	07:00	Suspended
10/02/26	07:00	Suspended

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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HEPMA MAP v1.0

Empagliflozin 10 mg Tablets *(Continued)*

11/02/26	07:00			Suspended	
12/02/26	07:00			Suspended	

Esomeprazole 40 mg Tablets

☒ 06/02/26 22:00 40 mg TWICE DAILY 7am:10pm (Oral) — Thazin Tan-Ya

06/02/26	22:00			Eilidh Lindsay	Prescription Clarification Required
07/02/26	07:00			Dione Longmuir	Self Administers
07/02/26	22:00			Callum McQuiston	Self Administers
08/02/26	07:00			Niamh Morgan	Self Administers
08/02/26	22:00			Rebecca Cowie	Self Administers
09/02/26	07:00			Niamh Morgan	Self Administers
09/02/26	22:00			Ellie McGilvery	Self Administers
10/02/26	07:00			Rebecca Cowie	Self Administers
10/02/26	22:00			Ellie McGilvery	Self Administers
11/02/26	07:00			Niamh Morgan	Self Administers
11/02/26	22:00			Hayley Finn	Self Administers
12/02/26	07:00	12/02/2026	07:55	Erin Callaghan	

Lactulose Oral Solution

☒ 08/02/26 22:00 10 mL TWICE DAILY 7am:10pm (Oral) — Jill Sweeney

08/02/26	22:00	08/02/2026	21:39	Rebecca Cowie	
09/02/26	07:00	09/02/2026	07:41	Niamh Morgan	
09/02/26	22:00	09/02/2026	22:25	Ellie McGilvery	
10/02/26	07:00			Rebecca Cowie	Self Administers
10/02/26	22:00	10/02/2026	22:34	Ellie McGilvery	
11/02/26	07:00	11/02/2026	07:36	Niamh Morgan	
11/02/26	22:00	11/02/2026	21:34	Hayley Finn	
12/02/26	07:00	12/02/2026	08:09	Erin Callaghan	

☒ 08/02/26 12:02 10 mL (Oral) — Jill Sweeney

08/02/26	12:02	08/02/2026	12:12	Niamh Morgan	

Laxido (Orange) Sachets

☒ 08/02/26 08:40 1 Sachet (Oral) — Jill Sweeney

08/02/26	08:40			Niamh Morgan	Other - see patient nursing notes

Metformin 500 mg Tablets

☒ 06/02/26 22:00 1,000 mg TWICE DAILY 7am:10pm (Oral) — Thazin Tan-Ya

06/02/26	22:00			Eilidh Lindsay	Prescription Clarification Required
07/02/26	07:00			Dione Longmuir	Self Administers
07/02/26	22:00			Callum McQuiston	Self Administers
08/02/26	07:00			Niamh Morgan	Self Administers
08/02/26	22:00			Rebecca Cowie	Self Administers
09/02/26	07:00			Niamh Morgan	Self Administers
09/02/26	22:00			Ellie McGilvery	Self Administers
10/02/26	07:00			Rebecca Cowie	Self Administers
10/02/26	22:00			Ellie McGilvery	Self Administers
11/02/26	07:00			Niamh Morgan	Self Administers
11/02/26	22:00			Hayley Finn	Refused by Patient
12/02/26	07:00	12/02/2026	07:58	Erin Callaghan	

Mirtazapine 15 mg Tablets

☒ 06/02/26 22:00 15 mg ONCE DAILY NIGHT 10pm (Oral) — Thazin Tan-Ya

06/02/26	22:00	06/02/2026	21:59	Eilidh Lindsay	
07/02/26	22:00			Callum McQuiston	Self Administers
08/02/26	22:00			Rebecca Cowie	Self Administers
09/02/26	22:00			Ellie McGilvery	Self Administers
10/02/26	22:00			Ellie McGilvery	Self Administers
11/02/26	22:00			Hayley Finn	Self Administers

Morphine sulfate 10 mg in 5mL Oral Solution

☒ 08/02/26 01:28 5 mg (Oral) — Alaa Al-Maskari

08/02/26	01:28	08/02/2026	01:31	Callum McQuiston	

Paracetamol 500 mg Tablets

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Paracetamol 500 mg Tablets *(Continued)*

08/02/26 12:00 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) Jill Sweeney

08/02/26	12:00	08/02/2026	11:56	Niamh Morgan	
08/02/26	17:00	08/02/2026	17:45	Niamh Morgan	
08/02/26	22:00	08/02/2026	21:39	Rebecca Cowie	
09/02/26	07:00	09/02/2026	07:41	Niamh Morgan	
09/02/26	12:00	09/02/2026	12:20	Niamh Morgan	
09/02/26	17:00	09/02/2026	17:17	Niamh Morgan	
09/02/26	22:00	09/02/2026	22:24	Ellie McGilvery	
10/02/26	07:00			Rebecca Cowie	Self Administers
10/02/26	12:00	10/02/2026	11:40	Rebecca Cowie	
10/02/26	17:00	10/02/2026	16:50	Rebecca Cowie	
10/02/26	22:00	10/02/2026	22:34	Ellie McGilvery	
11/02/26	07:00	11/02/2026	06:26	Caitlyn Devlin	
11/02/26	12:00	11/02/2026	12:36	Niamh Morgan	
11/02/26	17:00	11/02/2026	16:42	Lauren Smith	
11/02/26	22:00	11/02/2026	21:20	Caitlyn Devlin	
12/02/26	07:00	12/02/2026	07:57	Erin Callaghan	
12/02/26	12:00	12/02/2026	11:47	Erin Callaghan	
12/02/26	17:00	12/02/2026	16:41	Erin Callaghan	

Pregabalin 100 mg Capsules

07/02/26 07:00 200 mg ONCE DAILY MORNING 7am (Oral) Thazin Tan-Ya

07/02/26	07:00			Dione Longmuir	Self Administers
08/02/26	07:00			Niamh Morgan	Self Administers
09/02/26	07:00			Niamh Morgan	Self Administers
10/02/26	07:00			Rebecca Cowie	Self Administers
11/02/26	07:00			Niamh Morgan	Self Administers
12/02/26	07:00	12/02/2026	07:56	Erin Callaghan	

Pregabalin 300 mg Capsules

06/02/26 22:00 300 mg ONCE DAILY NIGHT 10pm (Oral) Thazin Tan-Ya

06/02/26	22:00	06/02/2026	21:59	Eilidh Lindsay	
07/02/26	22:00			Callum McQuiston	Self Administers
08/02/26	22:00			Rebecca Cowie	Self Administers
09/02/26	22:00			Ellie McGilvery	Self Administers
10/02/26	22:00			Ellie McGilvery	Self Administers
11/02/26	22:00			Hayley Finn	Self Administers

Procyclidine 5 mg Tablets

07/02/26 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Thazin Tan-Ya

07/02/26	07:00			Dione Longmuir	Self Administers
08/02/26	07:00			Niamh Morgan	Self Administers
09/02/26	07:00			Niamh Morgan	Self Administers
10/02/26	07:00			Rebecca Cowie	Self Administers
11/02/26	07:00			Niamh Morgan	Self Administers
12/02/26	07:00			Erin Callaghan	Self Administers

ımipril 2.5 mg Capsules

07/02/26 07:00 2.5 mg ONCE DAILY MORNING 7am (Oral) Thazin Tan-Ya

07/02/26	07:00			Dione Longmuir	Self Administers
08/02/26	07:00			Niamh Morgan	Self Administers
09/02/26	07:00			Niamh Morgan	Self Administers
10/02/26	07:00			Rebecca Cowie	Self Administers
11/02/26	07:00			Niamh Morgan	Self Administers
12/02/26	07:00	12/02/2026	07:56	Erin Callaghan	

Semaglutide (Rybelsus) 9 mg Tablets

07/02/26 07:00 9 mg ONCE DAILY MORNING 7am (Oral) Thazin Tan-Ya

07/02/26	07:00			Dione Longmuir	Self Administers
08/02/26	07:00			Niamh Morgan	Self Administers
09/02/26	07:00			Niamh Morgan	Self Administers
10/02/26	07:00			Rebecca Cowie	Self Administers
11/02/26	07:00			Niamh Morgan	Self Administers
12/02/26	07:00			Erin Callaghan	Self Administers

Simvastatin 20 mg Tablets

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Simvastatin 20 mg Tablets *(Continued)*

☒ 06/02/26 22:00 20 mg ONCE daily at 10pm (Oral) Thazin Tan-Ya

06/02/26	22:00	06/02/2026	21:58	Eilidh Lindsay	
07/02/26	22:00			Callum McQuiston	Self Administers
08/02/26	22:00			Rebecca Cowie	Self Administers
09/02/26	22:00			Ellie McGilvery	Self Administers
10/02/26	22:00			Ellie McGilvery	Self Administers
11/02/26	22:00			Hayley Finn	Self Administers

Sucralfate (Unlicensed) 1g Tablets

☒ 06/02/26 22:00 2 g ONCE DAILY NIGHT 10pm (Oral) Thazin Tan-Ya

06/02/26	22:00			Eilidh Lindsay	Prescription Clarification Required
07/02/26	22:00	07/02/2026	22:24	Callum McQuiston	
08/02/26	22:00			Rebecca Cowie	Self Administers
09/02/26	22:00			Ellie McGilvery	Self Administers
10/02/26	22:00			Ellie McGilvery	Self Administers
11/02/26	22:00			Hayley Finn	Refused by Patient

Venlafaxine 75 mg Modified Release Capsules

☒ 06/02/26 22:00 75 mg TWICE DAILY 7am:10pm (Oral) Thazin Tan-Ya

06/02/26	22:00	06/02/2026	21:59	Eilidh Lindsay	
07/02/26	07:00			Dione Longmuir	Self Administers
07/02/26	22:00			Callum McQuiston	Self Administers
08/02/26	07:00			Niamh Morgan	Self Administers
08/02/26	22:00			Rebecca Cowie	Self Administers
09/02/26	07:00			Niamh Morgan	Self Administers
09/02/26	22:00			Ellie McGilvery	Self Administers
10/02/26	07:00			Rebecca Cowie	Self Administers
10/02/26	22:00			Ellie McGilvery	Self Administers
11/02/26	07:00			Niamh Morgan	Self Administers
11/02/26	22:00			Hayley Finn	Self Administers
12/02/26	07:00	12/02/2026	08:00	Erin Callaghan	

Cyclizine 50 mg in 1 mL Injection as required

☒ 06/02/26 13:38 50 mg every 8 HOURS (Intramuscular) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Iman Kodsi

☒ 06/02/26 13:38 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Iman Kodsi

Cyclizine 50 mg Tablets as required

☒ 06/02/26 13:38 50 mg every 8 HOURS (Oral) FOR NAUSEA *prescribed as part of either/or protocol:Cyclizine 50Mg Po/Im/Iv Prn 8H* Iman Kodsi

Diazepam 2 mg Tablets as required

☒ 08/02/26 12:03 2 mg every 8 HOURS (Oral) Anxiety & PTSD Jill Sweeney

2.00	08/02/2026	12:12	Niamh Morgan

hydrocodeine 30 mg Tablets as required

08/02/26 08:38 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN Jill Sweeney

30.00	08/02/2026	21:39	Rebecca Cowie
30.00	09/02/2026	07:41	Niamh Morgan
30.00	09/02/2026	22:27	Ellie McGilvery
30.00	10/02/2026	13:50	Rebecca Cowie
30.00	10/02/2026	18:16	Rebecca Cowie
30.00	11/02/2026	05:39	Caitlyn Devlin
30.00	11/02/2026	21:20	Caitlyn Devlin
30.00	12/02/2026	08:10	Erin Callaghan

Morphine sulfate 10 mg in 5mL Oral Solution as required

☒ 06/02/26 21:46 5 mg EVERY FOUR HOURS (Oral) FOR PAIN Max 6 dose/24h thn Dr r/v Nur Raziqin Sabri

5.00	06/02/2026	21:59	Eilidh Lindsay
5.00	07/02/2026	05:04	Amy Brown

Discontinued on: 07/02/2026 06:06:00 by: Alaa Al-Maskari . Reason: Dose Titration

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

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Morphine sulfate 10 mg in 5mL Oral Solution as required *(Continued)*

☒ 07/02/26 06:06 2 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Morphine Oral Solution 2Mg-5Mg Dose Range* — Alaa Al-Maskari

	Amy Brown	Alternative administered
	Dione Longmuir	Alternative administered
	Dione Longmuir	Alternative administered
	Dione Longmuir	Alternative administered
	Dione Longmuir	Alternative administered
	Callum McQuiston	Alternative administered
	Callum McQuiston	Alternative administered

Discontinued on: 08/02/2026 08:39:53 by: Jill Sweeney . Reason: Discontinued due to conflict

☒ 07/02/26 06:06 5 mg every HOUR (Oral) FOR PAIN *prescribed as part of either/or protocol:Morphine Oral Solution 2Mg-5Mg Dose Range* — Alaa Al-Maskari

5.00	07/02/2026	06:40	Amy Brown
5.00	07/02/2026	09:21	Dione Longmuir
5.00	07/02/2026	13:19	Dione Longmuir
5.00	07/02/2026	14:59	Dione Longmuir
5.00	07/02/2026	18:14	Dione Longmuir
5.00	07/02/2026	19:46	Callum McQuiston
5.00	07/02/2026	22:18	Callum McQuiston

Discontinued on: 08/02/2026 08:39:53 by: Jill Sweeney . Reason: Discontinued due to conflict

☒ 08/02/26 08:39 5 mg every HOUR (Oral) FOR PAIN Max 6 dose/24h thn Dr r/v — Jill Sweeney

10.00	08/02/2026	09:14	Niamh Morgan
10.00	08/02/2026	11:22	Niamh Morgan
10.00	08/02/2026	15:30	Lilia Abor
10.00	08/02/2026	19:04	Niamh Morgan
10.00	08/02/2026	22:29	Rebecca Cowie
10.00	09/02/2026	02:53	Rebecca Cowie
10.00	09/02/2026	10:25	Dione Longmuir
10.00	09/02/2026	14:46	Dione Longmuir
10.00	09/02/2026	18:28	Niamh Morgan
10.00	09/02/2026	20:04	Ellie McGilvery
10.00	10/02/2026	00:36	Ellie McGilvery
10.00	10/02/2026	07:39	Rebecca Cowie
10.00	10/02/2026	11:01	Rebecca Cowie
10.00	10/02/2026	15:24	Rebecca Cowie
10.00	10/02/2026	19:36	Ellie McGilvery
10.00	11/02/2026	01:18	Ellie McGilvery
10.00	11/02/2026	10:06	Niamh Morgan
10.00	11/02/2026	13:14	Niamh Morgan
10.00	11/02/2026	16:31	Lauren Smith
10.00	11/02/2026	18:29	Niamh Morgan
10.00	11/02/2026	21:57	Hayley Finn
10.00	12/02/2026	00:27	Hayley Finn
10.00	12/02/2026	03:45	Hayley Finn
10.00	12/02/2026	13:21	Erin Callaghan

Ondansetron 4 mg Tablets as required

06/02/26 07:53 4 mg THREE TIMES DAILY 7am:12pm:10pm (Oral) For Nausea — Thazin Tan-Ya

4.00	08/02/2026	07:41	Niamh Morgan

Paracetamol 500 mg Tablets as required

☒ 06/02/26 20:24 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Nur Raziqin Sabri

1,000.00	06/02/2026	21:59	Eilidh Lindsay
1,000.00	07/02/2026	14:59	Dione Longmuir
1,000.00	07/02/2026	19:46	Callum McQuiston
1,000.00	08/02/2026	01:25	Callum McQuiston

Discontinued on: 08/02/2026 08:38:33 by: Jill Sweeney . Reason: Discontinued due to conflict

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MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☑
Date 31/8 Name (Print) [signature]

Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name Deborah Sullivan Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hosp
0712726128
DOB: SULLIVAN F
Deborah 07/12/1972
Date
Consl

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

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

	DATE → 31																										
	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

Patient's Own Medicine

A DRUG: Clexane

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DOSE: 40mg | ROUTE: S/C | DATE: 31/7 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

	Other time	0700-0900	1200-1400	1500-1800	2200-2400	Other time	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
A											

B DRUG:

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

	Other time	0700-0900	1200-1400	1500-1800	2200-2400	Other time	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
B											

C DRUG:

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

	Other time	0700-0900	1200-1400	1500-1800	2200-2400	Other time	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
C											

0712726128
SULLIVAN
Deborah F
6 Muirhead Court 07/12/1972
Baillieston
Glasgow, Lanarkshire
G69 7EP

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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
MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

K

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

L

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

0712726128
SULLIVAN
Deborah
F
07/12/1972

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
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 → 31/8 01
MONTH → 09

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

S | DRUG: Amitriptyline

DOSE: 10 mg | ROUTE: PO | DATE: 31/8 | STOPPED DATE: 1/9 | INITIALS: T M

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: recently increased to 30mg → please v/v

0700-0900: 8 | 1200-1400: 12 | 1600-1800: 16 | 2200-2400: 22

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

T | DRUG: Lactulose

DOSE: 15 ml | ROUTE: PO | DATE: 31/8 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

0700-0900: 8 | 1600-1800: 16

31/8 ✓

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

V | DRUG: Pregabalin

DOSE: 300mg | ROUTE: PO | DATE: 31/8 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

0700-0900: 8 | 1200-1400: 12 | 1600-1800: 16 | 2200-2400: 22

31/8 ✓ ✓ ✓

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

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

W | DRUG: Duloxetine

DOSE: 40mg | ROUTE: PO | DATE: 31/8 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

0700-0900: 8 | 1200-1400: 12 | 1600-1800: 16 | 2200-2400: 22

31/8 ✓

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 → 24 01
MONTH → 08 09

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

X — DRUG: Zopiclone
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 3.75 mg | ROUTE: PO | DATE: 31/8 | STOPPED DATE: 1/9 | INITIALS: JM
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: usually takes 7.5mg nocte

Y — DRUG: Diazepam
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 5 mg | ROUTE: PO | DATE: 31/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

AA — DRUG: Senna
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 7.5mg x 2 | ROUTE: PO | DATE: 31/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

BB — DRUG: Tolterodine
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 2mg | ROUTE: PO | DATE: 31/8 | STOPPED DATE: 1/9 | INITIALS: JM
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: No longer takes → please r/v.

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

0712726128 F
SULLIVAN 07/12/1972
Deborah
6 Mulrhead Court
Baillieston
Glasgow, Lanarkshire G69 7EP

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 → 28 | 01
MONTH → | 09

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

CC DRUG esomeprazole
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE 40 mg | ROUTE PO | DATE 31/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD DRUG Quinine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE 200 mg | ROUTE PO | DATE 31/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
sulphate

EE DRUG cyclizine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE 50 mg | ROUTE PO | DATE 31/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF DRUG Ramipril
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE 2.5 mg | ROUTE PO | DATE 31/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

0712726128
SULLIVAN
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
F
07/12/1972
G69 7EP

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 / MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

GG

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: SOM

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

HH

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: AMITRIPTYLINE

DOSE: 30 MG | ROUTE: PO | DATE: 1/8 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

2200-2400 circled

0712726128
SULLIVAN
Deborah
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
F
07/12/1972
G69 7EP

JJ

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: ZOPICLONE

DOSE: 7.5 MG | ROUTE: PO | DATE: 1/8 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

2200-2400 circled

KK

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1600.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

NHSGGC Adult Acetylcysteine Prescribing and Administration Chart

NHS Greater Glasgow and Clyde

Name: [redacted]
Address: [redacted]
0712726128
SULLIVAN F
Deborah 07/12/1972
DoB: [redacted]
CHI num [redacted]

Infusion 1 — Acetylcysteine 150mg/kg over 1 hour

Prescription						Preparation	Administration Checks			
Date	Time (24 hour clock)	Dose (ml)[1] See dosing table overleaf	Diluent (200ml)	Infusion rate (ml/hour)	Prescriber's signature PRINTED name and status	Prepared by	Time	Volume remaining (ml)	Volume infused (ml)	Checked by
31/8	1740	57	NaCl 0.9%	257	[redacted]	[redacted]	17.55			

[1] Each ml contains 200mg acetylcysteine

Infusion 2 — Acetylcysteine 50mg/kg over 4 hours

Prescription						Preparation	Administration Checks			
Date	Time (24 hour clock)	Dose (ml)[1] See dosing table overleaf	Diluent (500ml)	Infusion rate (ml/hour)	Prescriber's signature PRINTED name and status	Prepared by	Time	Volume remaining (ml)	Volume infused (ml)	Checked by
31/8	1740	19	NaCl 0.9%	130	[redacted]	[redacted]				

[1] Each ml contains 200mg acetylcysteine

Infusion 3 — Acetylcysteine 100mg/kg over 16 hours

Prescription						Preparation	Administration Checks			
Date	Time (24 hour clock)	Dose (ml)[1] See dosing table overleaf	Diluent (1000ml)	Infusion rate (ml/hour)	Prescriber's signature PRINTED name and status	Prepared by	Time	Volume remaining (ml)	Volume infused (ml)	Checked by
31/8	1740	38	NaCl 0.9%	65	[redacted]	[redacted]				

[1] Each ml contains 200mg acetylcysteine

Medical Illustration Services 256345

NHSGGC Adult Acetylcysteine Prescribing and Administration Chart

NHS Greater Glasgow and Clyde

Name: 0712726128 .....
SULLIVAN F
Addr: Deborah 07/12/1972 .....
..... 6 Muirhead Court .....
Baillieston
DoB: Glasgow, Lanarkshire .....
CHI r G69 7EP .....
Affix patient data label

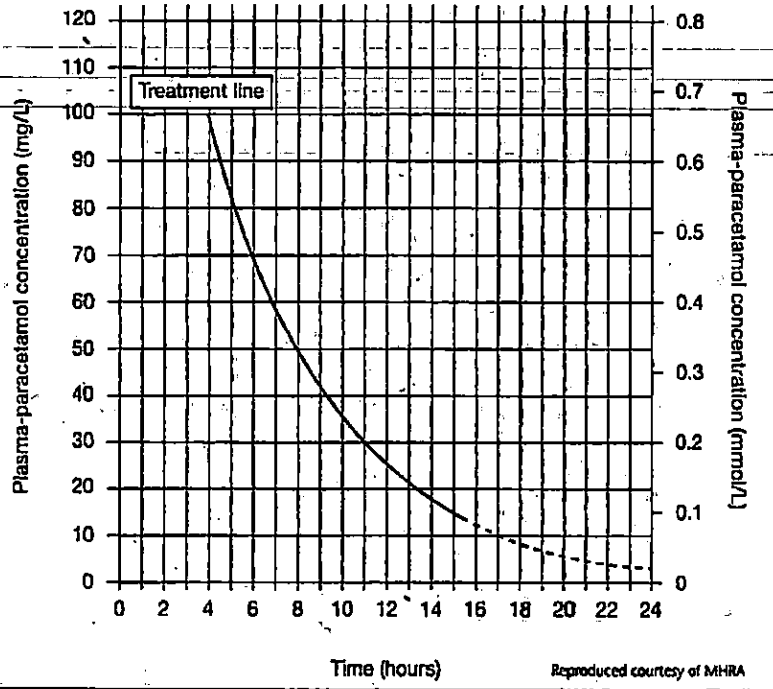
Important: Refer to the NHS GGC Therapeutics Handbook for further information on the management and biochemical monitoring of paracetamol overdose.

Weight:

Plasma paracetamol level: mg/L

Hours between sample and ingestion of paracetamol (if known): hours

Figure 1. Acetylcysteine Treatment Nomogram



Reproduced courtesy of MHRA

- Determine the need for acetylcysteine by plotting the measured plasma paracetamol level (in mg/L) against the time since ingestion. If plasma level falls above the line then give acetylcysteine as detailed in Table 1 below.
- If timing of ingestion is unreliable then treat with acetylcysteine regardless of whether the plasma level is above or below the treatment line.
- If overdose is staggered (taken over longer than 1 hour) then the nomogram is unreliable; see Therapeutics Handbook for management.

N.B. In NHSGGC paracetamol plasma levels reported in mg/L.

Table 1. Acetylcysteine IV adult dosing and administration

Each ampoule = 200 mg/ml

Regimen	1st Infusion		2nd Infusion		3rd Infusion	
Infusion fluid	200 ml 5% glucose or sodium chloride 0.9%		500 ml 5% glucose or sodium chloride 0.9%		1000 ml 5% glucose or sodium chloride 0.9%	
Preparation	Use a 250 ml infusion bag and remove 50 ml prior to adding in the required volume of acetylcysteine		Add the required volume of acetylcysteine to the 500 ml infusion bag		Add the required volume of acetylcysteine to the 1000 ml infusion bag	
Duration of infusion	1 hour		4 hours		16 hours	
Drug dose	150 mg/kg acetylcysteine		50 mg/kg acetylcysteine		100 mg/kg acetylcysteine	
Patient weight[1] (kg)	Ampoule volume[2] (ml)	Infusion rate (ml/hour)	Ampoule volume[2] (ml)	Infusion rate (ml/hour)	Ampoule volume[2] (ml)	Infusion rate (ml/hour)
40 - 49	34	234	12	128	23	64
50 - 59	42	242	14	129	28	64
60 - 69	49	249	17	129	33	65
70 - 79	57	257	19	130	38	65
80 - 89	64	264	22	131	43	65
90 - 99	72	272	24	131	48	66
100 - 109	79	279	27	132	53	66
≥ 110	83	283	28	132	55	66

[1] Dose calculations are based on the weight in the middle of each band.

[2] Ampoule volume has been rounded up to the nearest whole number.

Important notes

1. Prescribe the acetylcysteine on the kardex "As per chart".
2. **Patients < 40 kg – access paediatric dosing table through TOXBASE www.toxbase.org (password required).**
3. Hypersensitivity and anaphylaxis reactions with acetylcysteine are **not contraindications** as the benefits of treatment still outweigh the risk. True anaphylaxis is rare with acetylcysteine but can be managed by stopping the infusion and then re-starting at a slower rate (e.g. give infusion 1 over 2 hours and infusion 2 over 8 hours). See Therapeutics Handbook for management of anaphylaxis
4. 1000ml bags of glucose 5% or sodium chloride will be available in Accident and Emergency Units or Medical Receiving.

Approved by NHSGGC Acute Medicine | Date of review February 2015

Patient name: 0712726128 SULLIVAN Deborah
Date of birth: 07/12/197
CHI No: 2 6 Muirhead Court Baillieston Glasgow, Lanarkshire G69 7EL label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
19/7	4.00	(N) Saline	500	IV	2°		Klein	
19/7	6.00	(N) Saline	500	IV	2°		Klein	
19/7		5% Dextrose	500	IV	2°		AZBK	

Administration details

Date	Time	Given by	Checked by	Comments
19/7/17	04 20	MK		
19/7/17	08 40	KD		17D03T4C Exp date 03/2019
19/7/17	1125	JMcGn		17AL6T4C 12/18

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

Hospital Number:
0712726128
DOB: SULLIVAN, Deborah, 07/12/197
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7E
Date of Admission:
Consultant Name:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
19/7 Night	Ondansetron	1V	4mg	4.25	[signature]	[illegible]	04.30
19/7	Naproxen	500mg	PO	5.00	[signature]	KT	0510
19/7	SUMATRIPTAN	50mg	o	0800	ABBIE Bowker	KDevine	1505
19/7	ASPIRIN	900mg	om	1530	[signature]	KDevine	1620

	DATE →																								
	MONTH →																								
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																								
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N																									
SIGNATURE OF ASSESSOR																									
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1600 DRUG ROUND WITH Y OR N																									

Parenteral Drugs : Regular Prescription

																										Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**A** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY STOPPED DATE: INITIALS:	Other time																								For Use Y/N
		0700-0900																								City:
		1200-1400																								Date:
		1600-1800																								Assessed by:
		2200-2400																								Ordered from Pharm.
		Other time																								
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**B** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY STOPPED DATE: INITIALS:	Other time																								For Use Y/N
		0700-0900																								City:
		1200-1400																								Date:
		1600-1800																								Assessed by:
		2200-2400																								Ordered from Pharm.
		Other time																								
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**C** DRUG DOSE / ROUTE / DATE PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY STOPPED DATE: INITIALS:	Other time																								For Use Y/N
		0700-0900																								City:
		1200-1400																								Date:
		1600-1800																								Assessed by:
		2200-2400																								Ordered from Pharm.
		Other time																								

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

| | | |

	DATE	17	18																							
	MONTH	05	05																							

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

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: Clexane

DOSE: 40mg | ROUTE: SC | DATE: 17/5

PRESCRIBER (PRINT & SIGN):

STOPPED DATE:

INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																										
0700-0900																										
1200-1400																										
1600-1800	X	MT																								
2200-2400																										
Other time	2004																									

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

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:

INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																										
0700-0900																										
1200-1400																										
1600-1800																										
2200-2400																										
Other time																										

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

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE:

INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																										
0700-0900																										
1200-1400																										
1600-1800																										
2200-2400																										
Other time																										

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 → 16 17 18
MONTH → 5 5 5

H DRUG: ARIPIPRAZOLE
DOSE: 30mg | ROUTE: PO | DATE: 16/5/18 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900: (13) 13 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by | Ordered from Pharm

J DRUG: WARFARIN
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by | Ordered from Pharm

K DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PO | DATE: 16/5/18 | STOPPED DATE: 16/5/18 | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Stopped write on co-codamol.
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by | Ordered from Pharm

L DRUG: ESOMEPRAZOLE
DOSE: 40mg | ROUTE: PO | DATE: 16/5/18 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900: (13) 13 | 1200-1400 | 1600-1800 | 2200-2400: 11 13 | Other time
Patient's Own Medicine: 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 → 16 17 18
MONTH → 5 5 5

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm

M — DRUG: DULOXETINE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 60mg | ROUTE: PO | DATE: 14/5/18 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time			
Other time			
0700-0900		(13)	13
1200-1400			
1600-1800			
2200-2400	N	13	
Other time			

N — DRUG: PREGABALIN
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 300mg | ROUTE: PO | DATE: 16/5/18 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time			
Other time			
0700-0900		(13)	13
1200-1400			
1600-1800			
2200-2400	N	13	
Other time			

P — DRUG: SIMVASTATIN
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 20mg | ROUTE: PO | DATE: 16/5/18 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time			
Other time			
0700-0900			
1200-1400			
1600-1800			
2200-2400	N		
Other time			

R — DRUG: RAMIPRIL
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 2.5mg | ROUTE: PO | DATE: 16/5/18 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time			
Other time			
0700-0900		(13)	13
1200-1400			
1600-1800			
2200-2400			
Other time			

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 → 16 17 18
MONTH → 5 5 5

Patient's Own Medicine

S — BEFORE ADMISSION ☑ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: PO | DATE: 16/5/18 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| Time | | |

Oral and Other Drugs: Regular Prescription

DATE → 17 18
MONTH → 5 5

X BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: LAXIDO
DOSE: 1 sachet | ROUTE: PO | DATE: 17/5
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: INITIALS:

Other time		
0700-0900	3	
1200-1400		
1600-1800	3	
2200-2400		
Other time		

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

Y BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:
DOSE: ROUTE: DATE:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: INITIALS:

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

AA BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:
DOSE: ROUTE: DATE:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: INITIALS:

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

BB BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:
DOSE: ROUTE: DATE:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: INITIALS:

Other time / 0700-0900 / 1200-1400 / 1600-1600 / 2200-2400 / Other time

Patient's Own Medicine: 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 →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

HH DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

JJ DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

KK DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / 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

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.

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	= naso(e)junostomy	PEJ	= percutaneous endoscopic (e)junoatomy
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

GLASGOW ROYAL INFIRMARY

I.V THERAPY
PRESCRIPTION SHEET

Deborah Sullivan 7/12/72.
PATIENT ID LABEL

No. 05199

	DATE	FLUID (USE BLOCK LETTERS) / ADDITIVE DRUG	Vol (ml). / Dose (mg)	Route of Admin.*	Dur. of Admin.*	SIGNATURE	Serial No. Batch No.	Time Begun	Given By / Added by
A	16/5/18	HARTMANS	500-IS	IV	2°		18C 9T LC	1730	AB
B	16/5/18	HARTMANS	500-IS	IV	4°		18C/19C 02/2020	2.0 OS	N
C									
D									
E									
F									
G									
H									
I									
J									
K									
L									
M									
N									
O									

RATE OF FLOW (Drops/Min.) = **VOL. OF FLUID (ml) x 15** (Duration (Mins.)) (1ml = 15 drops)

6.62

Approximate Rate for 500ml.

1 hr. = 120 Drops/min. | 6 hr. = 22 Drops/min.

4 hr. = 30 Drops/min. | 8 hr. = 15 Drops/min.

SHEET NO .....

GGC0023

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....G.R.I.....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (If required by Local Protocol)

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

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 _____

ETAILS

Hosp 0712726128
F SULLIVAN
DOB 72 Deborah 07/12/1
1/1 34 Pendeen Place
Glasgow
Date JG G33 4
Consl

Height:	
Weight:	
Surface area:	
Ward:	

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
15/2	ARIPIPRAZOLE	25mg	O	16.00			16:45
15/2	Diazepam	5mg	O	1330			1330

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

Patient's Own Medicine

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

A DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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: 15 | 16
MONTH: 2 | 2

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H — DRUG: SIMVASTATIN
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 20 mg | ROUTE: PO | DATE: 15/2/18 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): E.SAVAGE.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
2200-2400: [illegible]

J — DRUG: QUININE SULFATE
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 200 mg | ROUTE: PO | DATE: 15/2/18 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): E.SAVAGE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: X N

0712726128
SULLIVAN
Deborah
F
07/12/1972

K — DRUG: TEMAZEPAM
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 10 mg | ROUTE: PO | DATE: 15/2/18 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): E.SAVAGE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: 9 9 9

L — DRUG: PARACETAMOL
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 1g | ROUTE: PO | DATE: 15/2/18 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): E.SAVAGE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: X
1200-1400: X
1600-1800: X
2200-2400: X

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 → 15 16
MONTH → 2 2

0712726128
SULLIVAN F
Deborah 07/12/1972
1/1 34 Pendeen Place
Glasgow
G33 4UG

M — DRUG: NAPROXEN
DOSE: 500mg | ROUTE: PO | DATE: 15/2/18 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): E.SAVAGE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900: X NF | 1200-1400 | 1600-1800 | 2200-2400: AB | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

N — DRUG: LACTULOSE
DOSE: 15ml | ROUTE: PO | DATE: 15/2/18 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): E.SAVAGE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P — DRUG: DIAZEPAM
DOSE: 5mg | ROUTE: PO | DATE: 15/2/18 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): E.SAVAGE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900: 9 9 9 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R — DRUG: ESOMEPRAZOLE
DOSE: 40mg | ROUTE: PO | DATE: 15/2/18 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): E.SAVAGE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900: X NF | 1200-1400 | 1600-1800 | 2200-2400: AB | Other time
Patient's Own Medicine: 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

| | | |

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.

All Routes: As Required Prescriptions

| | | |

BEFORE ADMISSION																																Patient's Own Medicine
☐	RR	DRUG																														For Use Y/N
NEW DOSE ☐	DOSE		ROUTE	INDICATION																												Qty:
	PRESCRIBER (PRINT & SIGN)				MAX.FREQ.																											Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																															Assessed by:
																																Ordered from Pharm.
STOPPED	DATE:																															
	INITIALS:																															
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DOSE																																
GIVEN BY																																

BEFORE ADMISSION																																For Use Y/N
☐	SS	DRUG																														Qty:
NEW DOSE ☐	DOSE		ROUTE	INDICATION																												Date:
	PRESCRIBER (PRINT & SIGN)				MAX.FREQ.																											Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																															Ordered from Pharm.
STOPPED	DATE:																															
	INITIALS:																															
	DATE:																															
DATE																																
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GIVEN BY																																

BEFORE ADMISSION																																For Use Y/N
☐	TT	DRUG																														Qty:
NEW DOSE ☐	DOSE		ROUTE	INDICATION																												Date:
	PRESCRIBER (PRINT & SIGN)				MAX.FREQ.																											Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																															Ordered from Pharm.
STOPPED	DATE:																															
	INITIALS:																															
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DATE																																
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DOSE																																
GIVEN BY																																

BEFORE ADMISSION																																For Use Y/N
☐	VV	DRUG																														Qty:
NEW DOSE ☐	DOSE		ROUTE	INDICATION																												Date:
	PRESCRIBER (PRINT & SIGN)				MAX.FREQ.																											Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																															Ordered from Pharm.
STOPPED	DATE:																															
	INITIALS:																															
	DATE:																															
DATE																																
TIME																																
DOSE																																
GIVEN 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.

0712726128
SULLIVAN F
: Deborah 07/12/1972
Nam 1/1 34 Pendeen Place
Glasgow
CHI G33 4UG

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

PENICILLINS

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.

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	= naso[e]junostomy	PEJ	= percutaneous endoscopic [e]junostomy
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Patient name:... 0712726128
Date of birth:.... SULLIVAN F
Deborah 07/12/1972
CHI No:..... 1/1 34 Pendeen Place
Glasgow
G33 4UG

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
15/02/18		~~0.9% NaCl~~ / HARTMANN'S	1L	IV	STAT			
15/02/18		0.9% NaCl	1L	IV	STAT			

Administration details

Date	Time	Given by	Checked by	Comments
15/02/18	0515	RF		
15/2/18	0615	MK		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE **PRESCRIPTION FORM** Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared: __/__/__ Time: _____ | Sheet No 1 | 2nd Prescription in use YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

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

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

Hospi 0712726128-
DOB: SULLIVAN F
2 Deborah 07/12/1972
1/1 34 Pendeen Place
Glasgow
Date
Cons G33 4UG

Height: 1.78
Weight: 101kg
Surface area:
Ward: 67/65

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
22/01	ORAMORPH	10mg	O	05.45		MH	06.40

| | | |

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

G DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

K DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

L DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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: 22 23 24
MONTH: 01 1 01

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

S — DRUG: ARIPIPRAZOLE
BEFORE ADMISSION ☑ SS | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 25mg | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): C CONSULT
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: QTc

Time	22	23	24
Other time			
0700-0900 ✓	LM	CONSULT	LM
1200-1400			
1600-1800			
2200-2400			
Other time			

T — DRUG: DIAZEPAM
BEFORE ADMISSION ☑ SS | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 5mg | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): C CONSULT
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time	22	23	24
Other time			
0700-0900			
1200-1400			
1600-1800			
2200-2400 ✓	LM		
Other time			

V — DRUG: DULOXETINE G/R
BEFORE ADMISSION ☑ SS | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 60mg | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): C CONSULT
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time	22	23	24
Other time			
0700-0900 ✓	LM	CONSULT	
1200-1400			
1600-1800			
2200-2400 ✓	LM		
Other time			

W — DRUG: ESOMEPRAZOLE
BEFORE ADMISSION ☐ SS | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 40mg | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): C CONSULT
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: QTc

Time	22	23	24
Other time			
0700-0900 ✓	LM	CONSULT	LM
1200-1400			
1600-1800			
2200-2400 ✓	LM		
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 → 22 23 24
MONTH → 01 1 01

Patient's Own Medicine

X DRUG: PARACETAMOL
DOSE: 1g | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): CCRASKELL
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION: ☑ SS | NEW DOSE: ☐ | NEW MEDICATION: ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	✓ GM MM	✓ GM	D SS	✓ MM	

Y DRUG: PREGABALIN
DOSE: 300mg | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): CCRASKELL
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION: ☑ SS | NEW DOSE: ☐ | NEW MEDICATION: ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	✓ GM MM			✓ MM	

AA DRUG: QUININE SULFATE
DOSE: 200mg | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): CCRASKELL
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: PTC
BEFORE ADMISSION: ☑ SS | NEW DOSE: ☐ | NEW MEDICATION: ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
				✓ MM	

BB DRUG: RAMIPRIL
DOSE: 2.5mg | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): CCRASKELL
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION: ☑ SS | NEW DOSE: ☐ | NEW MEDICATION: ☐
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	✓ GM MM				

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 → 22 | 13
MONTH → 01 | 1

Patient's Own Medicine

CC DRUG: SIMVASTATIN
DOSE: 20mg | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): CGASKELL
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 ✓ 6 PM | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

DD DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: O | DATE: 22/01 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): CGASKELL
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: ∆D
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 ✓ 6 PM | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

EE DRUG: ~~DIAMORPH~~
DOSE: 5 - 10mg PO | ROUTE: | DATE: 27/1 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

FF DRUG:
DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
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
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.

All Routes: As Required Prescriptions

Patient's Own Medicine

LL — DRUG: CYCLIZINE — STOPPED DATE: — INITIALS:
BEFORE ADMISSION ☑ SK — NEW DOSE ☐ — NEW MEDICATION ☑ SK
DOSE: 50mg — ROUTE: O — INDICATION: N+V
PRESCRIBER (PRINT & SIGN): [signature] — MAX.FREQ.: 3x — DATE: 22/11
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

| | | |

BEFORE ADMISSION		NEW DOSE	NEW MEDICATION	STOPPED	DATE	TIME	DOSE	GIVEN BY	Patient's Own Medicine: For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
☐	RR DRUG	☐	☐	DATE:									
	DOSE / ROUTE / INDICATION			INITIALS:									
	PRESCRIBER (PRINT & SIGN) / MAX.FREQ. / DATE:												
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY												
☐	SS DRUG	☐	☐	DATE:									
	DOSE / ROUTE / INDICATION			INITIALS:									
	PRESCRIBER (PRINT & SIGN) / MAX.FREQ. / DATE:												
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY												
☐	TT DRUG	☐	☐	DATE:									
	DOSE / ROUTE / INDICATION			INITIALS:									
	PRESCRIBER (PRINT & SIGN) / MAX.FREQ. / DATE:												
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY												
☐	VV DRUG	☐	☐	DATE:									
	DOSE / ROUTE / INDICATION			INITIALS:									
	PRESCRIBER (PRINT & SIGN) / MAX.FREQ. / DATE:												
	ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Name DEBORAH SULLIVAN

CHI No 0712726128

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

PENICILLIN (rash) OWN meds

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Write or affix label

Nam
Addr
0712726128
SULLIVAN F
CHI: Deborah 07/12/1972
DOB 1/1 34 Pendeen Place
Hosp Glasgow G33 4UG

Peripheral Vascular Cannula (PVC) Insertion & Maintenance

NHS Greater Glasgow and Clyde

Modified VIP (Visual Infusion Phlebitis) Score		
IV site appears healthy	0	No phlebitis: Observe cannula
One of the following is evident: slight pain or redness near site	1	Possible first signs: Observe cannula
Two or more of the following are evident: pain, redness, swelling	2	Early stage of phlebitis: Remove & resite cannula
All of the following are evident: pain, redness, hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including: pyrexia	5	

Insertion – Tick appropriate answer

Clinical indication:	Diagnostics ☑	Resuscitation / Chest Pain ☐	IV Drugs ☐	Fluids ☐	Transfusion ☐	
PVC inserted:	Date: 22/1/18	Hospital: GRI	ED ☑	Theatre ☐	ITU/HDU ☐	Ward ☐
Insertion site:	L Arm ☑	R Arm ☐	L Hand ☐	R Hand ☐	L Foot ☐	R Foot ☐ Other
Colour of cannula:	Blue ☐	Pink ☑	Green ☐	White ☐	Grey ☐	Orange ☐

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 23/1/18	Yes ☑ ~~No~~ ☐	VIP: 0	Yes ☑ ~~No~~ ☐	Left in situ ☑ ~~Removed~~ ☐	SS
After 24 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.					
Day 2 __/__/__	Yes ☐ No ☐	VIP:	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/__	Yes ☐ No ☐	VIP:	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After 72 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.					
Day 4 __/__/__	Yes ☐ No ☐	VIP:	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/__	Yes ☐ No ☐	VIP:	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed 24/1/18 Reason for PVC removal No longer required Reason PVC in greater than 72 hours ____

Date & time	Comments	Signature

IVOS – consider changing from IV to oral

Write or affix label Name: Address: CHI: DOB: Hospital & Ward:	**Peripheral Vascular Cannula (PVC) Insertion & Maintenance**

NHS Greater Glasgow and Clyde

Modified VIP (Visual Infusion Phlebitis) Score		
IV site appears healthy	0	No phlebitis: **Observe cannula**
One of the following is evident: slight pain or redness near site	1	Possible first signs: **Observe cannula**
Two or more of the following are evident: pain, redness, swelling	2	**Early stage of phlebitis: Remove & resite cannula**
All of the following are evident: pain, redness, hardening of surrounding tissue	3	**Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice**
As above including: palpable venous cord	4	
As above including: pyrexia	5	

Insertion – Tick appropriate answer						
Clinical indication:	**Diagnostics** ☐	**Resuscitation / Chest Pain** ☐	**IV Drugs** ☐	**Fluids** ☐	**Transfusion** ☐	
PVC inserted:	**Date:** / /	**Hospital:** _____	**ED** ☐	**Theatre** ☐	**ITU/HDU** ☐	**Ward** ☐ _____
Insertion site:	**L Arm** ☐	**R Arm** ☐	**L Hand** ☐	**R Hand** ☐	**L Foot** ☐	**R Foot** ☐ **Other**
Colour of cannula:	**Blue** ☐	**Pink** ☐	**Green** ☐	**White** ☐	**Grey** ☐	**Orange** ☐

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation **Record VIP score**	The PVC dressing is intact	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 ___ / ___ / ___	Yes ☐ No ☐	**VIP:**	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After 24 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.					
Day 2 ___ / ___ / ___	Yes ☐ No ☐	**VIP:**	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 ___ / ___ / ___	Yes ☐ No ☐	**VIP:**	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After 72 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.					
Day 4 ___ / ___ / ___	Yes ☐ No ☐	**VIP:**	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 ___ / ___ / ___	Yes ☐ No ☐	**VIP:**	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

Date & time	Comments	Signature

OS – consider changing from IV to or

MEDICINE | **PRESCRIPTION FORM** | Hospital Name: GRH

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☒
Date 13/11/17 Name (Print) KATIE THORN.
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

Date and time this form prepared: __/__/__ Time: _____ | Sheet No 01 | 2nd Prescription in use YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

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

with the following exceptions: _____

Print & Sign: K THORN Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____
Address _____
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hospital Number: 07127726128	Height:
DOB:	Weight:
Date of Admission: __/__/__	Surface area:
Consultant Name:	Ward: 65

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
13/11/17	PICOLAX	1	PO	0855	MPATEL	HRSW	0930
13/11/17	PHOSPHATE ENEMA	1	PR	0855		CA	0930

	DATE → 13	MONTH → 11
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y/N	Y	
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y/N	Y	
SIGNATURE OF ASSESSOR	HR	
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N	N	

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

Parenteral Drugs : Regular Prescription

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑ 12/13

DRUG: Clexane

DOSE: 40mg | ROUTE: SC | DATE: 13/11/17 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): MPATEL

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	
0700-0900	
1200-1400	
1600-1800	✓ HR
2200-2400	
Other time	

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DRUG: TEDS

DOSE: one pair | ROUTE: | DATE: 13/11/17 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	
0700-0900	↓
1200-1400	↓
1600-1800	↓
2200-2400	↓
Other time	

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

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 13 | MONTH 11

Patient's Own Medicine

H DRUG: DIAZEPAM
BEFORE ADMISSION ☑ 2 | NEW DOSE 13/11 ☑ | NEW MEDICATION ☐
DOSE: 5mg | ROUTE: ORAL | DATE: 13/11/17 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): C MORGAN (FY)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: USUAL Nocte.
Other time | ~~0700-0900~~ | ~~1200-1400~~ | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

J DRUG: SEANNA
BEFORE ADMISSION ☑ 2 | 13/11 | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 1 5mg | ROUTE: ORAL | DATE: 13/11/17 | STOPPED DATE: 13/11 | INITIALS: NM
PRESCRIBER (PRINT & SIGN): C MORGAN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

K DRUG: DULOXETINE
BEFORE ADMISSION ☑ 2 | 13/11 | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 60mg | ROUTE: ORAL | DATE: 13/11/17 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): C MORGAN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | ~~0700-0900~~ | ~~1200-1400~~ | 1600-1800 | 2200-2400 | Other time
13/11: 0700-0900 X
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

L DRUG: PREGABALIN
BEFORE ADMISSION ☑ 2 | 13/11 | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 300mg | ROUTE: ORAL | DATE: 13/11/17 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): C MORGAN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
13/11: 0700-0900 X
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: 13 | MONTH: 11

| | | |

Oral and Other Drugs: Regular Prescription

DATE → 13
MONTH → 11

BEFORE ADMISSION		DRUG	DOSE	ROUTE	DATE	STOPPED DATE	STOPPED INITIALS	PRESCRIBER (PRINT & SIGN)	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time	Patient's Own Medicine	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
☑ 13/11	S	TEMAZEPAM	10mg	oral	13/11			D MORAN						✓							
☑ 13/11	T	QUININE SULFATE	200mg	oral	13/11			D MORAN						✓							
☐	V	MANCOL	one	PO	13/11						✓										
☐	W																				

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

Oral and Other Drugs: Regular Prescription

| | | |

Oral and Other Drugs: Regular Prescription

MONTH

| | | |

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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		DRUG		STOPPED		Patient's Own Medicine
☑ 13/11 NEW DOSE ☐	RR	LACTULOSE		DATE:	DATE	For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME	Qty:
	15ml	oral	constipation		DOSE	Date:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY	Assessed by:
NEW MEDICATION ☐	R Florin		BD	17/11/13		Ordered from Pharm.
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					
	Use regular doses for laxative					
BEFORE ADMISSION ☐	SS	DRUG		STOPPED	DATE	For Use Y/N
	DOSE	ROUTE	INDICATION	DATE: INITIALS:	TIME	Qty:
NEW DOSE ☐					DOSE	Date:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY	Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG		STOPPED	DATE	For Use Y/N
	DOSE	ROUTE	INDICATION	DATE: INITIALS:	TIME	Qty:
NEW DOSE ☐					DOSE	Date:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY	Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG		STOPPED	DATE	For Use Y/N
	DOSE	ROUTE	INDICATION	DATE: INITIALS:	TIME	Qty:
NEW DOSE ☐					DOSE	Date:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	GIVEN BY	Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					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.

0712726128
SULLIVAN F
Deborah 07/12/1972
6 Muirhead Court
Baillieston
Glasgow, Lanarkshire
G69 7EP

Name —

CHI No —

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

Penicillin – Rash.

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Oral and Other Drugs: Regular Prescription

DATE 3 4
MONTH 2 2

Patient's Own Medicine

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

S | DRUG: Duloxetine
DOSE: 60mg | ROUTE: PO | DATE: 03/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time				For Use Y/N
0700-0900				Qty:
1200-1400				Date:
1600-1800				Assessed by:
2200-2400	GM			Ordered from Pharm.
Other time				

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

T | DRUG: Pregabalin
DOSE: 300mg | ROUTE: PO | DATE: 03/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time				For Use Y/N
0700-0900				Qty:
1200-1400				Date:
1600-1800				Assessed by:
2200-2400	GM			Ordered from Pharm.
Other time				

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

V | DRUG: Simvastatin
DOSE: 20mg | ROUTE: PO | DATE: 03/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time				For Use Y/N
0700-0900				Qty:
1200-1400				Date:
1600-1800				Assessed by:
2200-2400	GM			Ordered from Pharm.
Other time				

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

W | DRUG: Ramipril
DOSE: 2.5mg | ROUTE: PO | DATE: 03/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time				For Use Y/N
0700-0900				Qty:
1200-1400				Date:
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 → 3 4
MONTH → 2 2

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

X DRUG Restoril Temazepam

DOSE 10mg | ROUTE PO | DATE 03/02 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) CB Eccles

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

2200-2400: 6pm

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

Y DRUG Aripiprazole

DOSE 30mg | ROUTE PO | DATE 03/02 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) CB Eccles

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

0700-0900: 8am PO

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

AA DRUG Gaviscon

DOSE 10ml | ROUTE PO | DATE 04/02 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) [signature]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

0700-0900: 8 x

1600-1800: 4 PO

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
City:
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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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		DRUG			STOPPED DATE: / INITIALS:	DATE		Patient's Own Medicine: For Use Y/N
☐	RR	RIZATRIPTAN				TIME		Qty:
NEW DOSE ☐	DOSE 10 mg ~~Hold~~	ROUTE PO	INDICATION headache			DOSE		Date:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN) [illegible]		MAX.FREQ. BD	DATE: 3/2		GIVEN BY		Assessed by:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							Ordered from Pharm.
BEFORE ADMISSION	SS	DRUG BUSCOPAN			STOPPED DATE: / INITIALS:	DATE	3/2	For Use Y/N
☐						TIME	1345	Qty:
NEW DOSE ☐	DOSE 10-20 mg	ROUTE PO	INDICATION pain/cramps			DOSE	20	Date:
NEW MEDICATION ☒	PRESCRIBER (PRINT & SIGN) [illegible]		MAX.FREQ. QDS	DATE: 3/02		GIVEN BY	RS	Assessed by:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							Ordered from Pharm.
BEFORE ADMISSION	TT	DRUG			STOPPED DATE: / INITIALS:	DATE		For Use Y/N
☐						TIME		Qty:
NEW DOSE ☐	DOSE	ROUTE	INDICATION			DOSE		Date:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		GIVEN BY		Assessed by:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							Ordered from Pharm.
BEFORE ADMISSION	VV	DRUG			STOPPED DATE: / INITIALS:	DATE		For Use Y/N
☐						TIME		Qty:
NEW DOSE ☐	DOSE	ROUTE	INDICATION			DOSE		Date:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:		GIVEN BY		Assessed by:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							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 Deborah Sullivan

CHI No 0712726128

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

Penicillin – Rash

dosette

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.

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

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

Cat. No. 40995 Ver 4. 09/2010 GGC0029

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

Hospital Number:	Height:
DOB:	Weight:
Date of Admission: 25/2/13	Surface area:
Consultant Name: B Mcgrath	Ward: Sb.

ONCE ONLY AND PREMEDICATION DRUGS

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

Oral and Other Drugs: Regular Prescription

DATE → 25
MONTH → 9

Patient's Own Medicine

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

H DRUG: ESOMEPRAZOLE
DOSE: 40mg | ROUTE: O | DATE: 2579 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): GOOSMAN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

J DRUG: DULOXETINE
DOSE: 60mg | ROUTE: O | DATE: 2579 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): GOOSMAN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

K DRUG: PREGABALIN
DOSE: 300mg | ROUTE: O | DATE: 2579 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): GOOSMAN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

L DRUG: SIMVASTATIN
DOSE: 20mg | ROUTE: O | DATE: 2579 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): GOOSMAN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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 → 25
MONTH → 9

M — BEFORE ADMISSION ☑ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: RAMIPRIL
DOSE: 2.5mg | ROUTE: O | DATE: 25/9
PRESCRIBER (PRINT & SIGN): GOOSMAN
STOPPED — DATE: — INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time: 0700-0900 ✓ (13) | 1200-1400 | 1600-1800 | 2200-2400 | Other time

N — BEFORE ADMISSION ☑ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: ARIPIPRAZOLE
DOSE: 30mg | ROUTE: O | DATE: 25/9
PRESCRIBER (PRINT & SIGN): GOOSMAN
STOPPED — DATE: — INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time: 0700-0900 ✓ (13) | 1200-1400 | 1600-1800 | 2200-2400 | Other time

P — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED — DATE: — INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

R — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED — DATE: — INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | 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 →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

| | | |

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0800, 1800.

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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Patient label
0712726128
F SULLIVAN
Date72 Deborah
FLAT 0-1
8 BOYNDIE ST
CHI No Glasgow, Lanarkshire
IE G34 9.
In

07/12/19

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
24/6/19	23:30	0.9% NaCl	500	IV	STAT				24/6/19	23:30	M		
	23:30	0.9% NaCl	500	IV	1								

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE **PRESCRIPTION FORM** Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

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

0712726128
SULLIVAN
Deborah
FLAT 1-1
34 Pendeen Pl
Glasgow, Lanarkshire
G33 4UG
F
07/12/1972

Hospital Nur
DOB:
Date of Adr
Consultant Name:
Height: 175.3
Weight: 98
Surface area:
Ward: St A.

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
25/6	Oramorph	5mg	O	0430		TD	0430
~~25/6~~	~~Diazepam~~	2mg	PR		S Russell SRN Charge Nurse	~~SRN~~	~~1430~~
27/6/12	Chlorpheniramine	6mg	oral	1830		SN Charge	1820
~~28/6/12~~	~~Dihydrocodeine~~	~~30mg~~	~~O~~			~~Staff Nurse~~	~~0020~~

	DATE	25	26	27	28																				
	MONTH	6	6	6	6																				

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

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A DRUG: Cleane

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: 40mg | ROUTE: Sc | DATE: 25/6 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): N Carmichael

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800	MI	CR	SS																						
2200-2400																									
Other time																									

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

B DRUG:

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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

C DRUG:

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →	25	26	27	28	29
MONTH →	06	6	6	6	6

H — DRUG: RAMIPRIL
DOSE: 2.5mg | ROUTE: PO | DATE: 25/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

J — DRUG: simvastatin
DOSE: 20mg | ROUTE: PO | DATE: 25/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

K — DRUG: pregabalin
DOSE: 300mg | ROUTE: PO | DATE: 25/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

L — DRUG: Duloxetine
DOSE: 60mg | ROUTE: PO | DATE: 25/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | 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: 25 26 27 28 29
MONTH: 06 06 06 06 06

S DRUG: Naproxen
DOSE: 500mg | ROUTE: PO | DATE: 2/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 ✓ | 1200-1400 | 1600-1800 | 2200-2400 ✓ | Other time

T DRUG: Dihydrocodeine
DOSE: 30mg | ROUTE: PO | DATE: 2/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 ✓ | 1200-1400 ✓ | 1600-1800 ✓ | 2200-2400 ✓ | Other time

V DRUG: Temazepam
DOSE: 10mg | ROUTE: PO | DATE: 2/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 ✓ | Other time

W DRUG: Diazepam
DOSE: 5mg | ROUTE: PO | DATE: 2/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 ✓ | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine
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 → 25 26 27 28 29
MONTH → 06 6/18 6 6 6

M — DRUG: ESOMEPRAZOLE
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 40mg | ROUTE: PO | DATE: 25/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 ✓ | 1200-1400 | 1600-1800 | 2200-2400 ✓ | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

N — DRUG: ~~LACTULOSE~~
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 15ml | ROUTE: PO | DATE: 25/6 | STOPPED DATE: 28/6/18 | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 ✓ | 1200-1400 ✓ | 1600-1800 | 2200-2400 ✓ | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P — DRUG: paracetamol
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 1 gram | ROUTE: PO | DATE: 25/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 ✓ | 1200-1400 ✓ | 1600-1800 ✓ | 2200-2400 ✓ | Other time
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R — DRUG: ARIPIPRAZOLE
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 30mg | ROUTE: PO | DATE: 25/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 ✓ | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine: 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 → 28/9
MONTH → 6/6

Patient's Own Medicine

X DRUG: LACTULOSE
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE: 15ml | ROUTE: PO | DATE: 28/6/18
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: INITIALS:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	EC W			BH SG	

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

Y DRUG
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

AA DRUG
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

BB DRUG
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

CC DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF DRUG

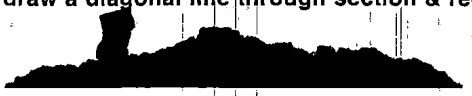
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 → / MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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

LL — DRUG: tramadol — STOPPED DATE: — INITIALS:
DOSE: 50mg / 100mg | ROUTE: PO/PR | INDICATION: NAV
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: QID | DATE: 25/6
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	TIME	DOSE	GIVEN BY
25/6	0600	50mg	em
25/6	1300	50mg	MT
26/6	0800	50mg	LG
27/6	1200	50mg	LG
28/6	0750	50mg	SC

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

MM — DRUG: Dihydrocodeine — STOPPED DATE: — INITIALS:
DOSE: 30mg | ROUTE: PO | INDICATION: Pain
PRESCRIBER (PRINT & SIGN): N Carmichael | MAX.FREQ.: 6 | DATE: 25/6
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	TIME	DOSE	GIVEN BY
25/6	1115	30mg	MT
25/6	1710	30mg	em
26/6	2045	30mg	LG
26/6	1445	60mg	LG
27/6	0520	30mg	em
27/6	1000	30mg	em
27/6	0520	30mg	SC
27/6	1510	30mg	MT
28/6	0120	30mg	SC

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

NN — DRUG: Oramorph — STOPPED DATE: — INITIALS:
DOSE: 5mg | ROUTE: PO | INDICATION: Pain
PRESCRIBER (PRINT & SIGN): N Carmichael | MAX.FREQ.: 1" | DATE: 25/6
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	TIME	DOSE	GIVEN BY
25/6	0755	5mg	MT
25/6	1330	5mg	MT
26/6	0120	5mg	em
26/6	1110	5mg	LG
26/6	1510	5mg	LG
26/6	2130	5mg	em
27/6	0330	5mg	em
27/6	0845	5mg	SC
27/6	1325	5mg	SC
27/6	1810	5mg	SC
27/6	2100	5mg	RL
28/6	0025	5mg	em
28/6	0610	5mg	em
28/6	0830	5mg	SC
28/6	1330	5mg	MT
28/6	1850	5mg	SC

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

PP — DRUG: DAXIDO — STOPPED DATE: — INITIALS:
DOSE: ONE SACHET | ROUTE: PO | INDICATION: CONSTIPATION
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: BD | DATE: 25/6/16
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

BEFORE ADMISSION		DRUG	STOPPED																								Patient's Own Medicine
☐	RR	ONDANSETRON	DATE:	DATE	27/6																						For Use Y/N
NEW DOSE ☐	DOSE: 4mg	ROUTE: O/IV/IM	INDICATION: N+V	TIME	1135																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN): EVANS	MAX.FREQ.: TDS	DATE: 26-6	DOSE	4 mg																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:	GIVEN BY	RL																						Assessed by:
																											Ordered from Pharm.
BEFORE ADMISSION ☒	SS	DRUG Rizatriptan	DATE:	DATE	28/6																						For Use Y/N
NEW DOSE ☐	DOSE: 10mg	ROUTE: PO	INDICATION: migraine	TIME	1130																						Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN): Claudia	MAX.FREQ.: BD	DATE: 28/6	DOSE	10 mg																						Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:	GIVEN BY	SC																						Assessed by:
																											Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG Buscopan	DATE:	DATE	28	29/6	29/6																				For Use Y/N
NEW DOSE ☐	DOSE: 20mg	ROUTE: PO	INDICATION: pain	TIME	1600	0005	1120																				Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN): Claudia	MAX.FREQ.: 4/6	DATE: 28/6	DOSE	20 mg	20 mg	20 mg																				Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:	GIVEN BY	SC	SC	SC																				Assessed by:
																											Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	DATE:	DATE																							For Use Y/N
NEW DOSE ☐	DOSE:	ROUTE:	INDICATION:	TIME																							Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN):	MAX.FREQ.:	DATE:	DOSE																							Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS:	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: Deborah Sullivan

CHI No: 0712726128

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

Penicillin- Rash

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE

4 PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

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 _____

0712726128

Hospital: SULLIVAN F

2 Deborah 07/12/1972

DOB: FLAT 1-1

34 Pendeen Pl

Glasgow, Lanarkshire

G33 4UG

Date of A

Consultant Name:

AILS

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
~~16/5~~ 16/5	~~MORPHINE~~ MORPHINE	5mg	IV	1510		EQ	1525
17/5	BUSCOPAN	20mg	PO		N Carmichael	NF	0045
17/5	Buscopan	20mg	PO	1610	DGDaid	a Pl	16·10

Oral and Other Drugs: Regular Prescription

DATE → 30 1 2 3
MONTH → 6 7 7 7

H — DRUG: Lactulose
DOSE: 15mg | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): AURORA SRS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

J — DRUG: Laxido
DOSE: 1 Sachet | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): AURORA SRS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

K — DRUG: Aripiprazole
DOSE: 30mg | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): AURORA SRS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

L — DRUG: Diazepam
DOSE: 5mg | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): AURORA SRS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | 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 → 30 | 1 | 2 | 3
MONTH → 6 | 7 | 7 | 7

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine

BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐

M DRUG dihydrocodeine

DOSE 30mg | ROUTE PO | DATE 30/6 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) AURORESCU

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐

N DRUG Duloxetine

DOSE 60mg | ROUTE PO | DATE 30/6 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) AURORESCU

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐

P DRUG esomepra zole

DOSE 40mg | ROUTE PO | DATE 30/6 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) AURORESCU

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐

R DRUG Mirtazapine

DOSE 30mg | ROUTE PO | DATE 30/6 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) AURORESCU

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 → 30 | 1 | 2 | 3
MONTH → 6 | 7 | 7 | 7

S — DRUG: pregabalin
BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 300mg | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): AURORSERDS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

T — DRUG: procyclidine
BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 5mg | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): AURORSERDS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

V — DRUG: Ramipril
BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 2.5mg | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): AURORSERDS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

W — DRUG: Simvastatin
BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 20mg | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): AURORSERDS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | 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 → 30 | 1 | PL | 13
MONTH → 6 | 7 | 7 | 7

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☑ **NEW DOSE** ☐ **NEW MEDICATION** ☐

X DRUG: Temazepam
DOSE: 10 mg | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): AWEBSTER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
2200-2400: 18 13 13

BEFORE ADMISSION ☒ **NEW DOSE** ☐ **NEW MEDICATION** ☐

Y DRUG: creon 1000
DOSE: 1 tab | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): AWEBSTER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: 12 13 13
1200-1400: 12 13
1600-1800: 12 13 13

BEFORE ADMISSION ☒ **NEW DOSE** ☐ **NEW MEDICATION** ☐

AA DRUG: Gliclazicle m/R
DOSE: 30mg | ROUTE: PO | DATE: 30/6 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): AWEBSTER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: 13 13

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

BB DRUG: [illegible]
DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.

All Routes: As Required Prescriptions

Patient's Own Medicine

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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	= naso[e]junostomy	PEJ	= percutaneous endoscopic [e]junostomy
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE **PRESCRIPTION FORM** Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

0712726128
SULLIVAN F
Deborah 07/12/1972
FLAT 0-1
8 BOYNDIE ST
Glasgow, Lanarkshire
G34 9JE

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
15/3/19	MORPHINE SULPHATE	5mg	IV	0245	D. OATES	[illegible]	0235

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / (No) ____ L/min

DATE: 15/3/19 PRESCRIBER (PRINT & SIGN): D. OATES

(94–98%)	88–92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

	DATE → 18																							
	MONTH → 3																							
	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

Patient's Own Medicine

A DRUG ENOXAPARIN — BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE 40mg | ROUTE SC | DATE 18/3 | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN) [signature]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY +TEDS

Other time																								
0700-0900																								
1200-1400																								
1600-1800	AM																							
2200-2400																								
Other time																								

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

B DRUG — BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																								
0700-0900																								
1200-1400																								
1600-1800																								
2200-2400																								
Other time																								

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

C DRUG — BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																								
0700-0900																								
1200-1400																								
1600-1800																								
2200-2400																								
Other time																								

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 → 16 19
MONTH → 3 3

H DRUG: ARIPIPRAZOLE
DOSE: 30mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

J DRUG: DIAZEPAM
DOSE: 5mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

K DRUG: DIHYDROCODEINE
DOSE: 30mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

L DRUG: DULOXETINE
DOSE: 60mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
Patient's Own Medicine | 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 → 18 19
MONTH → 3 3

Other time | 0001-0600 | 1200-1400 | 1600-1800 | 2201-2400 | Other time

M — DRUG: ESOMEPRAZOLE
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 40mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0001-0600: (9) (9) | 2201-2400: (9)

N — DRUG: ~~NAPROXEN~~
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 500mg | ROUTE: ~~ORAL~~ | DATE: 18/3 | STOPPED DATE: 18/3 | STOPPED INITIALS: RM
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time: (9) | 0001-0600: (9)

P — DRUG: PREGABALIN
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 300mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time: (9) | 0001-0600: (9) (9) RM | 2201-2400: (9)

R — DRUG: PROCYCLIDINE
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 5mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time: (9) | 0001-0600: (9) | 1200-1400: (9) RM | 2201-2400: (9)

Patient's Own Medicine | 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: 16 19
MONTH: 3 3

S — DRUG: RAMIPRIL
DOSE: 2.5mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 (9) | 1200-1400 | 1600-1800 | 2200-2400 | Other time
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

T — DRUG: SIMVASTATIN
DOSE: 20mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 (Ch.) | Other time
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

V — DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 (Ch.) | Other time
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

W — DRUG: MIRTAZAPINE
DOSE: 30mg | ROUTE: ORAL | DATE: 18/3 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 (15) | Other time
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Patient's Own Medicine: 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: 16 19 | MONTH: 3 3

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

X DRUG: Paracetamol
DOSE: 1g | ROUTE: PO | DATE: 16/3/21 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	X	X	RM	PW	

Y DRUG: Loxidon
DOSE: 1 | ROUTE: PO | DATE: 18/3/21 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	X			PW	

AA DRUG: Lactulose
DOSE: 15ml | ROUTE: PO | DATE: 18/3/21 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	X			PW	

BB DRUG: Carvedilol
DOSE: 6.25mg | ROUTE: PO | DATE: 13/3/21 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	X	X	RM	PW	

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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.

All Routes: As Required Prescriptions

Patient's Own Medicine

BEFORE ADMISSION ☐ | **NEW DOSE** ☐ | **NEW MEDICATION** ☑

LL | DRUG: PARACETAMOL | STOPPED DATE: | INITIALS:

DOSE: 1 GRAM | ROUTE: ORAL/IV | INDICATION: PAIN/PYREXIA

PRESCRIBER (PRINT & SIGN): S. OATES | MAX.FREQ.: 4-6 HRLY | DATE: 18/3/19

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0800, 1800.
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	= naso(e)junostomy	PEJ	= percutaneous endoscopic (e)junostomy
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

0712726128
SULLIVAN
Deborah
FLAT 0-1
8 BOYNDIE ST
Glasgow, Lanarkshire
G34 9JE

F
07/12/1972

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
18/3/19	0200	HARTMANN'S	500mls	IV	STAT		D. OATES FY2	
18/3/19	0230 0500	HARTMANN'S	1000mls	IV	1 HOUR		D. OATES FY2	
18/3.	7.00	PSG 0.15, 0.18 4%	1lt	IV	12°.		Symirelaki FY2	

Administration details

Date.	Time	Given by	Checked by	Comments
18/3/19	01.55			
18/3/19	05.45 (500ml)	RP	06.30 (500ml)	RP.
18/3	20 40.		SD.	

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE

PRESCRIPTION FORM

Hospital Name: GI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared: __/__/__ Time: _____

Sheet No (1)

2nd Prescription in use YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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 _____

0712726128

Hospital Numb SULLIVAN Deborah ght:

DOB: FLAT 0-1 8 BOYNDIE ST Glasgow, Lanarkshire 07/12/1974 ight:

G34 9JE irface area:

Date of Admission: __/__/__

Consultant Name:

Ward: G5

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
3/2	morphine	10mg	SC	0740		AB RD	0745

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88– 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: __/__/__ PRESCRIBER (PRINT & SIGN): _____

	DATE	3	4																						
	MONTH	3	2																						
	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			Y																						
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N			Y																						
SIGNATURE OF ASSESSOR			[illegible]																						
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N			Y																						

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: Enoxaparin

DOSE: 40mg | ROUTE: SC | DATE: 3/02 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: Teds

DOSE: 1 pair | ROUTE: top | DATE: 3/02 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): [illegible]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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 3 9
MONTH 02 2

Patient's Own Medicine

H DRUG Paracetamol
DOSE 1g | ROUTE PO | DATE 3/02 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN) Eccles
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 X RD | 1200-1400 X CH | 1600-1800 RD | 2200-2400 GM | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

J DRUG Dihydrocodeine
DOSE 30 mg | ROUTE PO | DATE 3/02 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN) Eccles
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☒ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 X RD | 1200-1400 X CH | 1600-1800 RD | 2200-2400 GM | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

K DRUG Naproxen
DOSE 500 mg | ROUTE PO | DATE 3/02 | STOPPED DATE: 04/04/19 | INITIALS: SS
PRESCRIBER (PRINT & SIGN) Eccles
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☒ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 X | 1200-1400 | 1600-1800 | 2200-2400 GM | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

L DRUG MIRTAZAPINE
DOSE 15mg | ROUTE PO | DATE 3/02 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN) Eccles
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☒ NEW DOSE ☐ NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 GM | Other time
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 → 3 4
MONTH → 02 2

M — DRUG: PROCYCLIDINE
DOSE: 5mg | ROUTE: PO | DATE: 3/02 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: 10

N — DRUG: DIAZEPAM
DOSE: 5mg | ROUTE: PO | DATE: 3/02 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: 10

P — DRUG: Lactulose
DOSE: 15ml | ROUTE: PO | DATE: 3/02 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: 10

R — DRUG: Esomeprazole
DOSE: 40mg | ROUTE: PO | DATE: 3/02 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | [illegible] | [illegible] | Other time
0700-0900: 10

Patient's Own Medicine | 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 →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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

LL — DRUG: PARACETAMOL — DOSE: 1GRAM — ROUTE: PO — INDICATION: PAIN — MAX.FREQ.: Q10 — PRESCRIBER (PRINT & SIGN): [signature] — STOPPED DATE: 10/8 — INITIALS: — BEFORE ADMISSION ☑ — NEW DOSE ☐ — NEW MEDICATION ☑ — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	10/8	10/8	10/8	11/8	11/8	11/8	12/8	12/8
TIME	03:15	14:30	20:25	11:30	18:30	04:45	14:20	20:20
DOSE	1g	1g	1g	1g	1g	1g	1g	1g
GIVEN BY	JC	KC	JC	MC	MC	JC	BS	BP

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

MM — DRUG: ORAMORPH — DOSE: 10mg — ROUTE: PO — INDICATION: PAIN — MAX.FREQ.: 1° — PRESCRIBER (PRINT & SIGN): [signature] — STOPPED DATE: 10/8 — INITIALS: — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☑ — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	10/8	10/8	10/8	11/8	11/8	11/8	12/8	12/8	12/8	12/8	12/8	12/8	13/8
TIME	04:20	10:10	21:25	06:15	18:40	02:50	10:00	16:00	04:20	10:20	18:10	21:55	05:01
DOSE	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg	10mg
GIVEN BY	JC	JC	JC	JC	MC	JC	JC	JC	JC	JC	JC	JC	MK

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

NN — DRUG: CYCLIZINE — DOSE: 50mg — ROUTE: PO — INDICATION: N+V — MAX.FREQ.: TID — PRESCRIBER (PRINT & SIGN): [signature] — STOPPED DATE: 10/8 — INITIALS: — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☑ — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	10/8	11/8	11/8
TIME	03:15	18:30	05:16
DOSE	50mg	50mg	50mg
GIVEN BY	JC		MC

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

PP — DRUG: ONDANSETRON — DOSE: 4mg — ROUTE: PO/IV — INDICATION: N+V — MAX.FREQ.: TID — PRESCRIBER (PRINT & SIGN): [signature] — STOPPED DATE: 10/8 — INITIALS: — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☑ — ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	10/8	10/8	10/8	11/8
TIME	08:20	14:30	04:25	08:08
DOSE	4mg	4mg	4mg	4mg
GIVEN BY	BS	MC	JC	MK

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

BEFORE ADMISSION		DRUG		STOPPED DATE: / INITIALS:																								Patient's Own Medicine
☐	RR	PERTAC			DATE	11/8																						For Use Y/N
NEW DOSE ☐	DOSE 10mls	ROUTE PO	INDICATION		TIME	15																						City:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ. Q1D	DATE: 10/8	DOSE	10 ml																						Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	KC																						Assessed by:
																												Ordered from Pharm.
BEFORE ADMISSION ☑	SS	DRUG NYDROCODONE		STOPPED DATE: / INITIALS:	DATE	10/8	10/8	10/8	11/8	11/8	12/8	12/8	12/8	13/8														For Use Y/N
NEW DOSE ☑	DOSE 30mg	ROUTE PO	INDICATION PAIN		TIME	03 13	14 30	20 25	03	15	04	14 20	20	04 25														City:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ. Q6D	DATE: 9/8	DOSE	30 mg	30 mg	30 mg	30 mg	30 mg	30 mg	30 mg	30 mg	30 mg														Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	JL	KG	JC	/	KC	JC	PT	BD	MH														Assessed by:
																												Ordered from Pharm.
BEFORE ADMISSION ☑	TT	DRUG METOCLOPRAMIDE		STOPPED DATE: / INITIALS:	DATE																							For Use Y/N
NEW DOSE ☐	DOSE 10mg	ROUTE PO/IM	INDICATION N&V		TIME																							City:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ. TDS	DATE: 11/8	DOSE																							Date:
NEW MEDICATION ☑	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																							Assessed by:
																												Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG Chlorpheniramine		STOPPED DATE: / INITIALS:	DATE	13/8																						For Use Y/N
NEW DOSE ☐	DOSE 4mg	ROUTE PO	INDICATION Itching		TIME	13/8																						City:
	PRESCRIBER (PRINT & SIGN) R Cord		MAX.FREQ. QID	DATE: 12/8/19	DOSE	4 mg																						Date:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY Watch for drowsiness - on multiple other meds				GIVEN BY	PT																						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 _____

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

* PENICILLIN *

↳ reaction unknown.

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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	= naso[e]unostomy	PEJ	= percutaneous endoscopic [e]unostomy
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Patient nai 0712726128 F
Date of birt SULLIVAN 07/12/1972
CHI No:..... Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

ADL... FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
09/08	1730	0.9% NaCl	1000	IV	1 hour		ATWINSON		9/8/19	1800	JL		
10/8		Hartmans	500	IV	2°				14/6	03 28	JC		19C20RC 02K1
10/8		Hartmans	500	IV	4°				10/08/19	0810	SB		

*Prescriber should sign this box if the fluid/additive is no longer required.

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard ng set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

MEDICINE | **PRESCRIPTION FORM** | Hospital Name: Crt

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☑

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details PlusPak

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospit 0712726128

DOB: SULLIVAN F
Deborah 07/12/1972
FLAT 0-1
8 BOYNDIE ST
Glasgow, Lanarkshire
G34 9JE

Date o:

Consul

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
25/7/19	CYCLIZINE	50mg	IV	1255	[signature]	EH	13:02
25/7/19	MORPHINE	5mg	IV	1255	[signature]	EH	13:02
25/7/19	MORPHINE	5mg	IV	1450	[signature]	KF/NS 1500	1500

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94–98%	88–92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: 25 / 7 / 19 PRESCRIBER (PRINT & SIGN): [signature] Fenton

	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

Patient's Own Medicine

A — DRUG: enoxaparin

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DOSE: 40mg | ROUTE: s/c | DATE: 25/7 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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

B — DRUG:

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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

C — DRUG:

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 25 26 | MONTH 7 7

H — DRUG: MIRTAZAPINE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: PO | DATE: 25/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 (oval) | Other time

J — DRUG: ARIPIPRAZOLE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: PO | DATE: 25/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 (oval) | 1200-1400 | 1600-1800 | 2200-2400 | Other time

K — DRUG: DIHYDROCODEINE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: PO | DATE: 25/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 (oval) | 1200-1400 | 1600-1800 | 2200-2400 (oval) | Other time

L — DRUG: LACTULOSE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 15mL | ROUTE: PO | DATE: 25/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 (oval) | 1200-1400 | 1600-1800 (oval) | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

0712726128
SULLIVAN
Deborah
F
07/12/197

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: 25 26 | MONTH: 7 7

Patient's Own Medicine

0712726128
SULLIVAN
Deborah
FLAT 0-1
8 BOYNDIE ST
Glasgow, Lanarkshire
F
07/12/197:
G34 9JE

M — DRUG: ESOMEPRAZOLE

BEFORE ADMISSION: OK | NEW DOSE: ☐ | NEW MEDICATION: ☐

DOSE: 40mg | ROUTE: Po | DATE: 2517

PRESCRIBER (PRINT & SIGN):

STOPPED — DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900: D | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

N — DRUG: DULOXETINE

BEFORE ADMISSION: OK | NEW DOSE: ☐ | NEW MEDICATION: ☐

DOSE: 60mg | ROUTE: Po | DATE: 2517

PRESCRIBER (PRINT & SIGN):

STOPPED — DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900: D | 1200-1400 | 1600-1800 | 2200-2400: am | Other time

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

P — DRUG: ~~RTS~~ TEMAZEPAM.

BEFORE ADMISSION: OK | NEW DOSE: ☐ | NEW MEDICATION: ☐

DOSE: 10mg | ROUTE: Po | DATE: 2517

PRESCRIBER (PRINT & SIGN):

STOPPED — DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Nocte 28.

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400: OK am | Other time

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

R — DRUG: DIAZEPAM.

BEFORE ADMISSION: OK | NEW DOSE: ☐ | NEW MEDICATION: ☐

DOSE: 5mg | ROUTE: Po | DATE: 2517

PRESCRIBER (PRINT & SIGN):

STOPPED — DATE: 26/7. | INITIALS: OK

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900: D | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Nocte PRN Per Patient

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 → 25 26
MONTH → 7 7

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☑ **NEW DOSE** ☐ **NEW MEDICATION** ☐

S DRUG: PEPTAC
DOSE: 5mL | ROUTE: PO | DATE: 25/7 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

0700-0900: 8 9
1200-1400: 8 9
2200-2400: ou

BEFORE ADMISSION ☑ **NEW DOSE** ☐ **NEW MEDICATION** ☐

T DRUG: GLICLAZIDE MR.
DOSE: 30mg | ROUTE: PO | DATE: 25/7 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

0700-0900: 8

BEFORE ADMISSION ☐ **NEW DOSE** ☐ **NEW MEDICATION** ☐

V DRUG: METOCLOPRAMIDE
DOSE: 10mg | ROUTE: PO | DATE: 25/7 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

2200-2400: (curve)

BEFORE ADMISSION ☑ **NEW DOSE** ☐ **NEW MEDICATION** ☐

W DRUG: CREON 10000 units
DOSE: 1 tab | ROUTE: PO | DATE: 25/7 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

1200-1400: 8 8
1600-1800: 8 8

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

Oral and Other Drugs: Regular Prescription

| | | |

Oral and Other Drugs: Regular Prescription

DATE 26 27
MONTH 7 7

CC DRUG: Diazepam
DOSE: 5mg | ROUTE: PO | DATE: 26/7/19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): Em Bailey PIP.
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Had dose 26/7 AM
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 (X) | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

DD DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

EE DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

FF DRUG
DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Patient's Own Medicine

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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.

All Routes: As Required Prescriptions

BEFORE ADMISSION		DRUG	DOSE	ROUTE	INDICATION	STOPPED DATE / INITIALS	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	NEW DOSE	NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
☑	LL	LAXIDO	1 sachet	PO	constipation			BD	25/7	☐	☐	
☐	MM	METOCLOPRAMIDE.								☐	☐	
☐	NN	CYCLIZINE.	50mg	PO/IV	N+V			TDS	25/7.	☐	☐	
☑	PP	PARACETAMOL	1g	PO	PAIN			QDS	25/7	☐	☐	

| | | | | | | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.

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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Patient name: 0712726128 SULLIVAN Deborah F
Date of birth: 07/12/1972
FLAT 0-1 8 BOYNDIE ST Glasgow, Lanarkshire G34 9JE -
CHI No:.....
Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
25/7	1325	(N) saline	500	IV	STAT.		Fenton.	
25/7		(N) saline.	500	IV	2°			
25/7		(N) Saline	500	IV	4°			
					PO	make		

Administration details

Date	Time	Given by	Checked by	Comments
25/7/19	14:05	EH	19E0774C	04/21
25/7/19	1510	KT		
26/07/19	02:45	MMD		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE | **PRESCRIPTION FORM** | Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name Lloyds Tel No. 773 2003.
Address Easterhouse.
Compliance Aid Details _____
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hospital Number:	Height:
DOB:	Weight:
	Surface area:
Date of Admission: __/__/__	
Consultant Name:	Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
9/7/19	MORPHINE	5mg	IV	2330		RN	2355
9/7/19	ONDANSETRON	4mg	IV	2330		RN	2340
10/7/19	MORPHINE	5mg	IV	0000		RN	0035
	Midazolam	3mg	IM				1005
11/7/19	MORPHINE	1-5mg	IV				
12/7/19	lactulose	15ml	PO	1500		RN	1500
13/7	Phosphate enema		PR			RN	1300
13/7	Phosphate enema	T	PR	1300		RN	1315

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94–98%	88–92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / (No) ____ L/min

DATE: 9/7/19 PRESCRIBER (PRINT & SIGN): _____

	DATE	10	11	12	13	14	15																	
	MONTH	7	7	7		7	7																	

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

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: ENOXAPARIN

DOSE: 40mg | ROUTE: sc | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): [signature]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time					
0700-0900					
1200-1400					
1600-1800	[signature]		[signature]		
2200-2400					
Other time					

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time					
0700-0900					
1200-1400					
1600-1800					
2200-2400					
Other time					

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time					
0700-0900					
1200-1400					
1600-1800					
2200-2400					
Other time					

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →	10	11	12	13	14	15
MONTH →	7	7	7	7	7	7

H — DRUG: ARIPIPRAZOLE
DOSE: 30mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: (Weekly)
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time: 0700-0900: [illegible] 1200-1400: 1600-1800: 2200-2400: Other time:
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by | Ordered from Pharm.

J — DRUG: DIHYDROCODEINE
DOSE: 30mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: 14/7 | STOPPED INITIALS: RC
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time: 0700-0900: 1200-1400: 1600-1800: 2200-2400: Other time:
reducing dose
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by | Ordered from Pharm.

K — DRUG: MIRTAZAPINE
DOSE: 30mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time: 0700-0900: 1200-1400: 1600-1800: 2200-2400: Other time:
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by | Ordered from Pharm.

L — DRUG: SIMVASTATIN
DOSE: 20mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time: 0700-0900: 1200-1400: 1600-1800: 2200-2400: Other time:
Patient's Own Medicine: 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 → 10 11 12 13 14 15
MONTH → 7 7 7 7 7 7

Patient's Own Medicine

M DRUG: RAMIPRIL
DOSE: 2.5mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Hillett
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

N DRUG: PREGABALIN
DOSE: 300mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Hillett
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: (Weekly)
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P DRUG: PROCYCLIDINE HYDROCHLORIDE
DOSE: 5mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Hillett
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Hillett
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
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 → 10 11 12 13 14
MONTH → 9 7 7 9 2

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by | Ordered from Pharm.

S — BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: DIAZEPAM
DOSE: 5mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

T — BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: ESOMEPRAZOLE
DOSE: 40mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

V — BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: DULOXETINE
DOSE: 60mg | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

W — BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: CREON
DOSE: 10,000 units | ROUTE: PO | DATE: 10/7 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [signature]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: with meals

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

[redacted]

Oral ar.
Regular

DATE →	10	11	12	13	14	15
MONTH →	7	7	7	7	7	7

Other time / 0700-0900 / 1200-1400 / 1600-1800 / 2200-2400 / Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

X **DRUG** GLICLAZIDE

DOSE 30mg | ROUTE PO | DATE 10/7 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) [redacted]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY M/R

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑

Y **DRUG** SUCCRAPHATE

DOSE 1 gram | ROUTE ORAL | DATE 10/07 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) [redacted]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY SUCRALFATE

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑

AA **DRUG** METOCLOPRAMIDE

DOSE 10mg | ROUTE ORAL | DATE 11/07 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) [redacted]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

BB **DRUG** Lactulose

DOSE 15ml | ROUTE PO | DATE 12/7 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN) [redacted]

ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE → 14 15
MONTH → 7 7

| | | |

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

HH DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

JJ DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

KK DRUG
DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / 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

LL — DRUG: ONDANSETRON
DOSE: 4mg | ROUTE: PO | INDICATION: N+V
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: 8° | DATE: 10/7
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑ | STOPPED DATE: / INITIALS:

DATE	TIME	DOSE	GIVEN BY
10/6	0520	4mg	RT
10/6	1523	4mg	L
10/6	2130	4mg	NB
10/7	0500	4mg	CA
12/7	1201	4mg	NW
13/7	1220	4mg	C
14/7	2000	4mg	NW
15/7	1500	4mg	NB

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

MM — DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PO | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: 6° | DATE: 10/7
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Speech
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑ | STOPPED DATE: / INITIALS:

DATE	TIME	DOSE	GIVEN BY
10/6	0520	1g	RT
11/7	0550	1g	CA
12/7	1500	1g	NW
#2 10/7	0500	1g	C
12/7	2020	1g	NW
13/7	1100	1g	N
15/7	1555	1g	NB

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

NN — DRUG: DIHYDROCODEINE
DOSE: 30mg | ROUTE: PO | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: 6° | DATE: 10/7
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑ | STOPPED DATE: / INITIALS:

DATE	TIME	DOSE	GIVEN BY

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

PP — DRUG: OXYCODONE
DOSE: 5-10mg | ROUTE: PO | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: 1° | DATE: 10/7
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐ | STOPPED DATE: / INITIALS: /

DATE	TIME	DOSE	GIVEN BY
10/6	0520	10mg	RT
10/7	1240	10mg	L
10/7	1520	10mg	NB
10/7	1820	10mg	NW
10/7	2335	10mg	CA
11/7	0400	10mg	NW
11/7	0715	10mg	C
11/7	1100	10mg	NW
11/7	1500	10mg	CA
11/7	1800	10mg	NW
11/7	2015	5mg	NW
12/7	0100	5mg	NW
12/7	0900	5mg	NW
12/7	1100	5mg	C
12/7	1700	5mg	AW
12/7	2020	5mg	NW
13/7	2130	5mg	NW
13/7	0100	10mg	NW
13/7	0500	10mg	NW
13/7	1100	10mg	NW
13/7	1500	10mg	NW
13/7	1820	10mg	NW
13/7	2120	10mg	NW

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

[redacted]

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Patient name: 0712726128 SULLIVAN F
Date of birth: Deborah 07/12/1972
CHI No: FLAT 0-1 8 BOYNDIE ST Glasgow, Lanarkshire G34 9J

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
9/7		Hartmanns	1000ml	IV	1°			
10/7		Hartmanns	500	IV	2°			
10/7		5% Dextrose	500	IV	4°			

Administration details

Date	Time	Given by	Checked by	Comments
10/7/19	0800	DW		
10/7/19	1325	CL	KS	
10/7		KS		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set).

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

0712726128
SULLIVAN F
Deborah 07/12/1972
FLAT 0-1
8 BOYNDIE ST
Glasgow, Lanarkshire
G34 9JE *Affix patient label*

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
29/06/19		Hartmanns	1000	IV	4°		[signature] Karen	
24/6		Hartmanns	1000	IV	4°		AWR Pal.	
		MARTMANNS	500	IV	4 80		Dr Wallace	
		MARTMANNS	500	IV	4°		Dr Wallace.	
		MARTMANNS	500	IV	4°		Dr Wallace	

Administration details

Date	Time	Given by	Checked by	Comments
29/6/19	2130	JOL		
30/6/19	0000	LW	2x 500 ml bags	
30/6	950 start	[signature]		19 CLUT LG 20/20
30/6		JL		
30/6	20 40	KS		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
1/7/19		Hartmanns	500	IV	4°		JStrad SMR	
1/7/19		Hartmanns	500	IV	4°		JSTL SMR	

Administration details - continued

Date	Time	Given by	Checked by	Comments
01/1	01 45	IB		
		DSC		

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

0712726128
SULLIVAN F
Deborah 07/12/1972
FLAT 0-1
8 BOYNDIE ST
Glasgow, Lanarkshire
G34 9JE

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
29/10	morphine	5mg	iv	2112		JOR	2130
	ondansetron	4mg	iv			JOR	2130
	morphine	5mg	iv	2229		JOR	2230

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

	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

						Patient's Own Medicine	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	A DRUG	DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	Other time					
		PRESCRIBER (PRINT & SIGN)				0700-0900					
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1200-1400					
						1600-1800					
						2200-2400					
						Other time					
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	B DRUG	DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	Other time					
		PRESCRIBER (PRINT & SIGN)				0700-0900					
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1200-1400					
						1600-1800					
						2200-2400					
						Other time					
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	C DRUG	DOSE	ROUTE	DATE	STOPPED DATE: INITIALS:	Other time					
		PRESCRIBER (PRINT & SIGN)				0700-0900					
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				1200-1400					
						1600-1800					
						2200-2400					
						Other time					

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE
MONTH

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

H

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

J

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

K

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

L

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE | STOPPED DATE:
PRESCRIBER (PRINT & SIGN) | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

M

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

N

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

P

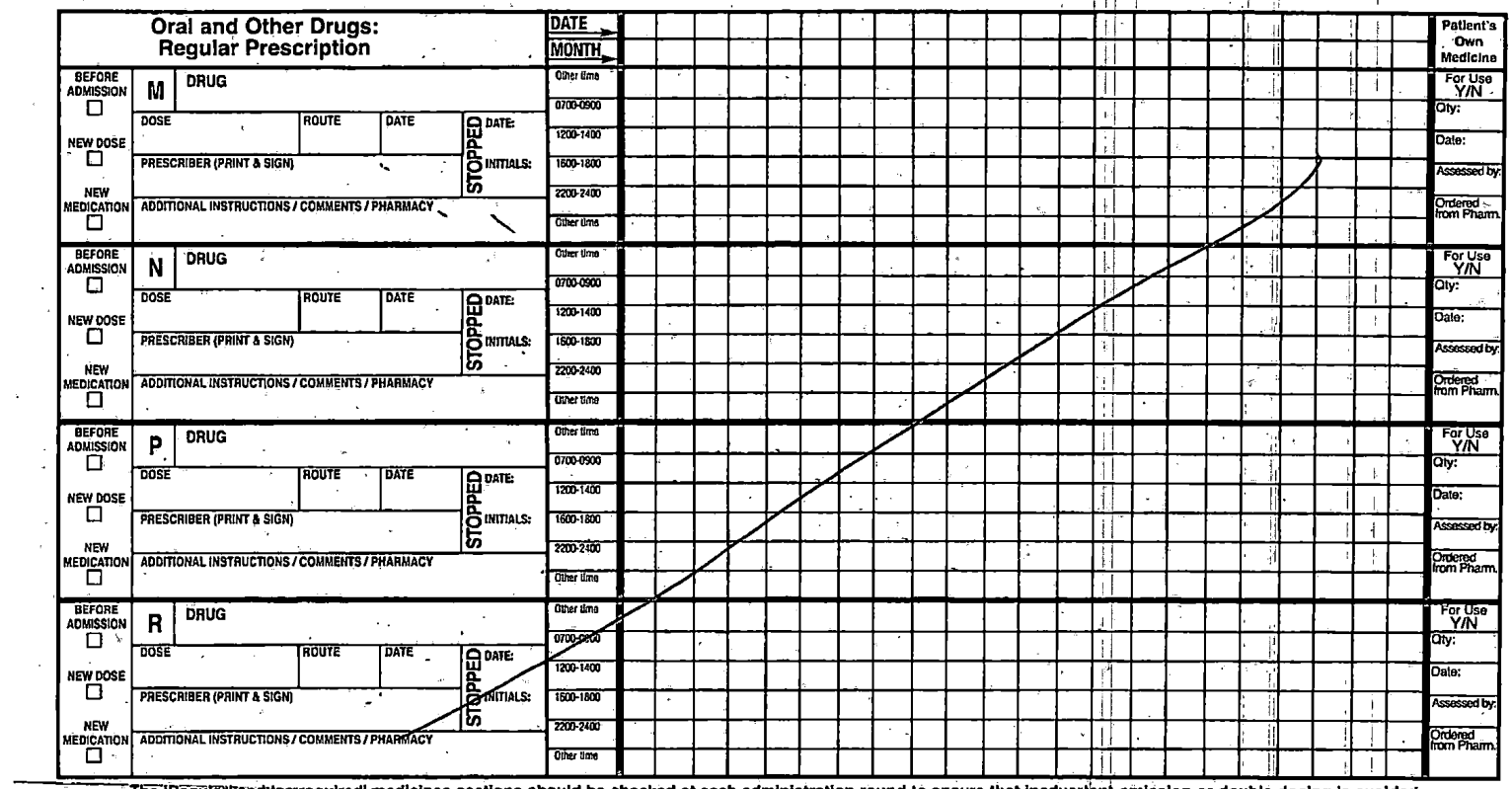
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

R

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: INITIALS: | PRESCRIBER (PRINT & SIGN) | ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE / MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

S

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

T

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

V

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

W

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine

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.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA 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 ☐

BB 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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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
MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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

BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐						Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
	LL	DRUG		STOPPED DATE: INITIALS:	DATE	
	DOSE	ROUTE	INDICATION		TIME	
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	
BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐						For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
	MM	DRUG		STOPPED DATE: INITIALS:	DATE	
	DOSE	ROUTE	INDICATION		TIME	
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	
BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐						For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
	NN	DRUG		STOPPED DATE: INITIALS:	DATE	
	DOSE	ROUTE	INDICATION		TIME	
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	
BEFORE ADMISSION ☐ / NEW DOSE ☐ / NEW MEDICATION ☐						For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.
	PP	DRUG		STOPPED DATE: INITIALS:	DATE	
	DOSE	ROUTE	INDICATION		TIME	
	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:		DOSE	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY	

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

BEFORE ADMISSION		DRUG	STOPPED	DATE																						Patient's Own Medicine
☐	RR				DATE																					For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME																					Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
					GIVEN BY																					Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																									Ordered from Pharm.
BEFORE ADMISSION ☐	SS	DRUG	STOPPED	DATE:	DATE																					For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME																					Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
					GIVEN BY																					Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																									Ordered from Pharm.
BEFORE ADMISSION ☐	TT	DRUG	STOPPED	DATE:	DATE																					For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME																					Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
					GIVEN BY																					Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																									Ordered from Pharm.
BEFORE ADMISSION ☐	VV	DRUG	STOPPED	DATE:	DATE																					For Use Y/N
	DOSE	ROUTE	INDICATION	INITIALS:	TIME																					Qty:
NEW DOSE ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
					GIVEN BY																					Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																									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.

0712726128
SULLIVAN
Deborah F
07/12/1972
FLAT 0-1
8 BOYNDIE ST
Glasgow, Lanarkshire
G34 9JE

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

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.

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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE | **PRESCRIPTION FORM** | Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

Hospital Number:	Height:
DOB:	Weight:
	Surface area:
Date of Admission: __/__/__	
Consultant Name:	Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
2/7/19	PHOSPHATE Enema	1	PR		R	AW/BW	11:00
2/7/19	IBUPROFEN	400mg	PO	1045	RMM	AW/BW	10.45

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

(94–98%) | 88–92% (e.g. in hypercapnic respiratory failure) | Other (please specify)

On Home Oxygen? Yes / No ____ L/min

DATE: 20/06/2019 PRESCRIBER (PRINT & SIGN): AW ROBERTS

	DATE	1	2																							
	MONTH	7	7																							

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 ☐ NEW DOSE ☐ NEW MEDICATION ☐

A DRUG Enoxaparin

DOSE 40mg | ROUTE S/C | DATE 1/7/19 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																										
0700-0900																										
1200-1400																										
1600-1800	✓	✓																								
2200-2400																										
Other time																										

Patient's Own Medicine — For Use Y/N — Qty: — Date: — Assessed by: — Ordered from Pharm.

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																										
0700-0900																										
1200-1400																										
1600-1800																										
2200-2400																										
Other time																										

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

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																										
0700-0900																										
1200-1400																										
1600-1800																										
2200-2400																										
Other time																										

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

G DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE → 28/9 | MONTH → 9 | Patient's Own Medicine

H — DRUG: ~~[illegible]~~ Aripiprazole
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: oral | DATE: 28/9 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	KC S	KC			

J — DRUG: Mirtazapine
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: oral | DATE: 28/9 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
				N S	

K — DRUG: Creon 10000
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 1 tab | ROUTE: oral | DATE: 28/9 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 1 tab with meals
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	KC S	KC KC			

L — DRUG: Diazepam
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 5mg | ROUTE: oral | DATE: 28/9 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
				N	

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 → 28 29
MONTH → 9 9

Patient's Own Medicine

M — DRUG: Duloxetine
DOSE: 60mg | ROUTE: oral | DATE: 28/9
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: INITIALS:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Time		
Other time		
0700-0900	KS	S
1200-1400		KS
1600-1800		
2200-2400	N	
Other time		

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

N — DRUG: Esomeprazole
DOSE: 40mg | ROUTE: oral | DATE: 28/9
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: INITIALS:
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

Time		
Other time		
0700-0900	KS	9
1200-1400		
1600-1800		
2200-2400	9	
Other time		

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

P — DRUG: Gliclazide
DOSE: 30mg | ROUTE: oral | DATE: 28/9
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: INITIALS:
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

Time		
Other time		
0700-0900	KS	S
1200-1400		KS
1600-1800		
2200-2400		
Other time		

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

R — DRUG: Pregabalin
DOSE: 300mg | ROUTE: oral | DATE: 28/9
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: INITIALS:
BEFORE ADMISSION ☑ NEW DOSE ☐ NEW MEDICATION ☐

Time		
Other time		
0700-0900	KS	S
1200-1400		KS
1600-1800		
2200-2400	N	
Other time		

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

| | | |

Oral and Other Drugs: Regular Prescription

DATE → 28 29
MONTH → 9 9

Patient's Own Medicine

X — DRUG: Temazepam
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 10mg | ROUTE: oral | DATE: 28/9 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Time	
Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	N
Other time	

Y — DRUG: Lactulose
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 15ml | ROUTE: oral | DATE: 28/9 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Time		
Other time		
0700-0900	X	5 KC
1200-1400		
1600-1800		
2200-2400	N	
Other time		

AA — DRUG: DIHYDROCODEINE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: O | DATE: 28/9 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): C CAMPBELL
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Time		
Other time		
0700-0900	X	5 KC
1200-1400		
1600-1800		KC
2200-2400		
Other time		

BB — DRUG:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Time	
Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

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 →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.

All Routes: As Required Prescriptions

Patient's Own Medicine

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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	= naso[e]junostomy	PEJ	= percutaneous endoscopic [e]junostomy
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

0712726128

Patient name:.. SULLIVAN
Deborah F
Date of birth:.. Flat 0-1, 8 Boyndie Street 07/12/1972
Easterhouse
Glasgow, Lanarkshire
CHI No:..... G34 9JE

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
10.09	0050	0.9% Nacl	500	IV	STAT		eh RODIT						

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow = (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name Lloyds Tel No. 7732003
Address Easterhouse
Compliance Aid Details x Pluspak x
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

H[illegible] 0712726128
D[illegible] SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
D[illegible] Glasgow, Lanarkshire
C[illegible] G34 9J

Height:
Weight: 98.55kg
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
12/09	Prochlorperazine	3mg	Buccal	14:37	[signature]	[signature]	1438
12/09	phosphate enema	1 bottle		16:32	[signature]	[signature]	1825
13/09	Phosphate Enema	1 bottle	PR	0942	[signature]	[signature]	10-10

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

	DATE	10	11	12																						
	MONTH	9	9	9																						
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		Y	Y																							
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N		Y	Y																							
SIGNATURE OF ASSESSOR		KF	KF																							
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N		Y	Y																							

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DRUG: Enoxaparin

DOSE: 40mg | ROUTE: SC | DATE: 10/9/19 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): JONES

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time																										
0700-0900																										
1200-1400																										
1600-1800			KF																							
2200-2400			MH																							
Other time																										

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

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DRUG: TEDS

DOSE: 1 pair | ROUTE: TOP | DATE: 10/9/19 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time																										
0700-0900																										
1200-1400																										
1600-1800			KF																							
2200-2400																										
Other time																										

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

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time																										
0700-0900																										
1200-1400																										
1600-1800																										
2200-2400																										
Other time																										

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: / INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: / INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: / INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: / INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 → 10 11 12 13
MONTH → 9 9 09 09

H — DRUG: ARIPIPRAZOLE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: PO | DATE: 10.9.19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time				
0700-0900	SS	CP	CP	CP
1200-1400				
1600-1800				
2200-2400				
Other time				

J — DRUG: MIRTAZAPINE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: PO | DATE: 10.9.19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time				
0700-0900				
1200-1400				
1600-1800				
2200-2400	NB	MH	MH	
Other time				

K — DRUG: SUCRALFATE
BEFORE ADMISSION ☐ | NEW DOSE ☑ | NEW MEDICATION ☐
DOSE: 1g | ROUTE: PO | DATE: 10.9.19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: 2g BD before admission - (hold if PP)

Other time				
0700-0900	SS	EB	CP	CP
1200-1900	SS	EB	CP	CP
1600-1800				
2200-2400	NB	MH	MH	
Other time				

L — DRUG: CREON 10 000
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 1 tab | ROUTE: PO | DATE: 10.9.19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: WITH MEALS

Other time				
0700-0900	SS	EB	CP	CP
1200-1900	SS	EB	CP	CP
1600-1800		KF		
2200-2400				
Other time				

Patient's Own Medicine | 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

| | | |

Oral and Other Drugs: Regular Prescription

DOSSET BOX

DATE → 10 11 12 13
MONTH → 9 9 09 09

S — DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: PO | DATE: 10.9.19 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: CD
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time: 1 | 0700-0900: 1 | 1200-1400: 1 | 1600-1800: 1 | 2200-2400: 1 | Other time: 1
NB | MH
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm. | Patient's Own Medicine

T — DRUG: DIAZEPAM
DOSE: 5mg | ROUTE: PO | DATE: 10.9.19 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time: 0 | 0700-0900: 0 | 1200-1400: 0 | 1600-1800: 0 | 2200-2400: 0 | Other time: 0
NB | MH
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

V — DRUG: GLICLAZIDE MR
DOSE: 30mg | ROUTE: PO | DATE: 10.9.19 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time: 0 | 0700-0900: 0 | 1200-1400: 0 | 1600-1800: 0 | 2200-2400: 0 | Other time: 0
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

W — DRUG: Lactulose
DOSE: 15ml | ROUTE: PO | DATE: 10.9.19 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☒ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time: 0 | 0700-0900: 0 | 1200-1400: 0 | 1600-1800: 0 | 2200-2400: 0 | Other time: 0
NB | MH
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 → 10 11 12 13
MONTH → 9 S 09 09

Row X
BEFORE ADMISSION: ☒
NEW DOSE: ☐
NEW MEDICATION: ☐
DRUG: X — ESOMEPRAZOLE
DOSE: 40mg | ROUTE: PO | DATE: 10-9-19
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900: 45 EN 09 09 | 1200-1400: | 1600-1800: | 2200-2400: JB M MH | Other time:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Row Y
BEFORE ADMISSION: ☑
NEW DOSE: ☐
NEW MEDICATION: ☐
DRUG: Y — DULOXETINE GASTRO-RESISTANT
DOSE: 60mg | ROUTE: PO | DATE: 10-9-19
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900: 45 EN 09 09 | 1200-1400: | 1600-1800: | 2200-2400: | Other time:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Row AA
BEFORE ADMISSION: ☐
NEW DOSE: ☐
NEW MEDICATION: ☑
DRUG: AA — Erythromycin
DOSE: 250mg | ROUTE: O | DATE: 10/9/19
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: BEFORE EACH MEALS
Other time | 0700-0900: 08 45 EN 09 09 | 1200-1400: 45 EN 09 09 | 1600-1800: 45 KT 09 | 2200-2400: | Other time:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Row BB
BEFORE ADMISSION: ☐
NEW DOSE: ☐
NEW MEDICATION: ☐
DRUG: BB — PARACETAMOL
DOSE: 1g | ROUTE: PO | DATE: 11/9/19
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900: X 09 09 | 1200-1400: X 09 09 | 1600-1800: KT 09 | 2200-2400: M MH | Other time:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Patient's Own Medicine

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

| | | |

Oral and Other Drugs: Regular Prescription

DATE → 13
MONTH → 9

| | | |

All Routes: As Required Prescriptions

LL — DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PO | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: 6° | DATE: 10/9/19
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
STOPPED DATE: 11/9 | INITIALS: SEV

DATE	11/9	11/9																													
TIME	06	3																													
	10	13																													
DOSE	1g	1g																													
GIVEN BY	NB	CA																													

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

MM — DRUG: DIHYDROCODEINE
DOSE: 30mg | ROUTE: PO | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: 6° | DATE: 10/9/19
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
STOPPED DATE: 11/9 | INITIALS: SEV

DATE	10/9	10/9	11/9	11/9																											
TIME	10	20	08	4																											
		45	10	13																											
DOSE	30mg	30mg	30mg	30mg																											
GIVEN BY	SB	CA	[illegible]	[illegible]																											

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

NN — DRUG: PEPTAC
DOSE: 5ml | ROUTE: PO | INDICATION: INDIGESTION
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: 6° | DATE: 10/9/19
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
STOPPED DATE: | INITIALS:

DATE																															
TIME																															
DOSE																															
GIVEN BY																															

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

PP — DRUG: METOCLOPRAMIDE
DOSE: 10mg | ROUTE: IV | INDICATION: N+V
PRESCRIBER (PRINT & SIGN): [signature] | MAX.FREQ.: 8° | DATE: 10/9/19
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
STOPPED DATE: | INITIALS:

DATE																															
TIME																															
DOSE																															
GIVEN BY																															

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

Patient's Own Medicine

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

Patient's Own Medicine

RR DRUG: LAXIDO
DOSE: 1 | ROUTE: PO | INDICATION: CONSTIPATION
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: O.D | STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

SS DRUG: ORAMOLIM
DOSE: 10 mg | ROUTE: PO | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: 1° | STOPPED DATE: 10/9 | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

TT DRUG: ONDANSETRON
DOSE: 4mg | ROUTE: IV | INDICATION: N+V
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: 8° | STOPPED DATE: 10/9. | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

VV DRUG: Cyclizine
DOSE: 50mg | ROUTE: oral | INDICATION: Nausea
PRESCRIBER (PRINT & SIGN): [illegible] | MAX.FREQ.: 8 | STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	10/9	10/9	10/9	10/9	10/9	11/9	11/9	11/9	11/9	11/9	11/9	11/9	12/9	12/9	12/9	12/9	12/9	12/9	12/9	13/9	13/9	13/9	13/9	13/9	13/9	13/9	13/9	13/9	13/9	13/9	13/9	13/9
TIME	12	16	16	19	22	01	04	08	12	15	18	21	00	04	08	12	16	20	00	04	08	12	16	20	00	04	08	12	16	20	00	04
DOSE	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg
GIVEN BY	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

DATE	10/9	10/9	10/9	10/9																												
TIME	10	18	20	22																												
DOSE	4mg	4mg	4mg	4mg																												
GIVEN BY	[illegible]	[illegible]	[illegible]	[illegible]																												

DATE	10/9	13/9	13/9																													
TIME	10	02	11																													
DOSE	50mg	50 mg	50 mg																													
GIVEN BY	[illegible]	MH	[illegible]																													

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: DEBORAH SULLIVAN
CHI No: 0712726178

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

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

Hospital Number: 0712726128
SULLIVAN F
DOB: Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
Date of Admission: G34 9JE
Consultant Name:

ONCE ONLY AND PREMEDICATION DRUGS

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

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

DATE
MONTH

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

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

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

A

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
PRESCRIBER (PRINT & SIGN) INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

B

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
PRESCRIBER (PRINT & SIGN) INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

C

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DRUG
DOSE | ROUTE | DATE
STOPPED DATE:
PRESCRIBER (PRINT & SIGN) 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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

J DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

K DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

L DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

S

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

T

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

V

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

W

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG | DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 / MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.

All Routes: As Required Prescriptions

BEFORE ADMISSION		DRUG				STOPPED DATE:	DATE																					Patient's Own Medicine For Use Y/N
☐	LL	CO-CODAMOL 30/500				STOPPED INITIALS:	TIME	08 01 00																				Qty:
NEW DOSE ☐	DOSE	ROUTE	INDICATION				DOSE	2																				Date:
	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.	DATE:		GIVEN BY																					Assessed by:
NEW MEDICATION ☑	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											Ordered from Pharm.
BEFORE ADMISSION	MM	DRUG ONDANSETRON				STOPPED DATE:	DATE																					For Use Y/N
☐	DOSE	ROUTE	INDICATION				TIME																					Qty:
NEW DOSE ☐	4mg	IV	N+V				DOSE																					Date:
	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.	DATE:		GIVEN BY																					Assessed by:
NEW MEDICATION ☑	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											Ordered from Pharm.
BEFORE ADMISSION	NN	DRUG				STOPPED DATE:	DATE																					For Use Y/N
☐	DOSE	ROUTE	INDICATION				TIME																					Qty:
NEW DOSE ☐							DOSE																					Date:
	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.	DATE:		GIVEN BY																					Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											Ordered from Pharm.
BEFORE ADMISSION	PP	DRUG				STOPPED DATE:	DATE																					For Use Y/N
☐	DOSE	ROUTE	INDICATION				TIME																					Qty:
NEW DOSE ☐							DOSE																					Date:
	PRESCRIBER (PRINT & SIGN)			MAX.FREQ.	DATE:		GIVEN BY																					Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																											Ordered from Pharm.

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

BEFORE ADMISSION		DRUG			STOPPED	DATE:	DATE		Patient's Own Medicine
	RR					INITIALS:	TIME		For Use Y/N
NEW DOSE	DOSE	ROUTE	INDICATION				DOSE		Qty:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.			DATE:	GIVEN BY		Date:
NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY								Assessed by:
									Ordered from Pharm.
BEFORE ADMISSION		DRUG			STOPPED	DATE:	DATE		For Use Y/N
	SS					INITIALS:	TIME		Qty:
NEW DOSE	DOSE	ROUTE	INDICATION				DOSE		Date:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.			DATE:	GIVEN BY		Assessed by:
NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY								Ordered from Pharm.
BEFORE ADMISSION		DRUG			STOPPED	DATE:	DATE		For Use Y/N
	TT					INITIALS:	TIME		Qty:
NEW DOSE	DOSE	ROUTE	INDICATION				DOSE		Date:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.			DATE:	GIVEN BY		Assessed by:
NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY								Ordered from Pharm.
BEFORE ADMISSION		DRUG			STOPPED	DATE:	DATE		For Use Y/N
	VV					INITIALS:	TIME		Qty:
NEW DOSE	DOSE	ROUTE	INDICATION				DOSE		Date:
	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.			DATE:	GIVEN BY		Assessed by:
NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY								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 Deborah Sullivan

CHI No 0712726128

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

Penicillin

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.

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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE | **PRESCRIPTION FORM** | own meds

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details PP

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospital 0712726128

DOB: SULLIVAN Deborah F 07/12/1972

Flat 0-1, 8 Boyndie Street Easterhouse Glasgow, Lanarkshire G34 9JE

Date of / Consultr

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
09/08	PARACETAMOL	1g	ORAL	1730	ORM ATWNSAN	US	1500
09/08	DIHYDROCODEINE	60mg	ORAL	1730	ORM	US	1800
09/08	CYCLIZINE	50mg	IV	1730	ORM	US/JA	1800
1/8	MORPHINE	5mg	IV			OL	1830
1/8	GLYCEROL	4ONM	SL	23:00		JA	2300

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

	DATE	10	11	12																							
	MONTH	8	8	08																							

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

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DRUG: clexane (+ TCB)

DOSE: 20mg | ROUTE: SC | DATE: 10/4 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): [signature]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☑

DRUG: ENOXAPARIN

DOSE: 40mg | ROUTE: SC | DATE: 10/8 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): [signature]

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

1600-1800: X [signature]

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

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D 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 ☐

E 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 ☐

F 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 ☐

G 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

| | | |

Oral and Other Drugs: Regular Prescription

DATE 10 11 12 13
MONTH 8 8 08 8

M DRUG: DULOXETINE
DOSE: 60mg | ROUTE: PO | DATE: 10/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 KSHC BT | 1200-1400 | 1600-1800 | 2200-2400 JC | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

N DRUG: ESOMEPRAZOLE
DOSE: 40mg | ROUTE: PO | DATE: 10/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 KSHC BT | 1200-1400 | 1600-1800 | 2200-2400 JC | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P DRUG: GLICLAZIDE M/R
DOSE: 30mg | ROUTE: PO | DATE: 10/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 KSHC BT | 1200-1400 | 1600-1800 | 2200-2400 | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R DRUG: MIRTAZAPINE
DOSE: 30mg | ROUTE: PO | DATE: 10/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 JC | Other time
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Patient's Own Medicine

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 → 10 11 12 13
MONTH → 8 8 08 8

S — DRUG: PREGABALIN
DOSE: 300mg | ROUTE: PO | DATE: 10/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: KC MC RG
2200-2400: X

T — DRUG: PROCYCLIDINE
DOSE: 5mg | ROUTE: PO | DATE: 10/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: KC MC RG

V — DRUG: RAMIPRIL
DOSE: 2.5mg | ROUTE: PO | DATE: 10/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: KC MC RG

W — DRUG: SIMVASTATIN
DOSE: 20mg | ROUTE: PO | DATE: 10/8 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
2200-2400: JV

Patient's Own Medicine | 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 → 10 11 12 13
MONTH → 8 8 08 8

X DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: PO | DATE: 10/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
2200-2400: J MN

Y DRUG: LACTULOSE
DOSE: 10ml | ROUTE: O | DATE: 11/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Max 30ml BD
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: BT BMJ
2200-2400: MN

AA DRUG: LAX 10
DOSE: II | ROUTE: O | DATE: 11/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: BT BMJ
2200-2400: MN

BB DRUG: PEPTAC
DOSE: 10ml | ROUTE: PO | DATE: 12/8 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☑
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: BT BMJ
1200-1400: BT
1600-1800: BD
2200-2400: MN

Patient's Own Medicine | 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 12 13
MONTH 08 4

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG: ~~Sucralfate~~

DOSE: 15 ml | ROUTE: PO | DATE: 12/8 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

1g
1800
1500

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG: Sucralfate

DOSE: 1g | ROUTE: PO | DATE: 12/8/14 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): R. Card R. Card (IVP)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: Tabs can be dispersed in water if needed

X DSL
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG:

DOSE: | ROUTE: | DATE: | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG:

DOSE: | ROUTE: | DATE: | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

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 1 / MONTH 4

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H — DRUG: Duloxetine

BEFORE ADMISSION ☑ NO | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE	ROUTE	DATE	STOPPED DATE:	STOPPED INITIALS:
60mg	oral	01/04		

PRESCRIBER (PRINT & SIGN): 4CAPEL

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time	
Other time	
0700-0900	SL
1200-1400	
1600-1800	
2200-2400	
Other time	

J — DRUG: Esomeprazole

BEFORE ADMISSION ☑ NO | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE	ROUTE	DATE	STOPPED DATE:	STOPPED INITIALS:
40mg	oral	01/04		

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time	
Other time	
0700-0900	SL
1200-1400	
1600-1800	
2200-2400	
Other time	

K — DRUG: Gliclazide

BEFORE ADMISSION ☑ NO | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE	ROUTE	DATE	STOPPED DATE:	STOPPED INITIALS:
60mg	oral	01/04		

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: M/R tabs. (2x30mg)

Time	
Other time	
0700-0900	SL
1200-1400	
1600-1800	
2200-2400	
Other time	

L — DRUG: Metformin

BEFORE ADMISSION ☑ NO | NEW DOSE ☐ | NEW MEDICATION ☐

DOSE	ROUTE	DATE	STOPPED DATE:	STOPPED INITIALS:
1g	oral	01/04		

PRESCRIBER (PRINT & SIGN): 4CAPEL

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Time	
Other time	
0700-0900	SL
1200-1400	
1600-1800	MJ
2200-2400	
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 1 MONTH 4

BEFORE ADMISSION		DRUG	DOSE	ROUTE	DATE	STOPPED	PRESCRIBER (PRINT & SIGN)	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	NEW DOSE	NEW MEDICATION	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time	Patient's Own Medicine	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
☑ NO	M	MIRTAZAPINE	30mg	oral	01/04	DATE: INITIALS:	4 CAPS		☐	☐												
☑ NO	N	PREGABALIN	300mg	oral	01/04	DATE: INITIALS:	4 CAPS		☐	☐												
☑ NO	P	PROCYCLIDINE	5mg	oral	01/04	DATE: INITIALS:	4 CAPS		☐	☐												
☑ NO	R	ALOGLIPTIN	25mg	oral	01/04	DATE: INITIALS:	4 CAPS		☐	☐												

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 1 | MONTH 4

S — DRUG: ARIPIPRAZOLE
BEFORE ADMISSION: Y/N
DOSE: 25mg | ROUTE: oral | DATE: 01/04
PRESCRIBER (PRINT & SIGN): 4CAPER
STOPPED — DATE: | INITIALS:
NEW DOSE ☐ | NEW MEDICATION ☐
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

T — DRUG: CREON
BEFORE ADMISSION: Y/N
DOSE: 10 000 | ROUTE: oral | DATE: 01/04
PRESCRIBER (PRINT & SIGN): 4CAPER
STOPPED — DATE: | INITIALS:
NEW DOSE ☐ | NEW MEDICATION ☐
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: WITH MEALS in box
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

V — DRUG: DIAZEPAM
BEFORE ADMISSION: Y/N
DOSE: 5mg | ROUTE: oral | DATE: 01/04
PRESCRIBER (PRINT & SIGN): 4CAPER
STOPPED — DATE: | INITIALS:
NEW DOSE ☐ | NEW MEDICATION ☐
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

W — DRUG: RAMIPRIL
BEFORE ADMISSION: Y/N
DOSE: 2.5mg | ROUTE: oral | DATE: 01/04
PRESCRIBER (PRINT & SIGN): 4CAPER
STOPPED — DATE: | INITIALS:
NEW DOSE ☐ | NEW MEDICATION ☐
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | 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 → 1
MONTH → 4

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine

BEFORE ADMISSION ☑ ND
NEW DOSE ☐
NEW MEDICATION ☐

X DRUG: SIMVASTATIN

DOSE: 20mg | ROUTE: oral | DATE: 01/04

PRESCRIBER (PRINT & SIGN): 4 CAPS

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☑ ND
NEW DOSE ☐
NEW MEDICATION ☐

Y DRUG: TEMAZEPAM

DOSE: 10mg | ROUTE: oral | DATE: 01/04

PRESCRIBER (PRINT & SIGN): 4 CAPS

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: CD

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

AA 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 ☐

BB 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
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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
MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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

| | | |

| | | |

Nurse/Midwife Administration by Sympt...atic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.

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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

0712726128
SULLIVAN F
Deborah 07/12/1972

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
21/3		NaCl 0.9%	500	IV	4hr				21/3/20	1530	L Dolan		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid *Name of additive	Volume (ml) *Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE | **PRESCRIPTION FORM**

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
29/12/17	co-codamol 12.8/500		PO				0145
29/12/17	oramorph	5mg	PO				0145

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

	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

																									Patient's Own Medicine
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**A** DRUG Enoxaparin. DOSE 40 mg ROUTE S/C DATE 24/02 STOPPED DATE: INITIALS: PRESCRIBER (PRINT & SIGN) E Joseph 5/1. ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time																							For Use Y/N
		0700-0900																							Qty:
		1200-1400																							Date:
		1600-1800 ✓																							Assessed by:
		2200-2400																							Ordered from Pharm.
		Other time																							
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**B** DRUG DOSE ROUTE DATE STOPPED DATE: INITIALS: PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time																							For Use Y/N
		0700-0900																							Qty:
		1200-1400																							Date:
		1600-1800																							Assessed by:
		2200-2400																							Ordered from Pharm.
		Other time																							
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**C** DRUG DOSE ROUTE DATE STOPPED DATE: INITIALS: PRESCRIBER (PRINT & SIGN) ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Other time																							For Use Y/N
		0700-0900																							Qty:
		1200-1400																							Date:
		1600-1800																							Assessed by:
		2200-2400																							Ordered from Pharm.
		Other time																							

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE → 20
MONTH → 2

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: Peptac
DOSE: 5ml | ROUTE: O | DATE: 2/12
PRESCRIBER (PRINT & SIGN): E Joseph
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: — INITIALS:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	DN	DN	DN		

J — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: Abiprazole
DOSE: 30 mg | ROUTE: O | DATE: 2/12
PRESCRIBER (PRINT & SIGN): E Joseph
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: — INITIALS:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	13 RN				

K — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: Creon 10,000
DOSE: 1 cap | ROUTE: O | DATE: 2/12
PRESCRIBER (PRINT & SIGN): E Joseph
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: — INITIALS:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	13 RN	13 RN	13		

L — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: Diazepam
DOSE: 5mg | ROUTE: O | DATE: 2/12
PRESCRIBER (PRINT & SIGN): E Joseph
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: — INITIALS:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	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 → 24
MONTH → 2

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION		DOSE	ROUTE	DATE	STOPPED	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time	Patient's Own Medicine	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
☐	☐	☐	M DRUG Duloxetine PRESCRIBER (PRINT & SIGN) E Gosal ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	60mg	O	24/2	DATE: INITIALS:		13 Dr										
☐	☐	☐	N DRUG Esomeprazole PRESCRIBER (PRINT & SIGN) E Gosal ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	40mg	O	24/2	DATE: INITIALS:		13 Dr										
☐	☐	☐	P DRUG Gliclazide MR PRESCRIBER (PRINT & SIGN) E Gosal ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	30mg	O	24/2	DATE: INITIALS:		13 Dr										
☐	☐	☐	R DRUG Aripiprazole PRESCRIBER (PRINT & SIGN) E Gosal ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	30mg	O	24/2	DATE: INITIALS:												

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 → 24
MONTH → 2

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

S | DRUG: Procyclidine

DOSE: 300mg | ROUTE: O | DATE: 24/2 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): E Joseph Sy

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	13 PM				

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

T | DRUG: Procyclidine

DOSE: 5mg | ROUTE: O | DATE: 24/2 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): E Joseph Sy.

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	13 PM				

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

V | DRUG: Ramipril

DOSE: 2.5mg | ROUTE: O | DATE: 24/2 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): E Joseph Sy.

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
	13 PM				

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

W | DRUG: Rizatriptan

DOSE: 10mg | ROUTE: | DATE: | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time

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 → 26
MONTH → 2

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

X

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: Simvastatin

DOSE: 20mg | ROUTE: O | DATE: 24/2

PRESCRIBER (PRINT & SIGN): E Joseph Lyl.

STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Y

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: Tamsulosin

DOSE: 10mg | ROUTE: O | DATE: 24/2

PRESCRIBER (PRINT & SIGN): E Joseph

STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

AA

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG: GLICLAZIDE M/R

DOSE: 60mg | ROUTE: PO | DATE: 24/2

PRESCRIBER (PRINT & SIGN):

STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

0700-0900: 2

BB

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: | INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / 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.

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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

| | | |

| | | |

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.

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

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

Cat. No. 40995 Ver 4. 09/2010 GGC0029

Patient name:... 0712726128
SULLIVAN F
Date of birth:... Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
CHI No:..... Glasgow, Lanarkshire
G34 9JE

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
21/01/20	23:00	0.9% NaCl	500	IV	STAT.		CW PR	
21/01/20	23:00	PARACETAMOL	500	IV	STAT.		CW PR	
22/1		HARTMANNS	500	IV	4°			
22/1		HARTMANNS	500	IV	4°			

Administration details

Date	Time	Given by	Checked by	Comments
22/01/20	23:00			
22/01/20	00:30	MG		
22/01	09:55	MM		
22/01	14:00	MM		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details: continued									Administration details: continued				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE | **PRESCRIPTION FORM** | Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☑
Date 22/1/20 Name (Print) Priscilla Brennan

Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

Hospital No. 0712726128
DOB: 07/12/1972
SULLIVAN Deborah F
Flat 0-1, 8 Boyndie Street Easterhouse Glasgow, Lanarkshire G34 9JE
Date of Consul

Height:
Weight:
Surface area:
Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
21/1/20	MORPHINE	5 mg	IV	23:00	CM	RB	2380
21/1/20	ONDANSETRON	4mg	IV	2300	CM	RB	2320
22/1/20	MORPHINE	10mg	IV	00:25	CM	NG/VM	00:40hrs
22/1/20	Omeprazole	40mg	IV	03:00		VM	0640
22/01	ORAMORPH	10mg	oral			RB	0520
22/01	ORAMORPH	10mg	O	1145	FYI John	RC	1145
22/1	ORAMORPH	10mg	O	1655			1700

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

	DATE → 22																								
	MONTH → 01																								
	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

Patient's Own Medicine

A — DRUG: Enoxeparin + TEDS

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: 40mg | ROUTE: SC | DATE: 22/1 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800	MH																								
2200-2400																									
Other time																									

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

B — DRUG: Omeprazole

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: 40mg | ROUTE: IV | DATE: | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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

C — DRUG:

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: | ROUTE: | DATE: | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																									
0700-0900																									
1200-1400																									
1600-1800																									
2200-2400																									
Other time																									

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 → 12
MONTH → 1

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

H — DRUG: ARIPIPRAZOLE
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30 mg | ROUTE: oral | DATE: 22/01
PRESCRIBER (PRINT & SIGN): P. BRENNAN
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: | INITIALS:
0700-0900: 8

J — DRUG: MIRTAZAPINE
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30 mg | ROUTE: oral | DATE: 22/01
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: | INITIALS:

K — DRUG: GLICLAZIDE
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 60 mg | ROUTE: oral | DATE: 22/01
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: | INITIALS:
0700-0900: 9

L — DRUG: METFORMIN
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 1 gram | ROUTE: oral | DATE: 22/01
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED — DATE: | INITIALS:
0700-0900: 9
1200-1400: PG

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 → 22
MONTH → 1

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

M DRUG: PROCYCLIDINE

DOSE: 5 mg | ROUTE: oral | DATE: 22/01 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0001-0559	0600-0759	1200-1400	1600-1800	2200-2400	Other time
	13	A				

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

N DRUG: ESOMEPRAZOLE

DOSE: 40 mg | ROUTE: oral | DATE: 22/01 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: * W/H while on IV omeprazole *

Other time	0001-0559	0600-0759	1200-1400	1600-1800	2200-2359	Other time
	9				9	

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

P DRUG: DULOXETINE

DOSE: 60 mg | ROUTE: oral | DATE: 22/01 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0001-0559	0600-0759	1200-1400	1600-1800	2200-2400	Other time
	13	A				

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

R DRUG: PREGABALIN

DOSE: 300 mg | ROUTE: oral | DATE: 22/01 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	0001-0559	0600-0759	1200-1400	1600-1800	2200-2359	Other time
	13	A				

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 27
MONTH 1

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

S — DRUG: SIMVASTATIN
DOSE: 20 mg | ROUTE: oral | DATE: 22/01
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: | INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

T — DRUG: RAMIPRIL
DOSE: 2.5 mg | ROUTE: oral | DATE: 22/01
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: | INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

V — DRUG: TEMAZEPAM
DOSE: 10 mg | ROUTE: oral | DATE: 22/01
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: | INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

W — DRUG: DIAZEPAM
DOSE: 5 mg | ROUTE: oral | DATE: 22/01
PRESCRIBER (PRINT & SIGN):
STOPPED DATE: | INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 → 22
MONTH → 1

Patient's Own Medicine

X DRUG: CREON 10 000
DOSE: 1 TAB | ROUTE: oral | DATE: 02/01
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: # WITH MEALS
STOPPED DATE: INITIALS:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Time																															
Other time																															
~~0700-0900~~	9																														
~~1200-1400~~	9																														
~~1600-1800~~	MS																														
2200-2400																															
Other time																															

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

Y DRUG: ALOGLIPTIN
DOSE: 25mg | ROUTE: oral | DATE: 22/01
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
STOPPED DATE: INITIALS:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Time																															
Other time																															
~~0700-0900~~	9																														
~~1200-1400~~																															
1600-1800																															
2200-2400																															
Other time																															

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

AA DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Time																															
Other time																															
0700-0900																															
1200-1400																															
1600-1800																															
2200-2400																															
Other time																															

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

BB DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
STOPPED DATE: INITIALS:
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

Time																															
Other time																															
0700-0900																															
1200-1400																															
1600-1800																															
2200-2400																															
Other time																															

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
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE

PRESCRIBER (PRINT & SIGN)

STOPPED DATE: INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG | DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH | DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ | DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK | DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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	DRUG	DOSE	ROUTE	INDICATION	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	STOPPED DATE:	STOPPED INITIALS:	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
☐	☐	☐	RR LACTULOSE	15ml	oral	CONSTIPATION		BD	DATE: 22/01		
☐	☐	☐	SS ONDANSETRON	4mg	oral/IV	N+V		8°	DATE: 22/01		
☐	☐	☐	TT BUSCOPAN	10 mg	oral	ABDO PAIN		8°	DATE: 22/01		
☐	☐	☐	VV CYCLIZINE	50mg	oral	N+V		8°	DATE: 22/01		

	RR	SS	TT	VV
DATE	22/1	22/1	22/1	
TIME	1500	1500	1130	
DOSE	15ml	4mg	20mg	
GIVEN BY	HE	HE	HE	

Patient's Own Medicine

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.

Name DEBORAH SULLIVAN

CHI No 0712726128

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

PENICILLIN - RASH

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE **PRESCRIPTION FORM** Hospital Name: GRI

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. 0141 7732003
Address LLOYDS PHARMACY. EASTERHOUSE
Compliance Aid Details DOSETTE (DELIVERED ON WEDNESDAY).
Patient consent to share discharge information Y/N
Print & Sign _____

PATIENT DETAILS

Hos
0712726128
DOE SULLIVAN F
Deborah 07/12/1977
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
Dat
Con G34 9JE

Height: Sft 9. 175cm
Weight: 93.85kg
Surface area: 31.2
Ward: 65/67

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN	TIME GIVEN (24hr)
4/12/19	Oramorph	5mg	O	1645	JSH	✓	1647
8/12/19	PHOSPHATE ENEMA	1 BOTTLE	PR	0800	KB BARBOUR.		
8/12/19	ORAMORPH	10mg	PO	1120	COKER	Rq	1125
8/12/19	ORAMORPH	10mg	PO	1350	COKER	MJ	1400

REWRITTEN 8/12

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

	DATE	5	6	7
	MONTH	12	12	12

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

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: OMEPRAZOLE

DOSE: 40mg | ROUTE: IV | DATE: 4/12 | STOPPED DATE: 5/12 | INITIALS: AK

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: (USUALLY ON ESOMEPRAZOLE 40mg BD ORALLY)

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

B

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: ENOXAPARIN

DOSE: 40mg | ROUTE: S/C | DATE: 4/12 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

C

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: TEDS

DOSE: - | ROUTE: | DATE: 4/12 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
A		8			10	
B				17		
C						

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

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

| | | |

Oral and Other Drugs: Regular Prescription — own meds

| | | |

Oral and Other Drugs: Regular Prescription

| | | |

Oral and Other Drugs: Regular Prescription

| | | |

Oral and Other Drugs: Regular Prescription

DATE: 5 6 07 08
MONTH: 12 12 12

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG: RAMIPRIL
DOSE: 2-5mg | ROUTE: PO | DATE: 5/12/10 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): G. Bell
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: 13 | 13 LT | 13 M | LT

BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: PO | DATE: 5/12/10 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): G. Bell
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
2200-2400: 13 | LT | LT

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑

AA DRUG: ESOMEPRAZOLE
DOSE: 20mg | ROUTE: PO | DATE: 5/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: 13 | 13 LT | 13 M | LT
2200-2400: 13 | LT | LT

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG: LEXIA
DOSE: TI | ROUTE: PO | DATE: 6/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): L. Gale
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
0700-0900: X | 13 BBC | LT
2200-2400: LT | LT

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
MONTH

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

CC

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / 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	DRUG	DOSE	ROUTE	INDICATION	STOPPED DATE: / INITIALS:	PRESCRIBER (PRINT & SIGN)	MAX.FREQ.	DATE:	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	DATE	TIME	DOSE	GIVEN BY	Patient's Own Medicine: For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
☐	RR	☐	☐	HYOSCINE	20mg	PO	cramp		G. Bell	tds	5/12/17		6/12	11.45	20mg	LT					
☑	SS	☐	☐	LACTULOSE	15ml	PO	Constipation		G. Bell	bd	5/12/17										
☑	TT	☐	☐	CAKION	1 sachet	PO	Constipation		G. Bell	tds	5/12/17										
☑	VV	☐	☐	METOCLOPRAMIDE	10mg	PO	NAV		G. Bell	tds	5/12/17		5/12	11.10	10 53	LT					

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: DEBORAH SULLIVAN

CHI No: 0712726128

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

Penicillin – Rash.

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐
Date _____ Name (Print) _____
Discharge Prescription Prepared & Reconciled YES ☐
Date _____ Name (Print) _____

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

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

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

Hospital Numbe: 0712726128
DOB: SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Date of Admissi Easterhouse
Consultant Nam Glasgow, Lanarkshire
G34 9JE

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
9/12/12	PHOSPHATE ENEMA	1 APP	PR	1435	M SMITH	[illegible]	1615

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

94 – 98%	88– 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

	DATE →	8	9	10	11
	MONTH →	12	12	12	12
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					

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

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A — BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: ENOXAPARIN

DOSE: 40mg | ROUTE: SC | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): COKER COKER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
				MS MS		

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

B — BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: TEDS

DOSE: T | ROUTE: TOP | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN): COKER COKER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time
		T				

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

C — BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

DOSE | ROUTE | DATE | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

	Other time	0700-0900	1200-1400	1600-1800	2200-2400	Other time

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

H — DRUG: PARACETAMOL
DOSE: 1g | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Coker COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
For Use Y/N: | Qty: | Date: | Assessed by: | Ordered from Pharm.:

J — DRUG: CODEINE PHOSPHATE
DOSE: 30mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Coker COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
For Use Y/N: | Qty: | Date: | Assessed by: | Ordered from Pharm.:

K — DRUG: ARIPIPRAZOLE
DOSE: 30mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Coker COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
For Use Y/N: | Qty: | Date: | Assessed by: | Ordered from Pharm.:

L — DRUG: CREON 10,000
DOSE: 1 CAPSULE | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): Coker COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
For Use Y/N: | Qty: | Date: | Assessed by: | Ordered from Pharm.:

	DATE	8	9	10	11	12	Patient's Own Medicine
	MONTH	12	12	12	12	12	
H	0700-0900	X					For Use Y/N
	1200-1400	X					Qty:
	1600-1800						Date:
	2200-2400						Assessed by:
	Other time						Ordered from Pharm.
J	0700-0900	X					For Use Y/N
	1200-1400	X					Qty:
	1600-1800						Date:
	2200-2400						Assessed by:
	Other time						Ordered from Pharm.
K	0700-0900	X					For Use Y/N
	1200-1400						Qty:
	1600-1800						Date:
	2200-2400						Assessed by:
	Other time						Ordered from Pharm.
L	0700-0900	X					For Use Y/N
	1200-1400	X					Qty:
	1600-1800						Date:
	2200-2400						Assessed by:
	Other time						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: 8 9 10 11 12
MONTH: 12 12 12 12 12

M — DRUG: DIAZEPAM
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 5mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time: 2200-2400 — [illegible]
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

N — DRUG: DULOXETINE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 60mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time: 0700-0900 — [illegible]; 2200-2400 — [illegible]
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P — DRUG: GLICLAZIDE MR
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time: 0700-0900 — [illegible]
Patient's Own Medicine: For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R — DRUG: MIRTAZAPINE
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 30mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | STOPPED INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
Other time: 2200-2400 — [illegible]
Patient's Own Medicine: 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: 8 9 10 11 12
MONTH: 12 12 12 12 12

S — DRUG: PREGABALIN
DOSE: 300mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: X
2200-2400:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

T — DRUG: SIMVASTATIN
DOSE: 20mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
2200-2400:
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

V — DRUG: PROCYCLIDINE
DOSE: 5mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: X
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

W — DRUG: RAMIPRIL
DOSE: 2.5mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time
0700-0900: X
For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Patient's Own Medicine

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: 8 | 9 | 10 | 11 | 12
MONTH: 12 | 12 | 12 | 12 | 12

X — BEFORE ADMISSION ☑ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: TEMAZEPAM
DOSE: 10mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	LT
Other time	

Patient's Own Medicine — For Use Y/N — Qty: — Date: — Assessed by: — Ordered from Pharm.

Y — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: ESOMEPRAZOLE
DOSE: 20mg | ROUTE: PO | DATE: 8/12 | STOPPED DATE: 9/12 | INITIALS: SS
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	
0700-0900	X
1200-1400	
1600-1800	
2200-2400	LT
Other time	

Patient's Own Medicine — For Use Y/N — Qty: — Date: — Assessed by: — Ordered from Pharm.

AA — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: LAXIDO
DOSE: TT | ROUTE: PO | DATE: 8/12 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN): COKER COKER
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	
0700-0900	X
1200-1400	
1600-1800	
2200-2400	LT
Other time	

Patient's Own Medicine — For Use Y/N — Qty: — Date: — Assessed by: — Ordered from Pharm.

BB — BEFORE ADMISSION ☐ — NEW DOSE ☐ — NEW MEDICATION ☐

DRUG: ESOMEPRAZOLE
DOSE: 40mg | ROUTE: PO | DATE: 9/12/19 | STOPPED DATE: | INITIALS:
PRESCRIBER (PRINT & SIGN):
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time,	

Patient's Own Medicine — 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 →
MONTH →

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 →
MONTH →

Patient's Own Medicine | For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time | 0700-0900 | 1200-1400 | 1600-1800 | 2200-2400 | Other time

---

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

LL — DRUG: ORAMORPH — STOPPED DATE: 11/12 — INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 5-10mg | ROUTE: PO | INDICATION: PAIN
PRESCRIBER (PRINT & SIGN): COKER COKER | MAX.FREQ.: 1° | DATE: 8/12
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	8/12	08/12	09/12	09/12	09/12	09/12	09/12	09/12	09/12	09/12	10/12	10/12	10/12	10/12	10/12	10/12	10/12	11/12
TIME	09	18	02	04	08	10	12	14	16	19	21	06	12	14	16	20	23	02
	09	43	30	30	05	10	00	00	15	10	45	10	25	05	10	20	20	35
DOSE	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg
GIVEN BY	MJ	MJ	LT	LT	LW	LW	LW	LW	LW	LW	LW	RD	RD	LW	LW	NW	NW	

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

MM — DRUG: ONDANSETRON — STOPPED DATE: — INITIALS:
BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☑
DOSE: 4mg | ROUTE: IV/PO | INDICATION: N&V
PRESCRIBER (PRINT & SIGN): COKER COKER | MAX.FREQ.: | DATE:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	9/12	10/12
TIME	08	12
	10	20
DOSE	4mg	4mg
GIVEN BY	RD	RD

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

NN — DRUG: PEPTAC — STOPPED DATE: — INITIALS:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 5ml | ROUTE: PO | INDICATION: REFLUX
PRESCRIBER (PRINT & SIGN): COKER COKER | MAX.FREQ.: QDS | DATE: 8/12
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	8
TIME	08
	45
DOSE	5ml
GIVEN BY	✓

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

PP — DRUG: HYOSCINE — STOPPED DATE: — INITIALS:
BEFORE ADMISSION ☑ | NEW DOSE ☐ | NEW MEDICATION ☐
DOSE: 20mg | ROUTE: PO | INDICATION: CRAMP
PRESCRIBER (PRINT & SIGN): COKER COKER | MAX.FREQ.: TDS | DATE: 8/12
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	11/12	11/12	12/12
TIME	09	20	08
	09	00	00
DOSE	20 mg	20 mg	20 mg
GIVEN BY	LW	NW	RD

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

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION								
☑	☐	☐	RR	DRUG: LACTULOSE				STOPPED DATE:	INITIALS:	
			DOSE: 15ml	ROUTE: PO	INDICATION: CONSTIPATION					
			PRESCRIBER (PRINT & SIGN): COKER			MAX.FREQ.: BD	DATE: 8/12			
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:							

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION								
☑	☐	☐	SS	DRUG: LAXIDO				STOPPED DATE:	INITIALS:	
			DOSE: 1 SACHET	ROUTE: PO	INDICATION: CONSTIPATION					
			PRESCRIBER (PRINT & SIGN): COKER			MAX.FREQ.: TDS	DATE: 8/12			
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:							

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION								
☑	☐	☐	TT	DRUG: METOCLOPRAMIDE				STOPPED DATE: 12/12	INITIALS: KB	
			DOSE: 10mg	ROUTE: PO	INDICATION: N&V					
			PRESCRIBER (PRINT & SIGN): COKER			MAX.FREQ.: TDS	DATE: 8/12			
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:							

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

Patient's Own Medicine: For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION								
☐	☐	☒	VV	DRUG: ARTIFICIAL SALIVA				STOPPED DATE:	INITIALS:	
			DOSE: 1 APP	ROUTE: ORAL	INDICATION: DRY MOUTH					
			PRESCRIBER (PRINT & SIGN): M SMITH			MAX.FREQ.: PRN	DATE: 9/12/12			
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: GLANDOSANE SPRAY.							

DATE																								
TIME																								
DOSE																								
GIVEN BY																								

Patient's Own Medicine: 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.

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE

Name

CHI No

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

PENICILLIN - Rash

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

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

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

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. Time should be recorded in 24hr format e.g. 0600, 1800.
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

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Pati 0712726128 .....
SULLIVAN F
Dat Deborah 07/12/1972 .....
Flat 0-1, 8 Boyndie Street
CHI Easterhouse .....
Glasgow, Lanarkshire
G34 9JE *patient label*

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
4/12/19		Hartmans	500	IV	1°		[signature]	—
4/12/19		Hartmanns	500	IV	2°		[signature]	

Administration details

Date	Time	Given by	Checked by	Comments
4/12/19	1700	[initials]		
4/12/19	1803	[initials]		

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow = (drops/min) $\frac{\text{Volume of fluid (ml) x 20}}{\text{Duration of admin (min)}}$

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

0712726128
SULLIVAN F
Deborah 07/12/1972
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire
G34 9JE *Affix patient label*

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
27/9	22:30	NaCl 0.9%	500	IV	Stat		CD Ejamela	
27/9	23:00	NaCl 0.9%	500	IV	over 2 hours		CD Ejamela	
						STOPPED		

Administration details - continued

Date	Time	Given by	Checked by	Comments
27/9	22:30	CD	CD	
27/9	23:20	DM		

*Prescriber should sign this box if the fluid/additive is no longer required.

MEDICINE **PRESCRIPTION FORM**

Blister pack

Hospital Name: Crosshouse

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared: __/__/__ Time: _____

Sheet No: 01

2nd Prescription in use YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

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

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

charge Information Y/N _____

0712728128 F
SULLIVAN 07/12/1972
Deborah
Flat 0-1, 8 Boyndie Street
Easterhouse
Glasgow, Lanarkshire G34 9JJ

IT DETAILS

	Height:
	Weight:
	Surface area:
Date of Admission: __/__/__	
Consultant Name:	Ward: 65

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
27/9	ONDANSETRON	4mg	IV	22:30	CG eyanera	AM/CG	2245
27/9	Oxy morphine (10mg/5ml) Sulphate	5mg	Oral	22:30	CG eyanera	AM/CG	2245
27/9							
27/9	Morphine Sulphate	5mg	IV	23:00	CG eyanera	AM/DK	2315
28/9	Morphine Sulphate	5mg	IV	00:15	CG eyanera	DM/DM	0053
~~28/9~~	~~OMEPRAZOLE~~	~~40mg~~	~~PO~~	~~1200~~	~~Common Ward~~		

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

	DATE →	28	29																							
	MONTH →	9	9																							

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

Patient's Own Medicine

A — DRUG: Enoxaparin + TEDs

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: 40mg | ROUTE: S/C | DATE: 28/9 | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																										
0700-0900																										
1200-1400																										
1600-1800	9	9																								
2200-2400																										
Other time																										

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

B — DRUG: OMEPRAZOLE

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: 40m | ROUTE: IV | DATE: 28/9/19 | STOPPED DATE: 29/9 | STOPPED INITIALS: CC

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																										
0700-0900	X																									
1200-1400																										
1600-1800																										
2200-2400	X																									
Other time																										

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

C — DRUG:

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE: | ROUTE: | DATE: | STOPPED DATE: | STOPPED INITIALS:

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time																										
0700-0900																										
1200-1400																										
1600-1800																										
2200-2400																										
Other time																										

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 (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

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.