DRUG PRESCRIPTION AND ADMINISTRATION RECORD 1 ALLERGY:		NAME DATE OF BII ADMIT DAT MRN WEIGHT (Kg)		SEX : ROOM NO.: EPISODE NO.:  ADMITTING PHYSICIAN  CHART NO.		
		HEIGHT (cm)				
FOR THE SAFETY OF THE PATIEN	NT					
DOCTORS  1) Use approved names, BLOCK LETT 2) Cancellation of drug must be denoted 3) Any order for Dangerous and Psychote 4) Sign verbal orders within 24 hours. 5) All post-operative medication must be  NURSES 1) Double check all controlled drugs priof 2) Check entries in every section to avoic 3) In the event of non-administration of a 4) Drug administration to be carried out a 5) Check all instructions carefully for specific production of the second of the	by a clear diagonal line in laropic Drugs will be discont written on medication charter to administration as per placed on the company of the	RED across of tinued after 7 rt. policy. priate box, defined agonal line a	drug ordered days unless ue to fasting across drug o	a new order is we tetc and enter 'R'	ritten. ' if patient ref	
STA	AT DOSES	-	•			
DATE TIME		ROUTE	DR'S SIG	N DATE	TIME	GIVEN CHECKED
				<u> </u>		
PRE-MEDICATIO	N					
		1 1	1	1 1		