Inpatient Prescription Sheet

East Surrey NHS
Primary Care Trust

PRESCRIBER'S NOTES

1. Use patient name stickers on charts whenever possible.
2. Ensure the Hospital Number is on the chart.
3. Write clearly in BLOCK CAPITAL LETTERS using **black ink**.
4. Use approved names for drugs unless advised to use propriety names by the BNF.
5. Do not abbreviate drug names.
6. Always write 'micrograms' or 'units' in full, do not abbreviate them.
7. Indicate route and times of administration.
8. Re-write all amendments to prescriptions.
9. Discontinue a drug by crossing through name of drug, sign then date then cross thorugh the administration section.
10. Where the number of products for a patient requires the use of multiple drug charts, complete the full patient details on each chart and number them, 1 of 2, 2 of 2, etc.

ADMINISTRATION NOTES

1. Check the entries in every section to avoid omissions. Check for allergies.
2. Check and follow any Pharmacist's instructions.
3. Initial in **black ink** the correct box in the administaration section when you haave administered the drug.
4. Enter the appropriate code in the box if you do not administer a drug.
5. If the drug is not in stock, consider how you can obtain it and the consequences of not administering it.

ONCE ONLY PRESCRIPTIONS (INCLUDING PRE-MEDICATION)

Date	Time	Drugs	Dose	Route	Additional Instructions	Signature	Time Given	Given by	Pharm

ORAL ANTICOAGULANT			Date ↓ and Month →												
Drug		INR													
Indication		Dose													
Target INR	Time	Doctor's Initials													
Signature	Pharm	Given by													

REGULAR PRESCRIPTIONS (FOR INSULIN SEE NOTE OPPOSITE)			Times	Insert Times	Date ↓ and Month →													
Drug	Dose		02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions	Pharm		22															
Drug	Dose		02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions	Pharm		22															
Drug	Dose		02															
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Drug	Dose		02															
			08															
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Drug	Dose		02															
			08															
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Signature	Route	Date Started	12															
			18															
Additional Instructions	Pharm		22															
Drug	Dose		02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions	Pharm		22															

Admission Date	Sheet No.	Pharmacy Use		Fix Addressograph here or Enter Patient Details
Ward		Height	Weight	Hosp. No.
				Surname
Consultant		Allergies / Idiosyncrasies		First Names
				Addresses
Diet				Date of Birth Sex

REGULAR PRESCRIPTIONS (FOR INSULIN SEE NOTE OPPOSITE)			Times	Insert Times	Date ↓ and Month →													
Drug		Dose	02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions		Pharm	22															
Drug		Dose	02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions		Pharm	22															
Drug		Dose	02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions		Pharm	22															
Drug		Dose	02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions		Pharm	22															
Drug		Dose	02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions		Pharm	22															
Drug		Dose	02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions		Pharm	22															
Drug		Dose	02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions		Pharm	22															
Drug		Dose	02															
			08															
Signature	Route	Date Started	12															
			18															
Additional Instructions		Pharm	22															

AS REQUIRED PRESCRIPTIONS	Date	Time	Dose	Given	Date	Time	Dose	Given	Date	Time	Dose	Given	Date	Time	Dose	Given
Drug / Dose																
Signature / Route / Date / Pharm																
Additional Instructions / Max Frequency																
Drug / Dose																
Signature / Route / Date / Pharm																
Additional Instructions / Max Frequency																
Drug / Dose																
Signature / Route / Date / Pharm																
Additional Instructions / Max Frequency																
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Additional Instructions / Max Frequency																
Drug / Dose																
Signature / Route / Date / Pharm																
Additional Instructions / Max Frequency																

INSULIN When prescribing regular or sliding scale insulin, the separate chart designed for that purpose should be used. To ensure administration, it is essential that an entry is made on a regular prescription section of this chart stating insulin TYPE and 'SEE INSULIN CHART'.

NB Nursing Staff

Record administration of a drug by initiallling the administration box
When a drug is not administered record the reason by entering the appropriate number in the administration box

1. Patient Nil by Mouth
2. Refused
3. Drug not available
4. Patient unavailable
5. Patient's condition too poor
6. Drug incorrectly prescribed
7. Self administered

DETAILS OF MEDICATION STARTED OR STOPPED ON OR SINCE ADMISSION

Only include decisions that are likely to affect PrimaryCare prescribing decisions

Date Start	Date Stop	Drug Name	Reason	Duration	Signature

DISCHARGE PLANNING to be completed by the pharmacist / technician

Checklist for assessing pharmaceutical risk:

1) **Living arrangements.** Patient is expected to return to:
- a) Live alone [3]
- b) Live with relatives [1]
- c) Sheltered accommodation [2]
- d) Residential home [0]
- e) Nursing home [0]
- f) Unknown [3]

2) **Patient condition.** On admission patient:
- a) Is confused [1]
- b) Is very confused [1]
- c) Has poor sight [1]
- d) Has poor manual dexterity [1]
- e) Has poor mobility [1]
- f) Has language problem [1]

Add scores in squaare brackets together TOTAL=
if greater than six for discharge counselling/planning

3) **Number of medicines.** Patient is currently taking:
- a) No medecines [0]
- b) 1-3 medicines [1]
- c) 4-6 medicines [2]
- d) more than 6 medicines [3]

4) **Medication problems.** Reason for admission is because of:
- a) Poor compliance with medication [3]
- b) Side effects of medication [3]
- c) Assessment of medication [1]
- d) Other drug related problems [1]
- e) Patient having falls [1]
- f) None of these [0]

Done ☐

Initial box when completed

TTO taken to pharmacy ☐ Date _____

PODs - reuse ☐

destroy ☐

Inhaler technique checked ☐

Warfarine counselling done ☐

Any other requirements _____

_____

INTRAVENOUS THERAPY

For infusion fluids, blood and plasma, and drugs by intermittent and continuous infusion. Bolus Injections on regular section.

I.V. Sheet No.

Surname

Forename

Ward

Date	I.V. Solution	Vol	Proposed Time Start	Duration	Additives	Dose	Prescriber's Signature	Batch No.	Time Started	Given By / Checked By	Time Finished	Pharm

NHRO 4994