8 Day National Medication Chart

		First prescriber t	to write patien	t's name and NI	11:	
Chart of	onth Year	Given Name:	G	Gender:		
Special Care Required	Suppleme	ntary Medicine Charts	Admission Medi	icine Reconciliation		
Renal impairment Hepatic impairment Pregnancy Breastfeeding Anticoagulation Other Sample signatures –	Heparir Warfarii Other	n 	Signature Discrepancie Signature	cies identified Date cies reconciled Date Date Date Date		
Name & Reg No. (family & given)	S	ignature		Contact No.		

Sample initials – Administrators/Others

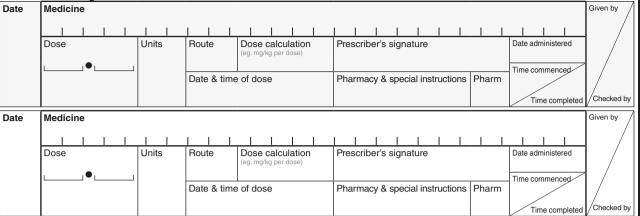
Name & Reg No. (family & given)	Initials	Name & Reg No.	Initials

NMC8D February 2020

Weight (kg)	Date		Family Name:									
Weight (kg		Date			me:								
	I age at birth (weeks)	Daid		-	ATIENT LABEL HE								
	-												
)				irth:	NHI#:							
BSA (m²) _	jies & Adverse I		ne										
	ion / other	Reac		New this admission	Medication / other	Reaction	New this admission						
Signatu	re				Date								
0													
Date	e Only Medicine						Given by						
	Dose	Units		Dose calculation (eg. mg/kg per dose)	Prescriber's signature	Date administer	red						
	·● ()		Date & time	of dose	Pharmacy & special instruct	tions Pharm	ed						
						Time com	pleted Checked by						
Date	Medicine						Given by						
	Dose	 Units	Route	Dose calculation	Prescriber's signature	Date administer	red						
	●			(eg. mg/kg per dose)		Time commenc	ed						
			Date & time	of dose	Pharmacy & special instruct	tions Pharm							
Date	Medicine					Time com	pleted / Checked by Given by						
		1 1		1 1 1 1									
	Dose	Units		Dose calculation (eg. mg/kg per dose)	Prescriber's signature	Date administer	red						
	·● ·		Date & time	of dose	Pharmacy & special instruct	tions Pharm	ed						
						Time com	pleted Checked by						
Date	Medicine						Given by						
	Dose	I I Units		I I I Dose calculation	Prescriber's signature	Date administer	red						
	·●			(eg. mg/kg per dose)		Time commenc	ed /						
			Date & time	of dose	Pharmacy & special instruct		Chasted by						
Date	Medicine					Time com	pleted / Checked by Given by						
	Dose	Units		Dose calculation (eg. mg/kg per dose)	Prescriber's signature	Date administer	red						
	└────」● └────」		Date & time	of dose	Pharmacy & special instruct	tions Pharm	ed						
						Time com	pleted Checked by						
Date	Medicine						Given by						
	Dose	 Units		Dose calculation	Prescriber's signature	Date administer	red						
	·●			(eg. mg/kg per dose)		Time commenc	ed /						
			Date & time	of dose	Pharmacy & special instruct	tions Pharm							
Date	Medicine					Time com	pleted / Checked by Given by /						
	Dose	Units		Dose calculation (eg. mg/kg per dose)	Prescriber's signature	Date administer	red						
	└ ● ()		Date & time	of dose	Pharmacy & special instruct	tions Pharm	ed						
						Time com	pleted Checked by						

DO NOT WRITE IN THIS AREA

Once Only



Verbal Orders (must be signed as soon as possible or within 24 hours of order)

Date & Time	Mee	Nedicine															Given by																	
																		1					1											
	Dos	se				l	Jnits		R	Route Dose calculation (eg. mg/kg per dose)					1	Date	& tir	ne	of do	se		Initials: Nurse Tir						Time commenced						
	 ,											(eg.	шу/қ	y per	i uo	150)								Initi	als	: Wit	tnes	S	Tin	Time completed				/
									Ρ	rescr	ribe	r's n	ame	Э			I	Pres	cribe	r's	signa	atur	е	Pha	arm	acy	& s	pecia	l inst	ruc	tions	Pha	rm	
											_																							Checked by
Date & Time	Mee	dicir	ne																															Given by
								1										1	1				1											
	Dos	se				l	Jnits		R	Route Dose calculation (eg. mg/kg per dose)				1	Date & time of dose			Initials: Nurse Time co						comr	mmenced									
	 ,											(eg.	шу/қ	y per	r uo	150)					Initials: Witness Time co						comp	leted		1 /				
			_						Ρ	rescr	ribe	r's n	ame	Э			ł	Pres	cribe	r's	signa	atur	e	Pha	arm	acy	& s	pecia	l inst	ruc	tions	Pha	rm	
																																		/ Checked by
Date & Time	Mee	dicir	ne																															Given by
										1								1					1											
	Dos	se				ι	Jnits		R	loute						ation	[Date	& tir	ne	of do	se		Initi	als	: Nu	rse		Tin	ne	comr	nence	d	
												(eg.	mg/kę	y per	1 UO	ise)								Initi	als	: Wit	tnes	s	Tin	ne	comp	leted		
						1			Ρ	rescr	ribe	er's n	ame	Э			I	Pres	cribe	r's	signa	atur	е	Pha	arm	acy	& s	pecia	l inst	ruc	tions	Pha	rm	
																																		Checked b

Oxygen Therapy

Remember: to document oxygen administration on the patient's Vital Signs chart (L/minute)

Target oxygen saturat	tion (%):	B8-92% For most acutely un	well patients	92-96% For those at risk	of hypercapnic failure	Other				
Start date	Device/delive	ry	Flow rate range	/ FiO ₂	Signature	Stop date				

ONCE ONLY / VERBAL ORDERS / OXYGEN