



MEDICATION CHART

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Reason for not administering Codes MUST be circled	
Absent	(A)
Fasting	(F)
Refused – notify prescriber	(R)
Vomiting	(V)
On leave	(L)
Not available – obtain supply or contact prescriber	(N)
Withheld – enter reason in clinical record	(W)
Self administered	(S)

Special Instructions (if applicable):

 Date:.....
 Drs signature:.....
 Print Name:.....
 Contact Number:.....

HSS UR Number (if known):
 Surname:
 Given Name:
 Home Address:
 Sex:
 D.O.B: Weight (if required):

Allergies and Adverse Drug Reactions (ADR)		
Medicine (or other)	Reaction / type / date	Initials

Nil Known Unknown (tick appropriate box or complete details below)
 Sign Print Date

IV Access Details (if applicable): PICC Yes No Date of Last Dressing:/...../..... Portacath/Infusaport Yes No Needle Size: Peripheral Cannula Yes No

Medicines required to be administered (Prescriber must enter administration times)			Record of drug administration														
Year 20.....			Date Admin Time														
Date	Medicine (print generic name)	Tick if Slow Release	Last Dose Given Prior to Transfer (Date/Time):														
Route	Dose	Frequency															
Indication																	
Commence Date		Cease Date															
Prescriber Signature		Print your name	Contact														
Date	Medicine (print generic name)	Tick if Slow Release	Last Dose Given Prior to Transfer (Date/Time):														
Route	Dose	Frequency															
Indication																	
Commence Date		Cease Date															
Prescriber Signature		Print your name	Contact														
Date	Medicine (print generic name)	Tick if Slow Release	Last Dose Given Prior to Transfer (Date/Time):														
Route	Dose	Frequency															
Indication																	
Commence Date		Cease Date															
Prescriber Signature		Print your name	Contact														

HSS Medication Chart V.2.02 Adapted from the National Inpatient Medication Chart (NIMC) July 2021