

Patient name:					ADULT PRESCRIPTION AND ADMINISTRATION CHART: FOR MEDICINES GIVEN BY SYRINGE OR INFUSION PUMP														
Date of b	irth:	•••••			.501		,			O. 1,7 t.1 t.			7.025				•····	00.0	
CHI No:			Affix patien	t label	Patient's weight and height Weight (kg) Height (cm)			For guidance on completion of this chart, refer to the front of the prescription pad. Ensure the medicine is also prescribed on the Kardex.											
1 Pre	scriptio	on details	_													Nursir	ng sta	iff to cor	nplete
Medicine		Total medi	amount of cine in syrin _t cify units (e. _t	ge/bag	Name of diluent (if applicable) Total volume in syringe or bag (ml)		Drug concentration (e.g. mg/ml)				escriber's signature, PRINTED name and designation				Syringe or infusion pump model and medical physics number				
2 Flo	w rate	details										3 Pre	paration a	and pun					
	Date	Start time	Drug dose per hour	Required flow rate setting (ml/hr)	e	onal instructions		Prescriber's signature PRINTED name and designation		Calculat verified	***************************************		Date	Time	and _l	ration pump up by	syrin	ume in nge/bag -priming)	Checked by
Initial rate Change 1												Initial prep Repeat 1							
Change 2												Repeat 2							
Change 3												Repeat 3							
Change 4												Repeat 4							
4 Adn Date	ninistra Time	tion deta Volume	nils (comp		URLY) ate setting	Checked by		Comments	Date	Time	Vo	olume	Total	Rate se	tting	Checked	d by	Comi	ments
		remaining	yolui infus		ml/hour)						rem	naining	volume infused	(ml/ho	our)				
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Patie	nt name:													
Date	of birth:			ADUL	T PRESCRIPTI	ON AND ADMINIST	RATIO	N CHAR	T: FOR M	EDICINES (GIVEN BY S	YRINGE OR	INFUSION PUIV	
CHI N	o:													
			Affix patien	Nan t label	ne of medicine	prescribed in sectio	n 1 (nur	se to co	mplete) :				_	
Ad	Administration details - continued (complete HOURLY)													
ate	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	
						*								
DISC	ONTIN	ΙΙΔΤΙΩΝ												

Date:

Time:

Approved by: NHSGGC Safer Use of Medicines Committee, Jan 2015 Review date: Jan 2016 PECOS number: 224682

Prescriber's signature, PRINTED name and designation: