

Patient name:

Date of birth:

CHI No:

Affix patient label

ADULT PRESCRIPTION AND ADMINISTRATION CHART: FOR MEDICINES GIVEN BY SYRINGE OR INFUSION PUMP

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 Prescription details							Nursing staff to complete
Medicine	Total amount of medicine in syringe/bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in syringe or bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number

2 Flow rate details							3 Preparation and pump set up details						
	Date	Start time	Drug dose per hour	Required flow rate setting (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	Calculation verified by		Date	Time	Preparation and pump set up by	Volume in syringe/bag (Post-priming)	Checked by
Initial rate								Initial prep					
Change 1								Repeat 1					
Change 2								Repeat 2					
Change 3								Repeat 3					
Change 4								Repeat 4					

4 Administration details (complete HOURLY)													
Date	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

