

Affix patient identification label here

Attach ADR sticker

See front page for details

As required PRN medicines

URN:
Family name:
Given names:
Address:
Date of birth: Sex: M F

Weight (kg):
Date weighed:
Ward/unit:

First prescriber to print patient name and check label correct:

Table with 5 rows for medicine administration. Columns include Date, Medicine (print generic name), Dose, Hourly frequency, Max PRN dose/24 hrs, Route, Time, Indication, Dose calculation, Pharmacy/additional information, Prescriber signature, Print your name, Contact/pager, Sign, Continue on discharge?, Dispense?, Duration, and Date.

DO NOT WRITE IN THIS BINDING MARGIN (two vertical lines)

National Paediatric Medication Chart: Version 4: 03/19 - 20001523



Paediatric Medication chart number of

Facility/service:
Ward/unit:
Additional charts: IV fluid, BGL/insulin, Acute pain, IV heparin, Inhalation, Palliative care, Chemotherapy, Other

Once only medicines table with columns: Date prescribed, Medicine (print generic name), Route, Dose, Date/time to be given, Prescriber (Signature, Print your name), Dose calc, Given by, Date/time given, Pharm

Telephone orders (to be signed within 24 hours of order)

Telephone orders table with columns: Date time, Medicine (print generic name), Route, Dose, Frequency, Check initials (N1, N2), Prescriber name, Pres. sign, Date, Record of administration (Time/given by)

Medicines taken prior to presentation to hospital table with columns: Medicine and formulation, Dose and frequency, Duration

GP:
Community pharmacy:
Sign:
Print:
Date:
Medicines usually administered by:

NOT A VALID ORDER UNLESS LEGIBLE

Check if patient has another Medication Chart

Hospital Only Prescription

Check if patient has another Medication Chart

Hospital Only Prescription

Not for administration (watermark)

Affix patient identification label here and overleaf

Attach ADR sticker

Allergies and Adverse Drug Reactions (ADR)

Nil known Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction / type / date	Initials

COMPLETE ALERT SHEET IN MEDICAL RECORD

Sign Print Date

URN: _____

Family name: _____

Given names: _____

Address: _____

Date of birth: _____

Sex: M F

Not a valid
prescription unless
identifiers present

First prescriber to print patient name and check label correct:

Weight (kg):

Height (cm):

Date weighed:

BSA (m²):

Gestational age at birth (wks):

Regular medicines

Year 20 _____ Date and month _____

PRESCRIBER MUST ENTER administration times

Date	Medicine (print generic name)	Route	Dose	Frequency and NOW enter times	Pharmacy/additional information	Indication	Dose calculation (eg. mg/kg per dose)	Prescriber signature	Print your name	Contact/pager	Continue on discharge? Yes / No	Dispense? Yes / No	Duration:days Qty:

Pharmaceutical review: _____

Recommended administration times
Guidelines only

Morning	Mane	0800			
Night	Nocte		1800	or 2000	
Twice a day	BD	0800		2000	
Three times a day	TDS	0800	1400	2000	
Regular 6 hourly	6 hrly	0600	1200	1800	2400
Regular 8 hourly	8 hrly	0600	1400	2200	
Four times a day	QID	0800	1200	1700	2100

SR = Sustained, modified or controlled release formulation.
If scored tablet, then half can be given.
Dose must be swallowed without crushing.

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)
Parent/Carer administered	(P)

Regular medicines

Year 20 _____ Date and month _____

PRESCRIBER MUST ENTER administration times

Date	Medicine (print generic name)	Route	Dose	Frequency and NOW enter times	Pharmacy/additional information	Indication	Dose calculation (eg. mg/kg per dose)	Prescriber signature	Print your name	Contact/pager	Continue on discharge? Yes / No	Dispense? Yes / No	Duration:days Qty:

Pharmaceutical review: _____

NOT A VALID ORDER UNLESS LEGIBLE

Check if patient has another Medication Chart

Hospital Only Prescription

Check if patient has another Medication Chart

Hospital Only Prescription