ADDRESSOGRAPH

Surname: _____

First Names: _____

Date of Birth: / /

Hospital Number: _____

NHS Number: _____

Date of Admission	Weight (kg)	Height (cm)	BSA (m^2)
/ /			.

Allergies

Allergy	Reaction Type

COMPLETE BEFORE DRUG ADMINISTRATION

PRESCRIPTION CHART INFORMATION

Ward: _____

Consultant: _____

Pharmacy Cost Centre: _____

Chart rewritten by: _____

Date: / /

Chart No: ☐ of ☐

ADMISSION CHECKLIST - complete on clerking

1. Has a venous thromboembolism (**VTE**) risk assessment been completed? Yes ☐ No ☐ If not, why? _____
2. Has the indication and suggested length of treatment been documented for all **antibiotics**? Yes ☐ No ☐ If not, why? _____
3. Have **allergies** and **reaction** type been docmented? Yes ☐ No ☐ If not, why? _____

Admitting Doctor Name

Admitting Doctor Signature

ONCE ONLY MEDICINES

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber's Signature	Time Given	Given By	Pharmacy

Contents

3 Anti-thrombotics
Insulin sliding scale
Oxygen
Variable dose prescriptions

5 Anti-infectives
Regular prescriptions

11 As required prescriptions

13 Infusions

Back
Medicine reconciliation

ADDRESSOGRAPH

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Allergies

Allergy	Reaction Type

COMPLETE BEFORE DRUG ADMINISTRATION

ANTI-THROMBOTIC THERAPY

INTERMITTENT MECHANICAL COMPRESSION

Date:

Start date | Stop date

Name | Signature

Additional information

ANTI-EMBOLISM STOCKINGS

Date:

Start date | Stop date

Name | Signature

Additional information

HEPARIN / LOW MOLECULAR WEIGHT HEPARIN

Date:

MEDICINE (Approved name)

D O S E | units mg | Start date | Name | Signature | Bleep

Additional information | Pharmacy

WARFARIN

Date:

Indication

Target INR | Start date

Name | Dose time: 18

Signature | Bleep

INR	
Dose (mg)	
Prescribers initials	
Given by	

Additional information | Pharmacy

OXYGEN

Date:

TARGET OXYGEN SATURATION

88 - 92 % - (For most acutely unwell patients)

94 - 98 % - (For those at risk of hypercapnic failure)

Continuous | Intermittent | Humidification

Name | Signature

Additional information

INSULIN SLIDING SCALE

Date:

Use 50u of Actrapid insulin made up to 50ml sodium chloride 0.9% ☐

Alternative insulin

Blood glucose range (mmol/l)	Rate of insulin administration (units/hour)		
	Standard	1	2
0 - 3.9	0.5		
4 - 7.9	1		
8 - 11.1	2		
12 - 15.9	4		
16 - 19.9	6		
>24	8		
	10		

Additional information

Name	Name	Name
Signature	Signature	Signature

VARIABLE DOSE

MEDICINE (Approved name)

Date →

Route

Name

Signature

Pharmacy

	Start	Change	Change	Change
Date →				
Time ↓	Dose	Dose	Dose	Dose

Additional information

MEDICINE (Approved name)

Date →

Route

Name

Signature

Pharmacy

	Start	Change	Change	Change
Date →				
Time ↓	Dose	Dose	Dose	Dose

Additional information

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/ /			.

Allergies

Allergy	Reaction Type

COMPLETE BEFORE DRUG ADMINISTRATION

ANTI-INFECTIVE AGENTS

Prescriber to review every third day and initial in red outlined box

MEDICINE (Approved name)

D O S E microgram mg g units Other

OD BD TDS QDS Other | Route

Indication | Duration

Name | Signature | Bleep

Date														
Day #	1	2	3	4	5	6	7	8	9	10	11	12	13	14
08														
12														
18														
22														

Additional information | Pharmacist Initials

MEDICINE (Approved name)

D O S E microgram mg g units Other

OD BD TDS QDS Other | Route

Indication | Duration

Name | Signature | Bleep

Date														
Day #	1	2	3	4	5	6	7	8	9	10	11	12	13	14
08														
12														
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Additional information | Pharmacist Initials

MEDICINE (Approved name)

D O S E microgram mg g units Other

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Indication | Duration

Name | Signature | Bleep

Date														
Day #	1	2	3	4	5	6	7	8	9	10	11	12	13	14
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Additional information | Pharmacist Initials

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Name | Signature | Bleep

Date														
Day #	1	2	3	4	5	6	7	8	9	10	11	12	13	14
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Additional information | Pharmacist Initials

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Indication | Duration

Name | Signature | Bleep

Date														
Day #	1	2	3	4	5	6	7	8	9	10	11	12	13	14
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MEDICINE (Approved name)

D O S E microgram mg g units Other

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Indication | Duration

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Additional information | Pharmacist Initials

ADDRESSOGRAPH

Surname: _____

First Names: _____

Date of Birth: / /

Hospital Number: _____

NHS Number: _____

Date of Admission	Weight (kg)	Height (cm)	BSA (m²)
/ /			

Allergies

Allergy	Reaction Type

COMPLETE BEFORE DRUG ADMINISTRATION

REGULAR PRESCRIPTIONS

Date:

MEDICINE (Approved name): EXAMPLE

D: 1 S: 5 O: 0 E: microgram mg g units Other

OD BD TDS QDS Other

Route: PO

Name: A. Doctor Signature: Bleep: 4528

New ✓ Start date: 31/03 Additional information: After food Pharmacist Initials: A. Name

10	CS MH X CS
08	
12	CS OG CS
18	MH OG MH
22	

MEDICINE (Approved name)

D O S E microgram mg g units Other

OD BD TDS QDS Other Route

Name Signature Bleep

New ☐ Start date Additional information Pharmacist Initials

MEDICINE (Approved name)

D O S E microgram mg g units Other

OD BD TDS QDS Other Route

Name Signature Bleep

New ☐ Start date Additional information Pharmacist Initials

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D O S E microgram mg g units Other

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New ☐ Start date Additional information Pharmacist Initials

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REGULAR PRESCRIPTIONS

Date:

MEDICINE (Approved name)

D O S E microgram mg g units Other

OD BD TDS QDS Other Route

Name Signature Bleep

New ☐ Start date Additional information Pharmacist Initials

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/ /			.

Allergies

Allergy	Reaction Type

COMPLETE BEFORE DRUG ADMINISTRATION

REGULAR PRESCRIPTIONS

Date:

MEDICINE (Approved name)

D O S E microgram mg g units Other

OD BD TDS QDS Other Route

Name Signature Bleep

08 12 18 22

New Start date Additional information Pharmacist Initials

MEDICINE (Approved name)

D O S E microgram mg g units Other

OD BD TDS QDS Other Route

Name Signature Bleep

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New Start date Additional information Pharmacist Initials

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New Start date Additional information Pharmacist Initials

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/ /			.

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REGULAR PRESCRIPTIONS

Date:

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D O S E microgram mg g units Other

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OD BD TDS QDS Other Route

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08 12 18 22

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Date of Admission	Weight (kg)	Height (cm)	BSA (m^2)
/ /			.

Allergies

Allergy	Reaction Type

COMPLETE BEFORE DRUG ADMINISTRATION

AS REQUIRED PRESCRIPTIONS

MEDICINE (Approved name)

D O S E microgram mg g units Other

Max Frequency | Route | Indication

Name | Signature | Bleep

Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given

New ☐ Additional information | Pharmacist Initials

MEDICINE (Approved name)

D O S E microgram mg g units Other

Max Frequency | Route | Indication

Name | Signature | Bleep

Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given

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Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given

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D O S E microgram mg g units Other

Max Frequency | Route | Indication

Name | Signature | Bleep

Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given

New ☐ Additional information | Pharmacist Initials

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Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given	Date	Time	Dose	Route	Given

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Allergies

Allergy	Reaction Type

COMPLETE BEFORE DRUG ADMINISTRATION

INFUSIONS AND BLOOD COMPONENTS

Date	Fluid or blood / blood component	Medicine added and dose	Final Vol (mls or mm if syringe)	Route	Rate (ml/hr) or (mm / hr) or duration (hrs / mins)	Batch or blood component unit number	Nurse's signatures	Start / Finish time	Vol. given	Pharmacy

INFUSIONS AND BLOOD COMPONENTS

Date	Fluid or blood / blood component	Medicine added and dose	Final Vol (mls or mm if syringe)	Route	Rate (ml/hr) or (mm / hr) or duration (hrs / mins)	Batch or blood component unit number	Nurse's signatures	Start / Finish time	Vol. given	Pharmacy

MEDICINE RECONCILIATION

GP contact details

Carer's contact details

Compliance aids in use

Source of medication history: Patient ☐ GP ☐ PODS ☐ TTA ☐ Carer ☐ Other: ☐

MEDICINES NORMALLY TAKEN AT HOME / CHANGES IN THERAPY SINCE ADMISSION

Medicine	Dose	Frequency	Withheld	Stopped	Dose changed to	Reason for change
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		

Checked by: Name | Date

Chart transcription checked by: Name | Date

EDC written by: Name | Date

COMMUNICATIONS TO TEAM

SMARTPHONE LINKS

Adult BNF

Paediatric BNF

Anti-biotic guidelines

Prescription chart user guide & feedback