

P26

Drug	Reaction	Date
Nil known		
Sign		

Dr. to print Patient's name:  
 ADDITIONAL CHARTS  
 IV Fluid  BSN/Insulin  Acute Pain  Other  
 Palliative Care  Chemotherapy  IV Heparin

**REGULAR MEDICATIONS**

YEAR 2004	DATE & MONTH	DOCTORS MUST ENTER administration times
Date	23/1/04	1800
Route	PO	
Pharmacy	1800	
Dr. Signature		
Print Name	Z. I. A.	
Discharge Supply		
Additional Instructions		
Date	23/1/04	1800
Route	PO	
Pharmacy	1800	
Dr. Signature		
Print Name	Z. I. A.	
Discharge Supply		
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Dr. Signature		
Print Name	Z. I. A.	
Discharge Supply		
Additional Instructions		

WARFARIN EDUCATION RECORD

Sign \_\_\_\_\_ Date \_\_\_\_\_

Green Warfarin Book Sign \_\_\_\_\_ Date \_\_\_\_\_

RECOMMENDED ADMINISTRATION TIMES

Morning	Night	Twice a day	Three times a day	Antibiotic CBX	Four times a day

REASON FOR NURSE NOT ADMINISTERING

Codes MUST be circled

Absent	(A)
Fasting	(F)
Refused - notify Dr	(R)
Vomiting	(V)
On leave	(L)
Not available - obtain supply or contact Dr	(N)
Withheld - Enter reason in Clinical Record	(W)
Self Administering	(S)

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