

Prescribed Medication Administration Chart

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<u>Patient details/label</u>		<u>Hospital Doctor maintaining Clinical Governance post discharge:</u>		Allergies and adverse drug reactions <input type="checkbox"/> Nil known <input type="checkbox"/> Known (Complete details below for known)			
Surname:		Name:		Medicine (or other allergen)		Reaction/date	Sign
Given names:		Phone:                      Pager:					
DOB:		Signature:					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Authority to remove PICC Line (if known at time of referral): Date of PICC line removal:					
Address:		Name:					
State:		Signature:					
Phone number:		GP details: Name: Phone:					
Postcode:							

Medication chart number ..... of .....  
 Hospital: .....  
 Ward/Unit: .....  
 Phone: ..... Fax: .....

**IV ACCESS DETAILS:**  PICC     Cannula     Hickman's    **Date inserted:** .....    **Date of last dressing:** .....

**PICC length (cm):** .....    **Arm circumference (cm) on d/c:** .....

Date of first hospital dose of IV antibiotics: .....    First doses of IV antibiotics administered in hospital without adverse event (tick):  Yes  No

**Please tick requested infuser device:**  Baxter infuser  Sapphire Pump.

**Ensure dose frequency indicates: 24 hour infusion/ Short Infusion ( specify time required ) /IV Push**

Normal saline flush standing order: Doctor must sign for all IV medication orders to allow community nurse to administer IV push/flush.

Date:	Dose	Date given	Time given	Nurse Signature	Date given	Time given	Nurse Signature	Date given	Time given	Nurse Signature	Date given	Time given	Nurse Signature	Date given	Time given	Nurse Signature	Date given	Time given	Nurse Signature	
Medicine (print generic name)																				
Start Date:    Cease Date:		Route																		
Doctors Name:    Doctors Signature:		Frequency																		
Date:		Dose																		
Medicine : (Normal Saline) 0.9% Sodium Chloride for injection																				
Start Date:    Cease Date:		Route																		
Doctors Name:    Doctors Signature:		Frequency																		