


NOT VALID UNLESS LEGIBLE



Health
South Western Sydney
Local Health District

**PRIMARY AND COMMUNITY
HEALTH MEDICATION CHART
OF _____**

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
 Nil known Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Date	Initials

COMPLETE ALERT IN eMR

Sign _____ Print _____ Date _____

SURNAME	MRN
OTHER NAMES	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O. _____
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

1st Prescriber to Print Patient Name and Check Label Correct: _____ Weight (kg) _____ Height (cm) _____ B.S.A.(m²) _____ Gestation Age (wks) _____

REGULAR MEDICATIONS				REGULAR MEDICATIONS			
YEAR 20__				DATE →			
Medicine (Print Generic Name)			Dose				
Route	Frequency	No. of dose	Start date	DATE →			
Indication							
Prescriber Signature		Print Name	Date prescribed	DATE →			
YEAR 20__				DATE →			
Medicine (Print Generic Name)			Dose				
Route	Frequency	No. of dose	Start date	DATE →			
Indication							
Prescriber Signature		Print Name	Date prescribed	DATE →			

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Medicine (Print Generic Name)	Route	Dose	Hourly Frequency	PRN	Date													
Indication	Max PRN Dose/24hrs				Time													
Prescriber Signature	Print Name		Date		Sign													
Medicine (Print Generic Name)	Route	Dose	Hourly Frequency	PRN	Date													
Indication	Max PRN Dose/24hrs				Time													
Prescriber Signature	Print Name		Date		Sign													
Medicine (Print Generic Name)	Route	Dose	Hourly Frequency	PRN	Date													
Indication	Max PRN Dose/24hrs				Time													
Prescriber Signature	Print Name		Date		Sign													

PRN & Telephone Order Only

TELEPHONE ORDERS (medical order to be obtained within 24 hours)

Date Time	Medication (Print Generic Name)	Route	Dose	Frequency	Nurse Initials	Prescriber Name	Prescriber Sign	Date	RECORD ADMINISTRATION				
									Time/given by:	Time/given by:	Time/given by:	Time/given by:	