



Health
Sydney
Local Health District

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 SHEET IN MEDICAL RECORD

Sign Print Date

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O. NOT A VALID	
ADDRESS		PREScription UNLESS IDENTIFIERS PRESENT
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)

Gestational Age (wks)

Date	WARFARIN (Marevan/Coumadin) select brand		Date									WARFARIN EDUCATION RECORD Patient Educated by: Sign: Date: Given Warfarin Book: Sign: Date:	VARIABLE DOSE MEDICINE
Route	Prescriber to enter individual doses	Target INR Range	INR Result										
Indication		Pharmacy	Dose	mg	mg	mg	mg	mg	mg	mg	mg		
Prescriber Signature		Prescriber Name	Contact Nr	Prescriber									
1600 (Nurse1)													
Nurse 2													

Medication (Print Generic Name)				Date																AS REQUIRED "PRN" MEDICINES
Route	Dose	Hourly Frequency	Max Dose/24 hrs	Time																
Indication		Pharmacy		Dose Route																
Prescriber Signature		Print Name		Date	Sign															
Medication (Print Generic Name)				Date																
Route	Dose	Hourly Frequency	Max Dose/24 hrs	Time																
Indication		Pharmacy		Dose Route																
Prescriber Signature		Print Name		Date	Sign															
Medication (Print Generic Name)				Date																
Route	Dose	Hourly Frequency	Max Dose/24 hrs	Time																
Indication		Pharmacy		Dose Route																
Prescriber Signature		Print Name		Date	Sign															

ONCE OFF TELEPHONE ORDERS & NURSE INITIATED MEDICINES										"ONCE OFF" MEDICINES
(Telephone orders MUST be signed or new medication chart must be provided within 24 hours of order)										
Date Prescribed	Medicine \ (use generic name) Print	Route	Dose	Date/Time of Dose	Prescriber / Nurse Initiator (NI)		Phone order received by	Given by	Time Given	
					Signature	Print name				

NOT A VALID ORDER UNLESS LEGIBLE

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)

This form has a reverse side

BINDING MARGIN – NO WRITING

FILE IN CLINICAL RECORD

SAH650140 290519

AMR 145.000

Sign Print Date

1st Prescriber to Print Patient Name and Check Label Correct:

REGULAR MEDICATIONS

REGULAR MEDICATIONS 6 WEEK CHART

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)