

Appendix: Sample prescription form

The following sample prescription form gives examples of sections found in most hospital prescription forms.

Generic General Hospital NHS Trust Prescription and Administration Record

Date of admission 3 / 4 / 20 03

Date of planned discharge / / 20

TTOs written	TTOs received by pharmacy

(Space for patient identification label)

Name (Surname) NOTHER		Unit No. 0123456
First Names ANN	DOB 10/4/1945	
Consultant		
Ward 6H	Site	
Height 150 cm	Weight 65 kg	
House Officer ADOC	Bleep 1234	

Chart Number 1 of 1

Allergies, Drug Intolerances and other useful information

ELASTOPLAST – CONTACT DERMATITIS

MIGRAINE INDUCED BY CAFFEINE

Notes to prescribers

Write legibly in black ink and use approved names for all drugs (Except where trade names are essential).

Please avoid use of decimal point where possible.

Any changes in drug therapy must be ordered by a new prescription, DO NOT alter existing instructions.

This prescription sheet is valid for two weeks only.

Antibiotics:

Review IV antibiotics after 24 hours.

The IV route should be changed to oral as soon as clinically possible.

Please indicate a stop date when initiating oral treatment.

Pre-medication, Once only drugs and Prophylactic Antibiotics

Date	Time	Drug	Dose	Route	Signature	Given			Pharmacy
						Date	Time	Initials	
4/4	0800	TEMAZEPAM	10 mg	O	ADOC				
4/4	on induction	CEFUROXIME	1.5 g	IV	ADOC				
4/4	induction	METRONIDAZOLE	500 mg	IV	ADOC				
4/4	0800	BRUFEN	800 mg	O	ADOC				

Oxygen Therapy

Drug Oxygen Low concentration (Venturi Connector)			Date						
Concentration 24/28/31%	Frequency (Delete*)	PRN* or Continuous*	Time						
Target saturation	Signature	Start date	Given by						
Drug Oxygen Low concentration (Nasal cannulae)			Date						
Rate 1–4 litres/min	Frequency (Delete*)	PRN* or Continuous*	Time						
Target saturation	Signature	Start date	Given by						
Drug Oxygen Medium to High concentration			Date						
Rate 4–15 litres/min	Frequency (Delete*)	PRN*	Time						
Target saturation 95%	Signature ADOC	Start date 4/4	Given by						

When required medication

Drug				Date					
Dose	Frequency	Route	Start date	Time					
Additional instructions			Pharmacy	Dose					
Signature				Route					
				Given by					

Infusion Therapy

Each prescription is once only. A new prescription must be written if the infusion is repeated

Date	Infusion solution	Additives and dose	Volume	Rate	Route	Doctors's signature	Time started and stopped	Added by and given by	Pharmacy
4/4	N/SALINE		IL	6°	IV	ADOC	0800 1400	AN AN	
4/4	N/SALINE	+ 20mmol KCl	IL	8°	IV	ADOC			
4/4	GELOFUSINE		500mls	STAT	IV	ADOC			

Notes to nursing staff

1. Patient away from ward
2. Patient could not take drug or supplement (e.g. Nil by mouth, Vomiting)
3. Patient refused drug or supplement
4. Drug or supplement not available
5. Nursing decision (document in nursing records)
6. On instructions of doctor (document in nursing records)
7. Patient is self-administering medication or supplement
8. Not all drug or supplement taken

Warfarin at 6pm		Date									
Target INR/Indication	Start date	INR									
		Dose									
Signature	Pharmacy	Sig.									
		Given by									

[illegible]

Blood/Blood Components/Blood Products

Date	Type of Blood/ component/ product	CMV Neg Yes/No	Irradiated Yes/No	Volume	Rate	Doctor's Signature	Unit/Batch No.	Time started & stopped	Checked by and given by
4/4	PACKED RED CELLS	N	N	1 unit	4°	ADOC			
	FFP			1 bag	20 min	ADOC			

PCA and Epidural Prescriptions

				Syringe 1	Syringe 2	Syringe 3
Patient Controlled Analgesia				Date started		
Drug 1 & amount added MORPHINE 50mg		Drug 2 & amount added		Time started		
Diluent & syringe volume N/SALINE 50 ml		Loading dose NONE		Route IV		Signature
Background infusion NONE		PCA Bolus dose 1 mg		Lockout time 5 min	Time stopped	
					Stopped by	
Follow PCA guidelines, DO NOT GIVE OTHER SYSTEMIC OPIOIDS WHILST ON PCA						
Naloxone		Dose 400 mg	Route IV	Date		
If respiratory rate ≤ 8 per minute, or patient unrousable					Time	
Signature ADOC		Date 4/4	Pharm.	Given by		

				Syringe 1	Syringe 2	Syringe 3
Epidural Analgesia				Date started		
If epidural opioids administered, Do not give systemic opioids				Time started		
Drug 1 & Concentration		Drug 2 & Concentration		Signature		
		Route		Checked		
Diluent & syringe volume		Infusion rate		Date stopped		
				Time stopped		
Naloxone		Dose	Route IV	Date		
				Time		
If respiratory rate ≤ 8 per minute, or patient unrousable				Given by		
Ephedrine		Dose	Route IV	Date		
If required for severe or persistent hypertension				Time		
Signature		Date	Pharm.	Given by		