NOT VALID UNLESS LEGIBLE

NSW GOVERNMENT 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 class)	Reaction/Date	Initials

COMPLETE ALERT IN eMR

Sign _____ Print _____ Date _____

SURNAME	MRN
OTHER NAMES	☐ MALE ☐ 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)** _____

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

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:

PRN & Telephone Order Only

BINDING MARGIN – NO WRITING

FILE IN CLINICAL RECORD