



OFFICIAL: Sensitive/Medical in confidence

Attach ADR sticker

Affix patient identification label in this box

UR Number: ..... Do not hand write these details, except when adhesive barcode labels are unavailable
Surname: .....
Given name: ..... Not a valid prescription unless identifiers present
Second given name: .....
D.O.B.: ...../...../..... Sex/Gender:.....

Allergies and Adverse Drug Reactions (ADR)
Nil known Unknown (tick appropriate box or complete details below)
Medicine (or other) Reaction / type / date Initials
COMPLETE ALERT SHEET IN MEDICAL RECORD
Sign ..... Print ..... Date .....

First prescriber to print patient name and check label correct: Weight (kg):..... Height (cm): .....

Regular medicines

Table with columns for Year 20..., Date and month, Date, Medicine, Route, Dose, Frequency, Indication, Pharmacy, Prescriber signature, Contact, INR Result, Dose (mg), and Continue on discharge? Dispense? Duration: days Qty.

Anticoagulant education record
Medicine:.....
Education
Provided Declined
Not appropriate
Written information
Provided Declined
Written information provided:
CMI Other:
Signature:
Designation: Date:

Recommended administration times Guidelines only
Morning Mane 0800
Night Nocte 1800 or 2000
Twice a day BD 0800 2000
Three times a day TDS 0800 1400 2000
Regular 6 hourly 6 hrly 0600 1200 1800 2400
Regular 8 hourly 8 hrly 0600 1400 2200
Four times a day QID 0600 1200 1800 2200

SR = Sustained, modified or controlled release formulation.
Tick if slow release
If scored tablet, then half can be given.
Dose must be swallowed without crushing.

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)

NOT A VALID ORDER UNLESS LEGIBLE

DO NOT WRITE IN THIS BINDING MARGIN

SA Health
Revised August 2021

Refer overleaf for PRN medicines