Family Nursing & Home Care | Jersey Hospice Care | Jersey Care Federation | Primary Care Body | States of Jersey

ANTICIPATORY PRESCRIBING MEDICATION ADMINISTRATION RECORD

SURNAME: ____________________

FORENAMES: ____________________

ADDRESS: ____________________

____

URN: ______________ DOB: ______________

ADDRESSOGRAPH

GP NAME	
GP SURGERY	Tel no.
PALLIATIVE CARE KEY WORKER	Tel no.
WEIGHT (Kg)	

DRUG ALLERGIES & SENSITIVITIES

PLEASE CIRCLE AS APPROPRIATE

NONE KNOWN YES

SIGNED: ……………………………………..

NAME: ……………………………………..

DATE: ……………… ROLE: …………..

THIS SECTION SHOULD BE COMPLETED PRIOR TO ADMINISTRATION OF ANY MEDICINE

DRUG / ALLERGEN (describe reaction)

PRESCRIPTIONS FOR ONCE ONLY MEDICATIONS

DATE	MEDICINE (Approved Name)	DOSE	ROUTE	TIME TO GIVE	PRESCRIBER SIGNATURE	DATE	TIME GIVEN	GIVEN BY	CHECK BY

JUST IN CASE BOX INFORMATION (please tick)

JUST IN CASE BOX IN PLACE:

YES ☐ NO ☐

BOX NO. ……………..

DETAILS OF SUPPLEMENTARY CHARTS (please tick)

☐ SYRINGE PUMP

☐ SUPPLEMENTARY INFUSION CHART

☐ OTHER (specify) ………………………….

CHART RE-AUTHORISED (every 3 months)

PRESCRIBER SIGNATURE	DATE

AS REQUIRED MEDICINES

DATE	MEDICINE (Approved Name)			
	WATER FOR INJECTIONS			
PRESCRIBER SIGNATURE		INDICATION		
		DILUENT / FLUSH		

DATE										
TIME										
DOSE										
GIVEN BY										

DATE	MEDICINE (Approved Name)			
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HOURS	
PRESCRIBER SIGNATURE		INDICATION		

DATE										
TIME										
DOSE										
ROUTE										
GIVEN BY										

PATIENT'S NAME ………………………………………………. **DOB** ………………………… **URN** ……………………….

AS REQUIRED MEDICINES

DATE	MEDICINE (Approved Name)			DATE										
				TIME										
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HOURS	DOSE										
				ROUTE										
PRESCRIBER SIGNATURE		INDICATION		GIVEN BY										

DATE	MEDICINE (Approved Name)			DATE										
				TIME										
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HOURS	DOSE										
				ROUTE										
PRESCRIBER SIGNATURE		INDICATION		GIVEN BY										

DATE	MEDICINE (Approved Name)			DATE										
				TIME										
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HOURS	DOSE										
				ROUTE										
PRESCRIBER SIGNATURE		INDICATION		GIVEN BY										

DATE	MEDICINE (Approved Name)			DATE										
				TIME										
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HOURS	DOSE										
				ROUTE										
PRESCRIBER SIGNATURE		INDICATION		GIVEN BY										

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				ROUTE										
PRESCRIBER SIGNATURE		INDICATION		GIVEN BY										