ANTICIPATORY PRESCRIBING MEDICATION ADMINISTRATION RECORD

Family Nursing & Home Care | Jersey Hospice Care (your care, your choice, your time) | Jersey Care Federation | Primary Care Body | Government of Jersey

SURNAME: _____

FORENAMES: _____

ADDRESS: _____

_____

ADDRESSOGRAPH

URN: _____ DOB: _____

GP Name	
GP Surgery	
GP Telephone No.	
Weight (kg)	

DRUG ALLERGIES & SENSITIVITIES	DRUG / ALLERGEN (describe reaction)
THIS SECTION MUST BE COMPLETED PRIOR TO ADMINISTRATION OF ANY MEDICINE CIRCLE AS APPROPRIATE NONE KNOWN YES SIGNED: ..... DATE: ..... NAME: ..... ROLE:	

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 (tick)	SUPPLEMENTARY CHARTS (tick)	CHART RE-AUTHORISED (every 3 months)	
		PRESCRIBER SIGNATURE	DATE
JUST IN CASE BOX IN PLACE: YES ☐ NO ☐ BOX NO.	☐ SYRINGE PUMP ☐ SUPPLEMENTARY INFUSION CHART ☐ OTHER (specify)		

AS REQUIRED MEDICINES

DATE	MEDICINE (Approved Name)											
	WATER FOR INJECTIONS			DATE								
				TIME								
PRESCRIBER SIGNATURE	INDICATION			DOSE								
	DILUENT / FLUSH			GIVEN BY								
DATE	MEDICINE (Approved Name)			DATE								
				TIME								
DOSE	ROUTE	FREQUENCY	MAX DOSE IN 24 HOURS	DOSE								
				ROUTE								
PRESCRIBER SIGNATURE	INDICATION			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										
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										