

Allergies:



Cotswold House Oxford

Oxford Health
NHS Foundation Trust

Day Patient Drug Record

Patient Information			
Name:		Hospital: <i>Warneford Hospital</i>	
		Consultant: <i>Dr. Ayton</i>	
NHS Number:		Ward SHO:	
Sex:	Date of birth:	Chart started:	Ward: <i>Cotswold House</i>
Co-morbidities e.g. diabetes		Special diet e.g. MAOI/diabetic:	
Diagnosis:			
Mental health status: Informal/section		Chart number.....of.....	

When Required Administration Only

1	Drug:	Start date:	Dr. signature:	Date															
				Time															
Dose:	Frequency:	Route:	Max dose:	Duration:	Dose														
					Sign														

Continued from above

Date																			
Time																			
Dose																			
Sign																			

2	Drug:	Start date:	Dr. signature:	Date															
				Time															
Dose:	Frequency:	Route:	Max dose:	Duration:	Dose														
					Sign														

Continued from above

Date																			
Time																			
Dose																			
Sign																			

Stat Administration Only

Drug:	Dr. signature:	Date due	
Dose:	Route:	Indication:	Time
			Sign
Drug:	Dr. signature:	Date due	
Dose:	Route:	Indication:	Time
			Sign
Drug:	Dr. signature:	Date due	
Dose:	Route:	Indication:	Time
			Sign

Patient name:	Allergies:	Ward: CHOx
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This section is not an administration record

Regular medication

A	Drug: <i>As per Vitamins & Minerals supplement chart (see page 3)</i>			Dr. signature:		Date changed/stopped: please circle	
				Dr. name:		Date started:	

			Dr. name:		Date started:	
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B	Drug:			Date started:		Date changed/stopped: please circle	
				Dr. signature:		Dr. name:	

Dose:	Frequency:	Route:	Dr. signature:		Dr. name:	
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Dose times: please circle	08:00	12:00	14:00	17/18:00	20/22:00
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C	Drug:			Date started:		Date changed/stopped: please circle	
				Dr. signature:		Dr. name:	

Dose:	Frequency:	Route:	Dr. signature:		Dr. name:	
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Dose times: please circle	08:00	12:00	14:00	17/18:00	20/22:00
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D	Drug:			Date started:		Date changed/stopped: please circle	
				Dr. signature:		Dr. name:	

Dose:	Frequency:	Route:	Dr. signature:		Dr. name:	
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Dose times: please circle	08:00	12:00	14:00	17/18:00	20/22:00
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E	Drug:			Date started:		Date changed/stopped: please circle	
				Dr. signature:		Dr. name:	

Dose:	Frequency:	Route:	Dr. signature:		Dr. name:	
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Dose times: please circle	08:00	12:00	14:00	17/18:00	20/22:00
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F	Drug:			Date started:		Date changed/stopped: please circle	
				Dr. signature:		Dr. name:	

Dose:	Frequency:	Route:	Dr. signature:		Dr. name:	
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Dose times: please circle	08:00	12:00	14:00	17/18:00	20/22:00
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G	Drug:			Date started:		Date changed/stopped: please circle	
				Dr. signature:		Dr. name:	

Dose:	Frequency:	Route:	Dr. signature:		Dr. name:	
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Dose times: please circle	08:00	12:00	14:00	17/18:00	20/22:00
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H	Drug:			Date started:		Date changed/stopped: please circle	
				Dr. signature:		Dr. name:	

Dose:	Frequency:	Route:	Dr. signature:		Dr. name:	
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Dose times: please circle	08:00	12:00	14:00	17/18:00	20/22:00
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Patient name:	Allergies:	Ward: CHOx
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This section is not an administration record

DAY PATIENT VITAMINS & SUPPLEMENTS CHART

Drug: <i>Thiamine</i>			Pharmacy:			
Dose: 50mg	Frequency: <i>OD</i>	Route: <i>PO</i>				
Dose times:	08:00	12:00	14:00	17/18:00	20/22:00	

Drug: <i>Multivitamins & minerals</i>			Pharmacy:			
Dose: One tablet/capsule	Frequency: <i>OD</i>	Route: <i>PO</i>				
Dose times:	08:00	12:00	14:00	17/18:00	20/22:00	

Drug: <i>Omega 3 fish oil capsules</i>			Pharmacy:			
Dose: Three	Frequency: <i>OD</i>	Route: <i>PO</i>				
Dose times:	08:00	12:00	14:00	17/18:00	20/22:00	

Drug: <i>Zinc effervescent tablets*</i>			Pharmacy:			
Dose: 125mg	Frequency: <i>OD</i>	Route: <i>PO</i>				
Dose times:	08:00	12:00	14:00	17/18:00	20/22:00	

**Continue for 8 weeks total only. Dissolve in water and take with or after food.*

This section is not an administration record

When Required medication not administered by Trust staff

I	Drug:	Date started:	Dr. signature:	Dose times
	Dose:	Frequency:	Route:	Max dose:
				Duration:

J	Drug:	Date started:	Dr. signature:	Dose times
	Dose:	Frequency:	Route:	Max dose:
				Duration:

K	Drug:	Date started:	Dr. signature:	Dose times
	Dose:	Frequency:	Route:	Max dose:
				Duration:

L	Drug:	Date started:	Dr. signature:	Dose times
	Dose:	Frequency:	Route:	Max dose:
				Duration:

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TTO ORDERING

Day patients obtain medication from their GP. If a new medication is started by the inpatient team, a supply to cover the days until the patient can get a supply from their GP can be made by the hospital pharmacy (usually up to 14 days).

Codes	Medicines to take out (TTO)			
	No. of days' supply	Dr. signature	Date	Pharmacy notes
	Checked and dispensed to patient (sign & date)			
	No. of days' supply	Dr. signature	Date	Pharmacy notes
	Checked and dispensed to patient (sign & date)			
	No. of days' supply	Dr. signature	Date	Pharmacy notes
	Checked and dispensed to patient (sign & date)			
	No. of days' supply	Dr. signature	Date	Pharmacy notes
	Checked and dispensed to patient (sign & date)			
	No. of days' supply	Dr. signature	Date	Pharmacy notes
	Checked and dispensed to patient (sign & date)			
	No. of days' supply	Dr. signature	Date	Pharmacy notes
	Checked and dispensed to patient (sign & date)			

PHARMACY USE: MEDICINES RECONCILIATION

Date:	Source one:	Source two:
Timeframe:	24hrs	48hrs
Name:	Notes/discrepancies:	