

## EATING DISORDER VITAMINS & MINERALS CHART

Attach patient information sticker here

<b>First name:</b>	<b>Surname:</b>
<b>NHS number:</b>	<b>D.O.B.:</b>
<b>Gender:</b>	<b>Consultant:</b>
<b>Clinical details:</b>	
<b>Address:</b> Cotswold House, Warneford Hospital, Warneford Road, OX3 7JX	

Attach this chart to the standard prescription chart, and endorse that with: **“Vitamins & Minerals – as per attached chart”**

Any amendments made to this prescription must be clear, signed and dated by the prescriber.

Prescriber should date and sign both sides of the prescription.

### Prescription for days 1 to 10:

REGULAR MEDICATION	Times	Month/Year:	Day:	1	2	3	4	5	6	7	8	9	10
<i>Thiamine</i>	0800	Date	Dr Sign										
	1400	Drs Name											
100mg	TDS	20/2200	Pharmacy										
<i>Vitamin B Co. Strong</i>	0800	Date	Dr Sign										
	1400	Drs Name											
2 tablets	TDS	20/2200	Pharmacy										
<i>Multivit &amp; mineral</i>	0800	Date	Dr Sign										
		Drs Name											
1 tablet	OD		Pharmacy										
<i>Omega 3 fish oils</i>		Date	Dr Sign										
3 capsules	OD												
	20/2200	Pharmacy											
<i>Zinc sulphate (effervescent)</i>	0800	Date	Dr Sign										
		Drs Name		<b>Dissolve in water and take with or after food</b>									
125mg	OD												
<i>Foxes Glacier Mints</i>	0800	Date	Dr Sign										
	1200												
2	TDS	1800	Drs Name										
	Po		Pharmacy										

### Prescription for days 11 onwards until target body weight achieved:

REGULAR MEDICATION	Times	Month/Year:	Date:										
<i>Thiamine</i>	0800	Date	Dr Sign										
		Drs Name											
50mg	OD		Pharmacy										
<i>Multivit &amp; mineral</i>	0800	Date	Dr Sign										
		Drs Name											
1 tablet	OD		Pharmacy										
<i>Omega 3 fish oils</i>		Date	Dr Sign										
3 capsules	OD												
	20/2200	Pharmacy											
<i>Zinc sulphate (effervescent)</i>	0800	Date	Dr Sign										
		Drs Name		<b>Dissolve in water and take with or after food</b>									
125mg	OD		Pharmacy										
<i>Foxes Glacier Mints</i>	0800	Date	Dr Sign										
	1200												
2	TDS	1800	Drs Name										
	Po		Pharmacy										

<b>Patient information leaflets</b> (tick and date when supplied to patient). Name tick and date any other medicine leaflets also given	Thiamine	Multivitamins & Minerals	Omega 3 fish oils	Zinc sulphate

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<b>Gender:</b>	<b>Consultant:</b>
<b>Clinical details:</b>	
<b>Address:</b> Cotswold House, Warneford Hospital, Warneford Road, OX3 7JX	

Date:	
Dr Signature:	
Dr Name:	

**Prescription for days 11 onwards CONTINUED from previous page:**

			Time	Date:
Thiamine			0800	
50mg	OD	po		
Multivit & Minerals			0800	
1 tablet	OD	po		
Omega 3 fish oils				
3 capsules	OD	po		
			20/2200	
Zinc sulphate (effervescent)			0800	
125mg	OD	po	<b>Dissolve in water and take with/after food. Discontinue after 2 months</b>	
Foxes Glacier Mints			0800	
2	TDS	Po	1200	
			1800	

			Time	Date:
Thiamine			0800	
50mg	OD	po		
Multivit & Minerals			0800	
1 tablet	OD	po		
Omega 3 fish oils				
3 capsules	OD	po		
			20/2200	
Zinc sulphate (effervescent)			0800	
125mg	OD	po	<b>Dissolve in water and take with/after food. Discontinue after 2 months</b>	
Foxes Glacier Mints			0800	
2	TDS	Po	1200	
			1800	

			Time	Date:
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50mg	OD	po		
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Omega 3 fish oils				
3 capsules	OD	po		
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Zinc sulphate (effervescent)			0800	
125mg	OD	po	<b>Dissolve in water and take with/after food. Discontinue after 2 months</b>	
Foxes Glacier Mints			0800	
2	TDS	Po	1200	
			1800	