

FRONT PAGE

LEGAL DOCUMENT - all entries in black ink - never pencil

RACF - Residential Aged Care Facility Name:
Personalised self inking stamps available for this purpose.

RACF Name
RAC ID

Chart
Of



Essential to complete if more than one chart in service

Personal Particulars			
Residents Name			
Residents Preferred Name		Age	URN/MRN No.
Date of Birth	Gender M / F	Date of Photo →	
Room No. / Building			
Date Chart Commenced		Date Completed	

ALERT
<input type="checkbox"/>
Tick (✓) IF SAME OR SIMILAR NAME TO ANOTHER RESIDENT



Suggest using highlighter (always same colour to create maximum awareness) or tick with pen

SIMILAR NAME OR SAME



The Prompt Label 'Same or Smiliar Name" can be applied here

Weights			
Date	Weight	Date	Weight
1.		4.	
2.		5.	
3.		6.	

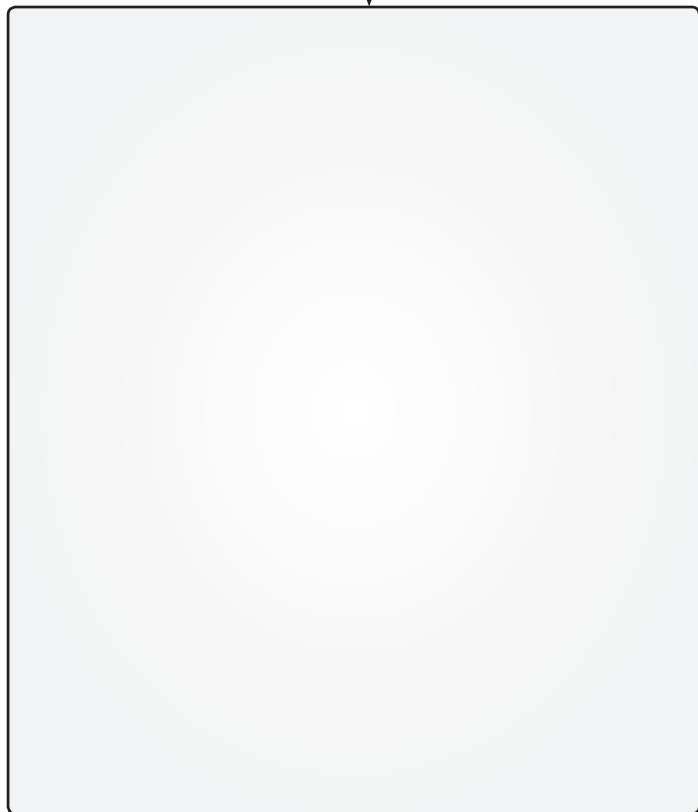


Monthly weigh-in desirable. Used when assessing dosages and changes following weight loss. Reviewing pharmacists will use when renal function testing - if using separate chart be sure to indicate same in space provided.

(✓) Tick if Observation Chart is being used instead of above

FRONT PAGE

Insert Photo and Stick Down



Write Resident Name, Date of Birth and Date of photo on back of photo.

Photo ID should be updated every to 12 months - appearances can change markedly especially following bout of illness or significant weight loss. Similarly, Residents sharing similar names can be more easily recognised if an up to date photo is on chart

“Write Resident Name, Date of Birth and Date of photo on back of photo”

FRONT PAGE

Allergies & Adverse Reactions (ADR)	
<input type="checkbox"/> (✓) No Known Drug Alert	Signature /././. Date
<input checked="" type="checkbox"/> (✓) Drug Alert	Signature /././. Date
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DRUG ALERT LABEL </div> ← ATTACH ALERT LABEL HERE AND WHERE INDICATED INSIDE CHART	
Drug (or other)	Reaction / Type / Date

← One of the boxes MUST be completed or may cause confusion on whether questions have been asked.

← Drug Alert labels to be affixed where indicated throughout the chart to encourage staff to refer back to allergies and adverse reactions (ADR).

← Imperative that this section be completed other wise is left open to assumption. If possible, include nature of reaction as this may influence any future therapies depending on whether a true allergy or drug reaction.

Entitlement Numbers	
Pharmaceutical Benefits Entitlement Number	
Safety net Number 1.	Valid To
Safety net Number 2.	Valid To
Medicare Number	Valid To
Department of Veterans Affairs Number	Valid To

Prescriber Particulars

Pharmacy Particulars

← Particularly useful for Agency staff or new staff

FRONT PAGE

Special Considerations	
Instructions (All Entries to be Signed & Dated)	
Details	Date

Vaccinations	
Influenza Vaccine	- Date Last Given: / /
Pneumococcal Vaccine	- Date Last Given: / /
Tetanus Vaccine	- Date Last Given: / /
	- Date Last Given: / /

IMPORTANT: Adhere Label to Chart BEFORE Completing
© Compact Business Systems P/L Order Ref. LPMC-SCL-1 171338

SPECIAL CONSIDERATIONS - INSTRUCTIONS

MEDICATION METHOD (✓) Tick Appropriate Box:

- Whole Halved Quartered
- Capsule opened Dissolved
- Crushed and mixed with

MEDICATION DELIVERY (✓) Tick Appropriate Box:

- Teaspoon - Staff guide into mouth
- Resident / Client Hand Medication cup
- PEG Administration

MEDICATION ADMINISTRATION (✓) Tick Appropriate Box:

- Water
- Thickened fluids Type
- Other Preferences Type

SPECIFIC INSTRUCTIONS

(eg: Anti-coagulant Therapy, Fosamax Treatment)

___/___/20__ _____
Date Print Name

_____ _____
Designation Signature

REMINDER Supervise Resident / Client and observe for: Swallowing difficulties, dropped / hidden tablets.

___/___/20__ _____
Review Date Print Name

_____ _____
Designation Signature

Changes: _____

Special Considerations Label can be applied here - adhere the label to the chart before completing.

These labels are designed to prompt the recording of all relevant detail, ie:

- Medication Delivery
- Specific Instructions

Quick reference point for up to date vaccination information. Important for visiting Locums if transfer to hospital is required.

INSIDE FRONT COVER

Resident Name	D.O.B.	Affix Drug Alert Label Here → <input style="width: 50px; height: 20px;" type="text"/>
---------------	--------	---

Once Only (Stat) Medicines						
Date	Time	Medicine	Dose	Route	Prescriber Signature	Administration Record Signature

Resident Initiated Medicines (Including Complementary Medicines)						
Date Commenced	Medicine	Dose	Route	Frequency	Sighted by Prescriber	Date Ceased

Recording of one-off doses eg: Maxolon injection for nausea.

This is separate to PRN

May involve Prescriber's attending to the Resident and writing order at the time it is administered. However note area for 'other than Prescriber administering ie: flu vaccination



Contra-indication - Anything the Resident may be taking that is not prescribed by the Prescriber but is authorised and reviewed by the Prescriber.



INSIDE FRONT COVER

Medicines Requiring Monitoring	Medicines Not to be Crushed - Dissolved in Water-Mixed in Food

This section includes medicines for which serum levels are required - CBZ Phenyton, Lithium etc., as well as other medicines requiring test

- Serum K&Ace Inhibitors
- Potassium supplements
- Diuretic etc.
- TFTs with Thyroxine, INR with warfarin

Separate Warfarin Chart available for recording and can be attached to the Medication Chart with Quick Clips

If the facility has a comprehensive review service conducted by an accredited Pharmacist this is an area which could be used by them

Medicine Reviews					
Next Review Date	Reviewed by Prescriber (Signature)	Date Reviewed	RMMR Required by Pharmacist (✓) Authorised by Prescriber	Date Reviewed	Reviewed by Pharmacist (Signature)

This section allows the qualified person annotating to indicate that a comprehensive review of medicines had occurred by both Prescriber and Pharmacist.

These reviews should be in accordance with the relevant professional guidelines.

TELEPHONE ORDERS

Resident Name D.O.B. Affix Drug Alert Label Here →

Telephone Orders

Date	Time	Medicine	Dose	Route	Frequency	Prescriber Name	Prescriber Signature	Registered Nurse	2nd Signatory	CTO Number	Administration				
											time given by	time given by	time given by	time given by	

S E R D O R O N E Z E R N I P H E T E

Need to complete name and DOB where indicated throughout chart.



Should be written in by staff member and verified by 2nd member to ensure that all details are interpreted correctly. This order must be signed and reviewed by the Prescriber as per you organisation/ facility policies and procedures.

- Supporting Products
- CTO Telephone Order Stickers
 - Verbal Telephone Order Bookmark Prompt

TELEPHONE ORDERS

Resident Name										D.O.B.	
NOTE: Separate chart for 'warfarin' is available if required.											
Medicines with Variable / Reducing Dose and Schedule											
Medicine			Route			Dose Directions					
1 Prednisolone						25mg for 1 week then review 10mg for 1 week then review					
Prescriber Signature			/ / 20								
Dose Schedule & Administration. Write current dose in each daily box until changed											
Date											
Dose											
TIME											
S											

Intermittent Medicines (eg. Vitamin B12)									
Medicine		Dose		1	Due Date	/ /	/ /	/ /	/ /
Neocytamen Modecate		Route			Time/ Given By				
Prescriber Signature		Date			Due Date	/ /	/ /	/ /	/ /
Prescriber Signature		Stop Date			Time/ Given By				
Medicine		Dose		2	Due Date	/ /	/ /	/ /	/ /
		Route			Time/ Given By				
Prescriber Signature		Date			Due Date	/ /	/ /	/ /	/ /
Prescriber Signature		Stop Date			Time/ Given By				



 This area can be used by the Prescriber to prescribe intermittent medications such as the Prolia injection and the Vitamin B12 injections

SHORT TERM/ ANTIBIOTIC PAGE

Resident Name D.O.B.

Short Term Medicine Order

Commence: **Short Term Medicine** Dose Dates Times

Now

Next Pack Indication Route

Prescriber Signature Date

Non Packed Prescriber Signature Stop Date Frequency

1

Commence: **Short Term Medicine** Dose Dates Times

Now

Next Pack Indication Route

Prescriber Signature Date

Non Packed Prescriber Signature Stop Date Frequency

2

Commence: **Short Term Medicine** Dose Dates Times

Now

Next Pack Indication Route

Prescriber Signature Date

Non Packed Prescriber Signature Stop Date Frequency

3

NOTE: Use this page for Antibiotics and other Short Term Medicines

Affix Drug Alert Label Here

Prescriber to write reason for the Antibiotic next to the indication

SHORTER



Short term/ antibiotic page is frequently misused by having regular drug orders written up. It is important during the implementation period to draw the Prescribers attention to this. Also note there is now an indication section - recommended by best practice.

Same layout as for regular drug orders but only **2 weeks** of recording.

Highlight or tick non-packed area where necessary.

- Supporting Products:**
- Ancillary short term pages and quick clip
 - Antibiotic bookmark prompts
 - Clinical Review Needed Bookmark
 - Ceased Stamp

REGULAR MEDICINE ORDERS


Resident Name		D.O.B.		Affix Drug Alert Label Here → <input type="text"/>											
<input checked="" type="checkbox"/> Box Where Required	Regular Medicine Orders 10 to 18										Dates Times				
	<input type="checkbox"/> Refer PRN	Regular Medicine				Dose		Route							
Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Date		Frequency											
<input type="checkbox"/> Non Packed	Prescriber Signature				Stop Date										
<input type="checkbox"/> Refer PRN	Regular Medicine				Dose		Route								
Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Date		Frequency											
<input type="checkbox"/> Non Packed	Prescriber Signature				Stop Date										
<input type="checkbox"/> Refer PRN	Regular Medicine				Dose		Route								
Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Date		Frequency											
<input type="checkbox"/> Non Packed	Prescriber Signature				Stop Date										

The Six R's

1. Right Resident
2. Right Medicine
3. Right Dose
4. Right Time
5. Right Route
6. Right Documentation

- 18 Regular Drug Orders
- Dates across top of page - time in space
- provided
- 6 month annotation - each short page
- represents one month

REGULAR MEDICINE ORDERS

Resident Name		D.O.B.		Affix Drug Alert Label Here →	
<input checked="" type="checkbox"/> Box Where Required	Regular Medicine Orders 10 to 18				Dates Time
<input type="checkbox"/> Refer PRN	CARER ADMINISTRATION - MULTIDOSE Initial the appropriate square in this panel to indicate that the contents of the blister pack have been issued.				
<input type="checkbox"/> Non Packed	R.N. ADMINISTRATION - SINGLE UNIT DOSE Initial for Individual Medications in Panels 2 to 18				
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature		Date		
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		Frequency
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature		Date		
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		Frequency
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature		Date		
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		Frequency
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature		Date		


The LTMC01 Chart is designed for single signing capabilities.

By Applying the CR1 Sticker it can also be adapted for multi-dose signing.

To achieve this:

- Position the CRL1 Sticker over the 1st regular drug order. Multi-dose medications are now signed for only one against the designated time and date line right throughout the chart. Single unit dose medicines can, if required, also be signed for individually against the time and date.
- This also applies to non-packed medicines. These are highlighted in tick boxes provided and can be signed for individually by all persona administering, if permitted to do so.

REGULAR MEDICINE ORDERS

Resident Name		D.O.B.		Affix Drug Alert Label Here →	
<input checked="" type="checkbox"/> Box Where Required		Regular Medicine Orders 10 to 18		Dates Time	
<input type="checkbox"/> Refer PRN	ADMINISTRATION - PACKED MEDICINE Initial the appropriate square in this panel to indicate that the contents of the blister pack have been issued.				
<input type="checkbox"/> Non Packed	NON PACKED MEDICINE Initial in appropriate square for individual orders.				
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route			
Prescriber Signature		Date			
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		Frequency
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route			
Prescriber Signature		Date			
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		Frequency
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route			
Prescriber Signature		Date			
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		Frequency
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route			
Prescriber Signature		Date			
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		Frequency
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route			
Prescriber Signature		Date			

The LTMC01 Chart is designed for single signing capabilities.

By Applying the CR6 Sticker it can also be adapted for multi-dose signing.

To achieve this:

- Position the CRL6 Sticker over the 1st regular drug order. Packed medications are now signed for only one against the designated time and date line right throughout the chart. Single unit dose medicines can, if required, also be signed for individually against the time and date.
- This also applies to non-packed medicines. These are highlighted in tick boxes provided and can be signed for individually by all persona administering, if permitted to do so.

REGULAR MEDICINE ORDERS

Resident Name		D.O.B.		Affix Drug Ale	
<input checked="" type="checkbox"/> Box Where Required Regular Medicine Orders 10 to 18		<input type="checkbox"/> Dates Times			
<input checked="" type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature	Stop Date	Frequency		
		/ /			
		/ /			
<input checked="" type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature	Stop Date	Frequency		
		/ /			
		/ /			
<input checked="" type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature	Stop Date	Frequency		
		/ /			
		/ /			
<input checked="" type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature	Stop Date	Frequency		
		/ /			
		/ /			
<input checked="" type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature	Stop Date	Frequency		
		/ /			
		/ /			

Medicine orders must be legible, signed and dated in Medical Practitioner's handwriting in black ink.

In the case of a regular medicine order and a PRN order for the same medicine, highlight or tick box provided to prevent duplication of dose ie: for a regular 4 hourly paracetamol and PRN paracetamol.

Prescriber must rewrite an order if it is not clear, or be phoned for clarification.

If the order is to be given immediately the phone order procedure should then be followed.

When medicine is ceased, the prescriber must sign and date the chart and a line or the ceased stamp placed through the remaining Admin boxes to ensure medicines are not inadvertently given or even signed for as given.

Also, in the case of withholding of medicines eg: Aspirin prior to a dental procedure, this should be clearly marked by placing a line through withholding days and clearly mark restarting day if this has been determined by the prescriber.

Medicines must be signed by administering staff immediately after administering.

Supporting Products

- Outside Normal Times/Return to Administer Bookmark
- Urgent Re-write Bookmark
- Ceased Stamp
- Medical Director Labels
- Long Term Medication Chart Binders
- Metal Trays (30 and 60 chart capacity)
- A-Z Index
- Medicine Incident Reports

REGULAR MEDICINE ORDERS

Resident Name		D.O.B.		Affix Drug Ale	
<input checked="" type="checkbox"/> Box Where Required	Regular Medicine Orders 10 to 18			Dates Times	
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		
			Frequency		
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		
			Frequency		
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		
			Frequency		
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		
			Frequency		
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		
	Prescriber Signature	Date			
<input type="checkbox"/> Non Packed	Prescriber Signature		Stop Date		
			Frequency		
<input type="checkbox"/> Refer PRN	Regular Medicine		Dose		
	Commence: Immediately <input type="checkbox"/> Next Pack <input type="checkbox"/>		Route		

It is imperative staff ensure medicine is swallowed prior to signing the Admin record.

The Signature on the Admin record indicated the Resident has taken the medicine.

Staff must record and refusal to take medicines on the chart and in the Progress Notes using the Dose Omitted Codes on the back page. It is recommended that Dose Omitted Codes are written in **RED**.

The Prescriber should also be notified of any refusal to take medications.

Any discrepancies or incidents related to medicines should be recorded on a medication Incident Report and forwarded to the appropriately delegated person in the Facility.

No Medicines should be administered if Medication Chart has expired.

PRN ORDERS

✓ Box Where Required	Resident Name		D.O.B.		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Prescriber To Complete Indication/Reason/Instructions Below </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Affix Drug Alert Label Here → </div>					
	PRN (When Required) Medicine Orders						Indication/Reason/Instructions	Date	Time	Qty.
<input type="checkbox"/> Refer Regular	PRN Medicine		Dose		Max Dose / 24 Hours					
	Paracetamol		Route		Indication					
<input type="checkbox"/> Non Packed	Prescriber Signature	Date	Frequency							
	Prescriber Signature	Stop Date								
<input type="checkbox"/> Refer Regular	PRN Medicine		Dose		Max Dose / 24 Hours					
			Route		Indication					
<input type="checkbox"/> Non Packed	Prescriber Signature	Date	Frequency							
	Prescriber Signature	Stop Date								
<input type="checkbox"/> Refer Regular	PRN Medicine		Dose		Max Dose / 24 Hours					
			Route		Indication					
<input type="checkbox"/> Non Packed	Prescriber Signature	Date	Frequency							
	Prescriber Signature	Stop Date								
<input type="checkbox"/> Refer Regular	PRN Medicine		Dose		Max Dose / 24 Hours					
			Route		Indication					
<input type="checkbox"/> Non Packed	Prescriber Signature	Date	Frequency							
	Prescriber Signature	Stop Date								
<input type="checkbox"/> Refer Regular	PRN Medicine		Dose		Max Dose / 24 Hours					
			Route		Indication					
<input type="checkbox"/> Non Packed	Prescriber Signature	Date	Frequency							
	Prescriber Signature	Stop Date								

It is important that the date, time, quantity and signature is completed each time - similar format to regular drug order but different signing applicable.

Outcomes of PRN medicine administration should be recorded.

It is suggested that guidelines be established within each facility for the conversion of PRN to regular drug orders once a certain usage has been recorded.

Supporting products

- Progress Notes Labels - PPN01
- PRN Med Data Collection Sheets

NURSE INITIATED MEDICINE ORDERS

Resident Name		D.O.B.	Affix Drug Alert Label Here →					
NURSE INITIATED MEDICINE	Nurse Initiated Medicine Orders		Reason / Instructions	Date	Time	Qty.	Sign.	Dc
	Nurse Initiated Medicine		Dose					
	R.N. Signature		Route					
	Start Date	Stop Date	Frequency					
	Nurse Initiated Medicine		Dose					
	R.N. Signature		Route					
	Start Date	Stop Date	Frequency					
	Nurse Initiated Medicine		Dose					
	R.N. Signature		Route					
	Start Date	Stop Date	Frequency					
Nurse Initiated Medicine		Dose						
R.N. Signature		Route						
Start Date	Stop Date	Frequency						
Nurse Initiated Medicine		Dose						
R.N. Signature		Route						
Start Date	Stop Date	Frequency						

Policy:

Nurse initiated medicines in residential aged care facilities should be from a defined list of drugs selected by and in accordance with protocols for each drug developed by the MAC and must be reviewed by the Doctor/Locum Doctor as per your facility/organisational policies and procedures.

- All Nurse initiated medicines must be on the Medication Chart and reviewed as per you facility/organisational policies and procedures.
- Area for recording of reason for medicine and/or special instruction re maximum dosage etc.

INSIDE BACK COVER

Example:

History of transfers to hospital.

Additional information for individual medication administration

Policy required to ensure all staff accessing chart use for same purpose.

BACK COVER

Dose Frequency or Timing	
(in the) morning	morning, mane
(at) midday	midday
(at) night	night, nocte
twice a day	bd
three times a day	tds
four times a day	qid
every 4 hours	every 4 hrs, 4 hourly, 4 hrly
every 6 hours	every 6 hrs, 6 hourly, 6 hrly
every 8 hours	every 8 hrs, 8 hourly, 8 hrly
once a week	once a week and specify the day in full, eg. once a week on Tuesdays
three times a week	three times a week and specify the exact days in full, eg. three times a week on Mondays, Wednesdays and Saturdays
when required	prn
immediately	stat
before food	before food
after food	after food
with food	with food

Route of Administration	
epidural	epidural
inhale, inhalation	inhale, inhalation
intraarticular	intraarticular
intramuscular	IM
intrathecal	intrathecal
intranasal	intranasal
intravenous	IV
irrigation	irrigation
left	left
nebulised	NEB
naso-gastric	NG
oral	PO
percutaneous enteral gastrostomy	PEG
per vagina	PV
per rectum	PR
peripherally inserted central catheter	PICC
right	right
subcutaneous	subcut
sublingual	subling
topical	topical

Dose Omitted Codes To be Written in Red	
Patient / Resident / Client	Medicines
Absent (A)	Adjusted Administration (AT)
Fasting (F)	Contraindicated (C)
Hospital (H)	Not Available (Obtain supply or notify prescriber) (N)
On Leave (L)	Not Required (N/R)
Sleeping (S)	Omitted (O)
Self Administering (S/A)	Refused (Notify Prescriber) (R)
Vomiting (V)	Withheld (Enter reason in clinical record) (W)
	Withheld pending results (W/R)

The Six R's	
1. Right Resident	4. Right Time
2. Right Medicine	5. Right Route
3. Right Dose	6. Right Documentation

**Please also refer to your Organisations
"Rights of Medicine Administration"**

24 Hour Clock	
AM - Morning	PM - Afternoon
1.000100	1.00 1300
2.000200	2.00 1400
3.000300	3.00 1500
4.000400	4.00 1600
5.000500	5.00 1700
6.000600	6.00 1800
7.000700	7.00 1900
8.000800	8.00 2000
9.000900	9.00 2100
10.001000	10.00 2200
11.001100	11.00 2300
12.001200	12.00 2400

Units of Measure and Concentration	
gram(s)	g
International unit(s)	international unit(s)
unit(s)	unit(s)
litre(s)	L
milligram(s)	mg
millilitre(s)	mL
microgram(s)	microgram, microg
percentage	%
millimole	mmol

Dose Forms	
capsule	cap
cream	cream
ear drops	ear drops
ear ointment	ear ointment
eye drops	eye drops
eye ointment	eye ointment
injection	inj
metered dose inhaler	metered dose inhaler, inhaler, MDI
mixture	mixture
ointment	ointment, oint
pessary	pess
powder	powder
suppository	supp
tablet	tablet, tab
patient controlled analgesia	PCA

Need for conformity on all abbreviations/admin codes etc.
24 Hour clock ie: new staff/agency staff