.....Hospital Chart No.....

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

In situations where a dose of a medicine is not administered and the matter cannot be resolved immediately the nurse must:-
a) Record on the medicine chart the appropriate code number for the reason why the dose was not administered and initial this code.
b) **TAKE APPROPRIATE ACTION** to resolve the matter **PROMPTLY** so that patient treatment is not compromised.
For further details refer to the 'Purple Booklet'

Patient refuses	1	Unable to swallow	8
Patient not present on ward	2	Vomiting/nausea	9
Medicine not available (obtain as soon as practicable)	3	Time varied on Dr's instructions	10
Instructions not clear or legal	4	Once only/PRN medication given	11
Patient Self-Administered Medicine	5	**To be specified in the Nursing Care Plan**	
Nil by mouth	6	Possible drug reaction/ side effect	12
Asleep/drowsy	7	Other reasons	13

Name of Patient

Patient Number

Ward

DOB

Date of Admission

Consultant

Weight Surface Area

AFFIX ADDRESSOGRAPH LABEL HERE

DRUG SENSITIVITIES

ONCE ONLY

Date	Time	Pharmacy	Drug (Approved Name)	Dose	Route	Doctor's Signature NAME	Time Given	Given by	Checked by

OTHER CHARTS IN USE

Date	Type of Chart	Details	Signature NAME

Name .....Number.....

REGULAR

DATE									
0800									
1200									
1800									
2200									

Drug (Approved Name)

Dose | Route | Notes

Start Date | Signature NAME

Date Discontinued & Initials | Pharmacy

Drug (Approved Name)

Dose | Route | Notes

Start Date | Signature NAME

Date Discontinued & Initials | Pharmacy

Drug (Approved Name)

Dose | Route | Notes

Start Date | Signature NAME

Date Discontinued & Initials | Pharmacy

Drug (Approved Name)

Dose | Route | Notes

Start Date | Signature NAME

Date Discontinued & Initials | Pharmacy

Drug (Approved Name)

Dose | Route | Notes

Start Date | Signature NAME

Date Discontinued & Initials | Pharmacy

Drug (Approved Name)

Dose | Route | Notes

Start Date | Signature NAME

Date Discontinued & Initials | Pharmacy

AS REQUIRED THERAPY

Drug (Approved Name)			Date											
			Time											
Dose	Route	Start Date	Dose											
			Given by											
Frequency & Instructions		Signature	Date											
		NAME	Time											
Date Discontinued & Initials		Pharmacy	Dose											
			Given by											

Drug (Approved Name)			Date											
			Time											
Dose	Route	Start Date	Dose											
			Given by											
Frequency & Instructions		Signature	Date											
		NAME	Time											
Date Discontinued & Initials		Pharmacy	Dose											
			Given by											

Drug (Approved Name)			Date											
			Time											
Dose	Route	Start Date	Dose											
			Given by											
Frequency & Instructions		Signature	Date											
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