NAME:	MRN:	

THROMBOPROPHYLAXIS RISK ASSESSMENT Complete for all adult patients

Step One - Assess Thrombosis Risk Fa	ctors: Tick all boxes to	nat apply OR tick here if N	O thrombosis risk factor	
• Age > 60yr		On hormone replacer containing contracept	ment therapy (HRT) or oestrogen-	
 Significant reduced mobility for >3 days included immobilisation 	ding cast	Varicose veins with p		
Active cancer or cancer treatment or possible	<u> </u>	Acute Orthopaedic ac	dmission	
of cancer		Acute surgical admis	ssion/ surgery	
Medical co morbidities (e.g. heart disease, mendocrine or respiratory pathologies, acute in inflammatory conditions)		• Pregnancy or < 6 we	eks post-part um	
Personal history or first-degree relative with a	history of VTE			
Step Two - Assess Bleeding Risk Factor	rs: Tick all boxes that	apply OR tick here if NO a	nticoagulation risk factor	
 Active bleeding from any source/major bleeding ulcer, liver disease Concurrent use of anticoagulants e.g. warfaring rivaroxaban, apixaban etc Acute stroke or history of intracranial haemona 	INR >2, dabigatran,	Von Willebrand's dise • Admitted for neurosu eye surgery	sorders (such as haemophilia and ease) Irgery, spinal surgery/spinal injury pinal/epidural anaesthesia or epic	y or
• Thrombocytopenia (platelets less than 75 x 10	09/L)		n situ and anticoagulation is indica	
• Uncontrolled hypertension (230 systolic or >	120 diastolic)	refer to local guidelin	es for timing of anticoagulation	
Step Three - Risk Stratification:				
or more ticks in Thrombosis risk assessment, PLUS No ticks in Bleeding risk assessment	P	ombosis risk assessment, LUS eeding risk assessment	No ticks in Thrombosis risk assessme	nt
PLUS	1 or more ticks in BI High risk	LUS	l .	nt
PLUS No ticks in Bleeding risk assessment High risk of VTE with low risk	1 or more ticks in BI High risk	LUS eeding risk assessment of VTE with	Thrombosis risk assessme	nt
PLUS No ticks in Bleeding risk assessment High risk of VTE with low risk	1 or more ticks in BI High risk	eeding risk assessment of VTE with isk of bleeding cal is unless is guidelines)	Thrombosis risk assessme	
PLUS No ticks in Bleeding risk assessment High risk of VTE with low risk of bleeding • LMWH thromboprophylaxis recommended (prescribe on top of opposite page) • Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines) • Early mobilisation	• Non pharmacologi thromboprophylax contraindicated (set thromboprophylax) • Early mobilisation • Consider Haematol consultation	eeding risk assessment of VTE with isk of bleeding cal is unless is guidelines)	Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines)
PLUS No ticks in Bleeding risk assessment High risk of VTE with low risk of bleeding • LMWH thromboprophylaxis recommended (prescribe on top of opposite page) • Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines) • Early mobilisation Admission Assessment Completed	• Non pharmacologi thromboprophylax contraindicated (se thromboprophylax) • Early mobilisation • Consider Haematol consultation If LMWH not residue.	eeding risk assessment of VTE with isk of bleeding cal is unless se is guidelines) ogy	Low risk of VTE Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines Early mobilisation	on box
PLUS No ticks in Bleeding risk assessment High risk of VTE with low risk of bleeding • LMWH thromboprophylaxis recommended (prescribe on top of opposite page) • Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines) • Early mobilisation Admission Assessment Completed NCHD Name:	• Non pharmacologi thromboprophylax contraindicated (sethromboprophylax) • Early mobilisation • Consider Haematol consultation If LMWH not refer to the set of the s	eeding risk assessment of VTE with isk of bleeding cal is unless is guidelines) ogy ecommended put lines MCRN:	Low risk of VTE Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines Early mobilisation s through Tinzaparin prescription	on box
PLUS No ticks in Bleeding risk assessment High risk of VTE with low risk of bleeding • LMWH thromboprophylaxis recommended (prescribe on top of opposite page) • Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines) • Early mobilisation Admission Assessment Completed NCHD Name:	• Non pharmacologi thromboprophylax contraindicated (se thromboprophylax) • Early mobilisation • Consider Haematol consultation If LMWH not result in the second s	eeding risk assessment of VTE with isk of bleeding cal is unless se is guidelines) ogy mathematical description of the second of the secon	Low risk of VTE Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines Early mobilisation s through Tinzaparin prescription	on box
PLUS No ticks in Bleeding risk assessment High risk of VTE with low risk of bleeding • LMWH thromboprophylaxis recommended (prescribe on top of opposite page) • Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines) • Early mobilisation Admission Assessment Completed NCHD Name: Signature:	• Non pharmacologi thromboprophylax contraindicated (se thromboprophylax) • Early mobilisation • Consider Haematol consultation If LMWH not results the contraindicate of the consultation of the consultatio	eeding risk assessment of VTE with isk of bleeding cal is unless see is guidelines) ogy ecommended put lines MCRN: Date:	Low risk of VTE Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines Early mobilisation s through Tinzaparin prescription	on box

T A	A '	TA /	

MRN

In the event of non-administration of a medication, enter the relevant code and $\underline{initials}$ in the appropriate box.

1. Patient away from ward

3. Patient refused medication 5. Drug withheld on doctor's orders

7. No IV access

2. Patient could not receive drug-fasting 4. Drug not available on ward 6. Self Administration

REGULAR PRE	SCRIPTIONS		DATE														
		-		For ext	remes o	of boo	ly wei	ght or s	ignifica	ant rena	ıl impai	rments	see Th	ombop	hylaxis	s Guide	lines
TIN	NZAPARIN	V	0600														
Sircle 3500 IU	Frequency	Route	1000														
dose 4500 IU	OD	S/C	1200														
Prescri	bed by	Date	1400														
			1800														
Pharn	nacist	Disc. by	2200														
		Date	2400														
Dru	g (Approved Nam		0200														
			0600														
Dose	Frequency	Route	1000														
			1200														
Prescr	l ibed by	Date	1400														
110001																	
Pharr	nacist	Disc. by	1800														
Than	nacist		2200														
	/A 1NI	Date	2400														
Druş	g (Approved Nam	e)	0200														
			0600														
Dose	Frequency	Route	1000														
			1200														
Prescri	bed by	Date	1400														
			1800														
Pharn	nacist	Disc. by	2200														
		Date	2400														
Drug	g (Approved Nam	e)	0200														
			0600														
Dose	Frequency	Route	1000														
			1200														
Prescri	bed by	Date	1400														
			1800														
Pharn	nacist	Disc. by	2200														
		Date	2400														
Drug	g (Approved Name		0200														
			0600														
Dose	Frequency	Route	1000														
			1200														
Prescri	bed by	Date	1400														
	-		1800														
Pharn	nacist	Disc. by	2200														
		2.50.03	2200														

NAME MRN

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1. Patient away from ward
2. Patient could not receive drug-fasting
3. Patient refused medication
4. Drug not available on ward
5. Drug withheld on doctor's orders
6. Self Administration

7. No IV access

REGULAR PRESCRIPTIONS		DATE							
Drug (Approved Name))	0200							
		0600							
Dose Frequency	Route	1000							
		1200							
Prescribed by	Date	1400							
		1800							
Pharmacist	Disc. by	2200							
	Date	2400							
Drug (Approved Name)		0200							
		0600							
Dose Frequency	Route	1000							
		1200							
Prescribed by	Date	1400							
·		1800							
Pharmacist	Disc. by	2200							
	Date	2400							
Drug (Approved Name)		0200							
(0600							
Dose Frequency	Route	1000							
Dosc	Route	1200							
Prescribed by	Date	1400							
Tresended by									
Pharmacist	Disc. by	1800							
i narmacist		2200							
D (A	Date	2400							
Drug (Approved Name))	0200							
D F	D (0600							
Dose Frequency	Route	1000							
	Date	1200							
Prescribed by	Date	1400							
Di .		1800							
Pharmacist	Disc. by	2200							
	Date	2400							
Drug (Approved Name))	0200							
	1	0600							
Dose Frequency	Route	1000							
		1200							
Prescribed by	Date	1400							
		1800							
Pharmacist	Disc. by	2200							
	Date								

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REGULAR PR	ESCRIPTIONS		DATE							
Drı	ıg (Approved Nam	e)	0200							Т
			0600							T
Dose	Frequency	Route	1000							T
			1200							T
Presc	ribed by	Date	1400							T
			1800							\vdash
Phar	macist	Disc. by	2200							T
		Date	2400							T
Dr	ug (Approved Nam		0200							T
			0600							T
Dose	Frequency	Route	1000							\vdash
			1200							T
Presc	ribed by	Date	1400							T
			1800							t
Phai	rmacist	Disc. by	2200							T
		Date	2400							t
Drı	ıg (Approved Nam		0200							T
			0600							t
Dose	Frequency	Route	1000							\vdash
			1200							\vdash
Presc	ribed by	Date	1400							H
			1800							H
Phar	macist	Disc. by	2200							
		Date	2400							t
Dn	ıg (Approved Nam		0200							T
			0600							\vdash
Dose	Frequency	Route	1000							T
			1200							H
Presc	ribed by	Date	1400							\vdash
			1800							\vdash
Phar	macist	Disc. by	2200							H
		Date	2400							\vdash
Dn	ıg (Approved Nam		0200							t
			0600							+
Dose	Frequency	Route	1000							\vdash
			1200							+
Presc	ribed by	Date	1400							+
			1800							+
Phar	macist	Disc. by	2200							\vdash
	Disc. by Date		2200							\perp

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Prescribed by	Date	1400							
		1800							
Pharmacist	Disc. by	2200							
	Date	2400							
Drug (Approved Name)		0200							
		0600							
Dose Frequency	Route	1000							
		1200							
Prescribed by	Date	1400							
·		1800							
Pharmacist	Disc. by	2200							
	Date	2400							
Drug (Approved Name)		0200							
(0600							
Dose Frequency	Route	1000							
Dosc	Route	1200							
Prescribed by	Date	1400							
Tresended by									
Pharmacist	Disc. by	1800							
i narmacist		2200							
D (A	Date	2400							
Drug (Approved Name))	0200							
D F	D (0600							
Dose Frequency	Route	1000							
	Date	1200							
Prescribed by	Date	1400							
Di .		1800							
Pharmacist	Disc. by	2200							
	Date	2400							
Drug (Approved Name))	0200							
	1	0600							
Dose Frequency	Route	1000							
		1200							
Prescribed by	Date	1400							
		1800							
Pharmacist	Disc. by	2200							
	Date								

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			0600							T
Dose	Frequency	Route	1000							T
			1200							T
Presc	ribed by	Date	1400							T
			1800							\vdash
Phar	macist	Disc. by	2200							T
		Date	2400							T
Dr	ug (Approved Nam		0200							T
			0600							T
Dose	Frequency	Route	1000							\vdash
			1200							T
Presc	ribed by	Date	1400							T
			1800							t
Phai	rmacist	Disc. by	2200							T
		Date	2400							t
Drı	ıg (Approved Nam		0200							T
			0600							t
Dose	Frequency	Route	1000							\vdash
			1200							\vdash
Presc	ribed by	Date	1400							H
			1800							H
Phar	macist	Disc. by	2200							
		Date	2400							t
Dn	ıg (Approved Nam		0200							T
			0600							\vdash
Dose	Frequency	Route	1000							T
			1200							H
Presc	ribed by	Date	1400							\vdash
			1800							\vdash
Phar	macist	Disc. by	2200							H
		Date	2400							\vdash
Dn	ıg (Approved Nam		0200							t
			0600							+
Dose	Frequency	Route	1000							\vdash
			1200							+
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			1800							+
Phar	macist	Disc. by	2200							\vdash
	Disc. by Date		2200							\perp

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		0600							
Dose Frequency	Route	1000							
		1200							
Prescribed by	Date	1400							
		1800							
Pharmacist	Disc. by	2200							
	Date	2400							
Drug (Approved Name)		0200							
		0600							
Dose Frequency	Route	1000							
		1200							
Prescribed by	Date	1400							
·		1800							
Pharmacist	Disc. by	2200							
	Date	2400							
Drug (Approved Name)		0200							
(0600							
Dose Frequency	Route	1000							
Dosc	Route	1200							
Prescribed by	Date	1400							
Tresended by									
Pharmacist	Disc. by	1800							
i narmacist		2200							
D (A	Date	2400							
Drug (Approved Name))	0200							
D E	D (0600							
Dose Frequency	Route	1000							
	Date	1200							
Prescribed by	Date	1400							
Di .		1800							
Pharmacist	Disc. by	2200							
	Date	2400							
Drug (Approved Name))	0200							
	1	0600							
Dose Frequency	Route	1000							
		1200							
Prescribed by	Date	1400							
		1800							
Pharmacist	Disc. by	2200							
	Date								

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Drı	ıg (Approved Nam	e)	0200							Т
			0600							T
Dose	Frequency	Route	1000							T
			1200							T
Presc	ribed by	Date	1400							T
			1800							\vdash
Phar	macist	Disc. by	2200							T
		Date	2400							T
Dr	ug (Approved Nam		0200							T
			0600							T
Dose	Frequency	Route	1000							\vdash
			1200							T
Presc	ribed by	Date	1400							T
			1800							t
Phai	rmacist	Disc. by	2200							T
		Date	2400							t
Drı	ıg (Approved Nam		0200							T
			0600							t
Dose	Frequency	Route	1000							\vdash
			1200							\vdash
Presc	ribed by	Date	1400							H
			1800							\vdash
Phar	macist	Disc. by	2200							
		Date	2400							t
Dn	ıg (Approved Nam		0200							T
			0600							\vdash
Dose	Frequency	Route	1000							T
			1200							H
Presc	ribed by	Date	1400							\vdash
			1800							\vdash
Phar	macist	Disc. by	2200							H
		Date	2400							\vdash
Dn	ıg (Approved Nam		0200							t
			0600							+
Dose	Frequency	Route	1000							\vdash
			1200							+
Presc	ribed by	Date	1400							+
			1800							+
Phar	macist	Disc. by	2200							\vdash
	Disc. by Date		2200							\perp

AS REQUIRED (PRN) PRESCRIPTIONS

Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Revi	ew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Revi	ew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Revi	ew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Rev	iew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Revi	ew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions	<u> </u>	Dose/ Rate	
Prescribed by		Given by	
Start Date Rev	iew Date	Checked by	

AS REQUIRED (PRN) PRESCRIPTIONS

Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Revi	ew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Revi	ew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Revi	ew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Rev	iew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions		Dose/ Rate	
Prescribed by		Given by	
Start Date Revi	ew Date	Checked by	
Drug		Date	
Dose Frequency Rout	e Pharm	Time	
Special Instructions	<u> </u>	Dose/ Rate	
Prescribed by		Given by	
Start Date Rev	iew Date	Checked by	

INFUSION PRESCRIPTIONS

al No.
ti

Date	Infusion fluid	Vol.	Additives and dose	Rate	Prescriber's Signature	Start Time	Prepared by	Checked by

INFUSION PRESCRIPTIONS

Patient Name:	Hospital No.
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Date	Infusion fluid	Vol.	Additives and dose	Rate	Prescriber's Signature	Start Time	Prepared by	Checked by

VARIABLE DOSE PRESCRIPTIONS (Steroids, Anti-coagulant and Antibiotics e.g. Vancomycin, Gentamicin, Netilmicin)

Prescription			S	pecial nstructions	Da	te	Re	sult	Dose	Prese By	cribed	Time	
DRUG (APP)	ROVED NAMI	E)											
Route	Start Date	Stop Date											
Prescribers S	Signature												
Pharmacist													
DRUG (APP)	ROVED NAMI	E)											
Route	Start Date	Stop Date											
Prescribers S	ignature												
Pharmacist													
ORAL ANT	I-COAGULAN	NT	Date										
DRUG		INR											
		Dose											
		Time											
Signature	Target INR	Dr.'s											
	INK	Initials Given by											

	INITIALS AND	NAMES OF P	ERSONS ADMINIS	STERING MED	ICATION
Initials	Name (Print)	Initials	Name (print)	Initials	Name (Print)

PRESCRIPTION WRITING POLICY FOR THE CORK UNIVERSITY HOSPITAL April 2001

- 1. Individual in-patient prescription charts must have complete details, as a minimum patient's full name AND hospital number AND date of birth. Preferably an addressograph sticker should be attached. The completeness of the patient details is the responsibility of the prescriber.
- 2. Drugs have to be prescribed legibly and in CAPITAL PRINT, in indelible ink.
- 3. Prescriptions have to be signed by a registered medical practitioner. Signature should be followed by the prescriber's bleep number. The bleep number will help nurses, clinical pharmacists and senior medical staff to reinforce adherence to this policy.
- 4. Names of drugs must be in generic format. For a transition period, it is advised to add the brand name in brackets, e.g. AMLODIPINE (ISTIN). Exceptions from the generic prescription are
 - Combination drugs, e.g. FRUIMIL although the use of the name CO-AMILOFRUSE (40mgs/50mgs), is encouraged;
 - preparations using slow or modified release formulations, e.g. MST;
 - the following drugs because of reasons of bioequivalence: all lithium, theophylline and diltiazem products.
- 5. Abbreviations, e.g. NSA, GTN, ASA, are not permitted.
- 6. Corrections can only be made by re-writing the prescription; crossing out, tipp-ex, etc. are not permitted.
- 7. Discontinued drugs must be signed and dated by the prescriber.
- 8. All drugs prescribed on separate charts, e.g. Insulin must be included on the prescription chart, e.g. Insulin see diabetic Chart.
- 9. Doses should follow the normal convention as follows: g for grams, mg for milligrams, micrograms and nanograms written in full. Avoid decimal points where possible, e.g. 250 micrograms, not 0.25 mg; 500 mg not 0.5 g, 1200 mg not 1.2 g.
- 10. Drug sensitivities (allergies) should be entered in the allocated box.
- 11. The same guidelines apply for drug prescription on HIPE forms and yellow prescriptions. Yellow prescriptions have to be used for all out-of-hospital prescriptions and non-formulary prescriptions. Numbered yellow prescriptions pads are available to doctors through pharmacy.

Cork University Hospital Medication Record

ALLERGIES: (INDICATE NATURE OF REACTION, IF KNOWN) ADMISSION CHART NO. WEIGHT HEIGHT B.S KG M					Affix addressograph here
					NAME:
(INDICAT	E NATURE C	F REACTIO	N, IF KNOW	N)	ADDRESS:
	CHART NO.	WEIGHT	HEIGHT	B.S.A	
Ditte		KG	M	M^2	DATE OF BIRTH:
ADMISSION CHART NO. WEIGHT HEIGHT B.S					HOSPITAL NUMBER:

FOR THE SAFETY OF THE PATIENT

DOCTOR:

- (1) Use approved names, BLOCK LETTERS, metric dosage and avoid abbreviations
- (2) Any changes in drug therapy must be ordered by a new prescription, do not alter existing instructions
- (3) To delete a prescription, insert the date discontinued, draw a line through the whole order and initial it
- (4) If a section is full, transcribe all active orders onto a new Medication Record and file the old one in the patient's notes.

NURSE:

- (1) Check entries in every section to avoid omissions.
- (2) Initial the appropriate box when administering a drug. Include your initial and name once on the initials section.
- (3) In the event of non-administration of a drug, enter the relevant code and initials in the appropriate box (see over) and record rationale for non-administration in nursing/medical records.

ONCE ONLY MEDICATION (INCLUDING PRE-MEDICATION)

DATE	TIME	DRUG (Al	PPROVED NAME)	DOSE	ROUTE	DOCTOR'S SIGNATURE	TIME GIVEN	GIVEN BY
OXYGEN	THERAPY: 1	BY	FLOW RATE	OXYGEN CONC %		DOCTOR'S	NURSE'S	
MASK OR NASAL PRONGS			L/min			SIGNATURE	SIGNATU	RE

REGULAR PRESCRIPTIONS FOR MEDICINES TO BE ADMINISTERED DURING REGULAR MEDICATION ROUNDS

REGULAR PRESCRIPTIONS Drug (Approved Name)		DATE								
		0200								
			0600							
Dose	Frequency	Route	1000							
			1200							
Preso	cribed by	Date	1400							
			1800							
Pha	rmacist	Disc. by	2200							
		Date	2400							
Di	rug (Approved Nam		0200							
			0600							
Dose	Frequency	Route	1000							
			1200							
Prese	cribed by	Date	1400							
	·		1800							
Pha	rmacist	Disc. by	2200							
			2400							
Dr	rug (Approved Name	Date	0200							
Di	ag (ripproved riami	<i>c)</i>								
Dose	Frequency	Route	0600							
Dose	rrequency	Route	1000							
D		Date	1200							
Presc	cribed by	Date	1400							
Dl	rmacist	D: 1	1800							
Pila	macist	Disc. by	2200							
	/A 131	Date	2400							
Dr	rug (Approved Name	e)	0200							
			0600							
Dose	Frequency	Route	1000							
		_	1200							
Preso	cribed by	Date	1400							
			1800							
Pha	rmacist	Disc. by	2200							
		Date	2400							
Dr	rug (Approved Name	e)	0200							
			0600							
Dose	Frequency	Route	1000							
			1200							
Preso	cribed by	Date	1400							
			1800							
Pha	rmacist	Disc. by	2200							
		Date	2400							