MedEd **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	Anita Ren
Patient Number	12345678
Ward	COTE
DOB	01/02/1947
Date of Admission	10/05/2023
Consultant	Dr Who
Weight	46A Surface Area

AFFIX ADDRESSOGRAPH HERE

DRUG SENSITIVITIES

ONCE ONLY

Date	Time	Pharmacy	Drug (Approved Name)	Dose	Route	Doctor's Signature NAME	Time Given	Given by	Checked by
									10/0

OTHER CHARTS IN USE

Date	Type of Chart	Details	Signature NAME

Name Anita Ren Number 123456789

REGULAR

Drug (Approved Name)	Dose	Route	Notes	Start Date	Signature	Date Discontinued & Initials	Pharmacy
Metformin - Modified Release	1g	PO		05/05/2023	NAME A.Dingwall [signed] [GMC]		

DATE		10/05	11/05
	☐		
0800	✔	AD	
1200	☐		
1800	☐		
2200	☐		
	☐		

Drug (Approved Name)	Dose	Route	Notes	Start Date	Signature	Date Discontinued & Initials	Pharmacy
Beclometasone	400 micrograms	Inhaled		10/05/2023	NAME A.Dingwall [signed] [GMC]		

		10/05	11/05
	☐		
0800	✔	AD	
1200	☐		
1800	✔	AD	
2200	☐		
	☐		

Drug (Approved Name)	Dose	Route	Notes	Start Date	Signature	Date Discontinued & Initials	Pharmacy
Ramipril	5mg	PO		10/05/2023	NAME A.Dingwall [signed] [GMC]		

		10/05	11/05
	☐		
0800	✔	AD	
1200	☐		
1800	☐		
2200	☐		
	☐		

Drug (Approved Name)	Dose	Route	Notes	Start Date	Signature	Date Discontinued & Initials	Pharmacy
Sertraline	50mg	PO		10/05/2023	NAME A.Dingwall [signed] [GMC]		

		10/05	11/05
	☐		
0800	✔	AD	
1200	☐		
1800	☐		
2200	☐		
	☐		

Drug (Approved Name)	Dose	Route	Notes	Start Date	Signature	Date Discontinued & Initials	Pharmacy
					NAME		

	☐
0800	☐
1200	☐
1800	☐
2200	☐
	☐

Drug (Approved Name)	Dose	Route	Notes	Start Date	Signature	Date Discontinued & Initials	Pharmacy
					NAME		

	☐
0800	☐
1200	☐
1800	☐
2200	☐
	☐

AS REQUIRED THERAPY

Drug (Approved Name)			Date											
Salbutamol			Time											
Dose	Route	Start Date	Dose											
1-2 puffs	Inhaled	10/05/2023	Given by											
Frequency & Instructions		Signature	Date											
100 micrograms/dose, up to QDS		NAME A Dingwall [signed] [GMC]	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											
		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											
		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											