**NURS 1654**

**Medicines Management**

**Summative Workbook Assessment**

**Max word count:**

**1500 words +/- 10%**

**Submission Deadline:**

**Word Count:**

**Mental Health Course Leader:**

**Cohort:**

**PTG Leader:**

The workbook assignment for NURS 1654 **Level 5** Medicines management module is in two parts:

**Part 1:** Completion of four summative questions linked to learning outcomes 1-4. Total word count for part 1 is 1500 words at level 5.

**Part 2:** Completion of Essential Skills health numeracy assessment using the SafeMedicate platform with a grade of 30/30 (100%) linked to learning outcome 4. Completion of this SafeMedicate assessment needs to be evidenced as a screenshot inserted into the section marked **Part 2**. 100% is required to pass.

Further information about this assessment will be given during the module and using the Moodle virtual learning environment and external SafeMedicate platform.

**Parts 1 & 2** both need to be passed to achieve an overall module pass. A grade will be assigned to the written part 1 (the pass mark being 40%). Suggested word counts have been allocated to each question, weighted respectively to the marks available. All questions need to be answered.

**Part 1: Summative Workbook**

Please use this template to complete your workbook. Details of your patient are given below, and you will find the patient's PSD/MAR chart in Appendix 1:

**Patient Scenario:**

Narayan is a journalist (aged 60) with a diagnosis of bipolar affective disorder. He was born in India but came to London to study aged 18, married soon after and settled here. Early in his career he was diagnosed with bipolar disorder, but this has been well controlled with lithium over the past few years. He continues to work, is happily married, and he and his wife follow the Hindu religion. His faith means a great deal to him. Two days ago, his wife expressed concern to his Consultant Psychiatrist that his behaviour was becoming increasingly erratic. They had agreed to save for a family holiday next year, but Narayan had spent the money on elaborate dance outfits to wear to a local Tango class. Narayan's wife reports he usually enjoys dancing with her but that impulsive spending without consideration and what she describes as 'loud behaviour' and elation at the dance class is not usual for him when he is well. He is also working long hours and colleagues are telling her that his writing is not making sense. Narayan and his mental health nurse had previously identified lack of sleep, overwork, impulsive spending, and behaviour he was likely to find embarrassing later as indicative of deteriorating mental state. However, Narayan wants to be home to celebrate Diwali with his three adult children and therefore did not want to be admitted to hospital. He was admitted to the University of Greenwich Mental Health Acute Unit under Section 3 of the Mental Health Act, 1983 (amended 2007) **in the early hours of 3rd October** due to his deteriorating mental state.

He was agitated upon admission, and again when told he couldn't attend his dance class, but responded well to lorazepam and is also responsive to verbal de-escalation. The psychiatrist would like to check lithium levels prior to increasing his dose but Narayan is not keen on having his dose increased. He is presenting with pressured speech, flight of ideas, elated mood and is mildly irritable when you remind him that he needs to have a blood test to check lithium levels and kidney function later today. **You are doing the 8am medication round on 4th October, 2024**. At handover you were informed that his tooth pain is not well controlled, and an analgesic review is requested. Narayan takes his lithium but tells you, 'The blood test can wait, it's always OK anyway and I have an important party to plan.' His wife has mentioned that he always takes his lithium at home. Narayan recently started dancing with his wife as a means of improving his physical fitness as he had some concerns that he was gaining weight. He also has type 2 diabetes, hypertension, high cholesterol, andgastro-oesophageal reflux disease. Today you notice he has a slight tremor, and his wife is concerned he isn't stopping between activities on the ward to drink enough water. Before medication round you noticed him arranging line dancing with other patients in the lounge; he rarely sits down. He expresses a preference for liquid medication over tablets as he has never liked swallowing tablets. His wife has brought him some grapefruit from the local shop.

**Use the provided patient history and the Patient Specific Directions (PSD) and Medicines Administration Record (MAR) (combined) to develop your answers.**

**Please answer all four questions in Part 1 (Q1-4). Your work must be supported with appropriate references and include a reference list.**

**Part 1:**

**Q1: With reference to your field of practice, considering local and national guidelines and policies, provide a critical discussion of your future registrant's role when identifying the legal requirements of a medication prescription. (Guide 300 words, 20 marks)**

As a future registered nurse specializing in mental health, I am committed to empowering evidence-based practice in medication management. Utilizing proven strategies enhances patient well-being and ensures their safety. Understanding and applying relevant legislation is crucial for effective pharmacotherapy practices, protecting nurses and patients from legal repercussions (Nursing, Ernstmeyer, and Christman, 2022). Established guidelines for pharmaceutical prescriptions are set by the Medicines Act 1968 and the Mental Health Act 1983 (amended 2007). The Medicines Act regulates licensing, prescribing, and administering medications to safeguard public health (Taylor, Barnes, and Young, 2021). Additionally, the Mental Health Act outlines legal treatment parameters for those with mental health disorders, reinforcing ethical nursing practices (Barber, Brown, and Martin, 2020). Familiarizing myself with these laws is essential for fulfilling my clinical responsibilities effectively.Top of Form

Prescription accuracy and legality are significant responsibilities for nurses, as emphasized by Dowie and Griffith (2019). Nurses must ensure that prescriptions are clear, legal, and appropriate for each patient. Rodziewicz et al. (2024) outlines the process, which includes interpreting orders, performing dosage calculations, and verifying patient medical histories. This meticulous approach enhances the overall quality of care and ensures compliance with legal standards. As future registered nurses, we will monitor medication prescriptions carefully, relying on guidelines from Mutsatsa (2021). Effective communication within multidisciplinary teams is vital for managing medications (Serper et al., 2023), while adherence to legal standards is essential for mitigating risks associated with medication errors (Mutair et al., 2021). Thus, fulfilling this responsibility requires committed and informed nursing practice.

Top of Form

The nursing practice requires an understanding of legal requirements in medication management. Integrating legal knowledge into evidence-based practice will promote a safer healthcare environment and further reinforce nursing discipline as a professional body (Peate and Hill, 2021). This will continue to offer registrants opportunities to maintain patient care standards and enhance relevance.

**Q2a:** **Describe, with reference to known evidence base and theory, the "*human factors*" which contribute to medication errors and strategies which might be employed to reduce the risk of a medication error occurring. (Guide 250 words, 10 marks)**

Human factors in healthcare are the combination of the personality of individuals, the job that the individuals are assigned to do, the tools, and the atmosphere where the job is being done. This idea suggests that healthcare systems are complex, and a good grasp of how human behavior, capability, and limitation factors in patient safety risk reduction is essential (Mutsatsa, 2021). Human factors provide healthcare professionals with a means to create safer systems that enable effective practice and reduce the likelihood of error.

Medication errors in clinical settings involve several human factors. Poor handover process results in misunderstanding medication orders because of communication breakdown (Dougherty Lister and West-Oram, 2015). High workloads and understaffing create an atmosphere in which nurses are busy, creating an oversight in the preparation and administration of medication (Bell et al., 2023). Restraint is crucial in noisy environments or inadequate workspaces, as environmental stressors distract practitioners and increase their risk of error.

There are several ways of introducing strategies to reduce the risks posed by medication errors. Developing standardized protocols with documented communication among team members helps reduce misunderstanding and improve teamwork (Bendowska and Baum, 2023). Secondly, ongoing staff training and education ensure that healthcare professionals keep up with best practices in medical management (Zhang et al., 2024). Workplace designs should be ergonomically designed to maximize the physical environment to lessen distractions or make people focus on critical tasks (Davison, 2020). With these strategies, healthcare organizations can develop safer systems that support patient and staff safety.

**Q2b: Reviewing the attached combined PSD/MAR chart, please identify any medication error(s) and what actions should be taken if needed.** **(Guide 150 words, 10 marks)**

Analysis of Narayan's Patient Specific Direction (PSD) and Medication Administration Record (MAR) shows glaring differences that require attention. Narayan documented an allergy to Ibuprofen, but MAR indicates that Ibuprofen has been used for pain (Chopra, Pappu, and Sivaraman, 2020). In Narayan's case, he has been put on a regimen of lithium, 1.56g, and atorvastatin, 10 mg, which may lead to drug interactions and require careful monitoring of his renal function as he has type 2 diabetes and hypertension (Taylor, Ashelford, and Raynsford 2016). The discrepancies should be addressed by notifying the prescribing physician about allergies and reviewing the background of Ibuprofen for pain management (Ngo and Bajaj, 2024). Furthermore, Narayan's record of these findings and actions taken is critical to ensuring that healthcare providers taking part in his care are all informed and make needed adjustments to reduce the risk of medications being administered to Narayan.

**Q3a. You are required to administer the 8am dose of lithium 1.56g in liquid form. You have liquid available 520mg in 5mls. You must tell us how many millilitres of lithium you would give. Tell us how you calculated your answer, including the formula you used. (5 marks)**

To determine the volume of lithium solution to administer, start with the prescribed dose and the concentration of the available lithium solution (Boyd, 2013).

The prescribed dose is 1.56 grams (g).  
To convert this to milligrams (mg), multiply by 1000:

The available lithium solution has a concentration of 520 mg in 5 millilitres (ml).  
To find the concentration in mg/ml, divide the amount of drug by the volume:

To calculate the volume of solution required, use the formula:

To deliver the prescribed dose of 1.56 grams of lithium, 15 millilitres (ml) of the available lithium solution is needed. This was calculated by converting grams to milligrams, determining the concentration of the solution, and applying the formula for volume.

**Q3b. Critically discuss the monitoring requirements for lithium and how you would work in partnership to achieve concordance with treatment. (Guide 400 words, 25 marks)**

Due to lithium's narrow therapeutic index, the distinction between practical and toxic doses is minimal, making therapeutic monitoring essential. Most patients require regular blood tests to ensure lithium levels remain between 0.6 and 1.2 mmol/L (Zorrilla et al., 2023). Blood samples must be taken 12 hours after the last dose to assess serum lithium levels accurately. For patients like Narayan, behavioral changes and tremors might indicate either subtherapeutic or toxic levels, underscoring the importance of timely monitoring (Comanescu, 2022). Monitoring should include serum lithium levels, creatinine, electrolytes, and thyroid function tests due to lithium's potential effects on these systems and renal function (Mahli et al., 2020). Routine monitoring for signs of toxicity should occur every 3–6 months, or more frequently with changes in dosage, to promote early detection of toxicity and effective management of chronic lithium-related side effects (Kuczyńska and Zakrzewska-Sito, 2021). Such comprehensive monitoring is vital for ensuring safe and effective lithium therapy for patients like Narayan, ultimately improving health outcomes.

Good concordance with treatment is crucial for effectively managing chronic conditions, such as lithium therapy. Collaborative communication between healthcare providers and patients is central to this process (Asan, Yu, and Crotty, 2021). Building therapeutic alliances among the nurse, patient, and multidisciplinary team fosters an environment that promotes effective management and enhances patient accountability (Molina-Mula and Gallo-Estrada, 2020). Engaging Narayan in discussions about monitoring and the importance of taking prescribed medications will encourage compliance (Mwebe, 2021). Tailoring educational interventions to his preferences, using simple language to explain lithium's side effects and the rationale for blood monitoring, will help ensure active participation in his treatment (Hidalgo-Mazzei et al., 2023).

In addition, Narayan's culture and beliefs will be considered to achieve a respectful and effective patient-nurse partnership. It will be recognized and integrated, his cultural values will be respected, and his medical needs will be attended to by acknowledging and integrating his preferences for oral liquid medications (Cross et al., 2020). Furthermore, discussions concerning dietary matters, such as the concern of the grapefruit, imitate the lithium metabolism (Nash, 2014). Regular follow-ups will be an excellent opportunity to discuss lab results, answer questions, and make adjustments as necessary in a collaborative manner (Zhang et al., 2020). Empowering Narayan to take proactive action regarding concerns regarding side effects will promote Narayan's attitude toward the treatment plan and help him achieve his goal (Hickmann, Richter, and Schlieter, 2022). Monitoring patients on Narayan and promoting collaboration through education will be crucial to ensure safer and more effective medication management.

**Q4a. You are required to administer the 8am dose of metformin 500mg in liquid form. You have oral suspension available 1g in 5mls. How much will you give in mls? Calculate your answer giving working and formula. (5 marks)**

To determine the volume of metformin oral suspension needed to administer a dose of **500 mg**, start by noting the available concentration of the medication.

Since the available suspension concentration is given in grams, convert the prescribed dose from milligrams (mg) to grams (g):

The available oral suspension has a concentration of 1 g in 5 ml.  
To find the concentration in mg/ml, convert grams to milligrams:

Calculate the volume needed to achieve the prescribed dose.  
Using the formula:

Substitute the values:

Perform calculation

**Q4b.** **With reference to Naryan's MAR, you will note he is prescribed several medications. Critically discuss the implications of this. (Guide 400 words, 25 marks)**

Narayan is on multiple medications, each with distinct characteristics and possible interactions, many of which have similar indications and specific physiological effects. These medications must be taken several times daily to align with standard treatment protocols (Baryakova et al., 2023). This regimen involves a gradual decline in the function of syncytial nuclei and their cytoplasmic components (Verkhratsky et al., 2023). Lithium is indicated for bipolar disorder, metformin for type 2 diabetes, atorvastatin for high cholesterol, captopril for hypertension, and lansoprazole for gastro-oesophageal reflux disease (Lee et al., 2024). The complexity of this polypharmacy underscores the challenges and considerations associated with safe medication administration.

Narayan's mental illness and comorbid medical conditions are at risk for adverse drug interactions and side effects when polypharmacy increases. Lithium is dependent on close monitoring because its narrow therapeutic index opens for combinations with diuretics such as captopril that increase lithium levels with increased risk of toxicity (Schneir and Masom, 2020). Patients who take both lithium and metformin are at greater risk of renal impairment, and, therefore, Narayan should have his kidney function monitored more closely to limit serious complications (Mutsatsa, 2021). The interplay between these drugs makes it critical for healthcare professionals to know their pharmacology and interactions.

The presence of multiple medications can significantly impact Narayan's treatment adherence. Healthcare providers must explain each medication clearly, covering its purpose, potential side effects, and the rationale for its use, highlighting the importance of compliance (Hillman et al., 2020; Jeraisy et al., 2023). Engaging patients through simplified language and written educational materials can enhance Narayan's Understanding of his treatment plan. Additionally, medication management for bipolar disorder patients like Narayan is complex due to their mood fluctuations, which can influence their perception of medication (McIntyre et al., 2022). During manic episodes, he may feel invincible and reduce his medication, destabilizing his condition (Papadimitriou, Antoniadis, and Ververi, 2022). Therefore, maintaining open communication about his mental health and medication is crucial for ensuring adherence and integrating these discussions into his overall care.

The multidisciplinary team (MDT) will conduct the final review of Narayan's medication regimen. Continuous collaboration among pharmacists, nurses, and prescribers is essential to assess the efficacy and safety of his medications. Simplifying his regimen is a priority to meet his needs while minimizing polypharmacy, which reduces the risk of drug interactions and side effects (Elnaem et al., 2020). Effective planning and collaboration among healthcare professionals are crucial to recognizing the complexities of polypharmacy, fostering adherence, and ensuring regular reviews to optimize safety and efficacy (Robertson, 2016).

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**Part Two:**

**Evidence of completion of summative Essential Skills SafeMedicate assessment with 30/30 grade.**

Please insert a screenshot here as proof of successful completion of the SafeMedicate summative Essential Skills numeracy assessment. This screenshot must clearly show your name and student ID and grade achieved.

**Example of a screen shot of your safe medicate results please delete the example below and replace with your own evidence** of successful completion.

Graphical user interface

Description automatically generated

To take a screen shot you need to access your results in the assessment feedback, hover your mouse over this top section and press prt scr (which is usually at the top right of your computer).

You need to have your workbook word document open and right click past the document in this section and save the document as evidence of passing this element of the workbook.

During the module you will be given formative practice using Safe Medicate essential skills questions for this section of the workbook and then a set period of time for you to achieve the summative pass evidence as seen above. You will be given instructions about when you can take this assessment to be included here by your module team.

By placing a tick (√) in the box below you are indicating the safe medicate assessment was undertaken by yourself and is no one else's work

Date competed:

I confirm this is my own work

**Please remember to save this section of the workbook and ensure it is the one you want marked you do not need to submit the MAR below:**

**Appendix 1: Patient Specific Direction (PSD)/Medication Administration Record (MAR) chart**

**University Hospitals**

|  |  |
| --- | --- |
| **Surname**: **GUPTA**  **Forename(s): Narayan**  **Date of birth: 02.06.1964 (currently 60years old)**  **Hospital Number: 777222** | **Height (m): 1.78m**  **Weight (kg):** **90 Kg** |
| **Ward: Acute Admissions Unit (AAU)** | **Consultant: Dr Carnie** |
| **Date of admission: 03.10.24** | **Time of admission: 06.00** |

**Number of prescription records**

**Chart 1** **2** **3** 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ALERTS: Allergies/sensitivities/adverse reaction** | | | | | |
| **Medicine(s) or foods** | | | | **Effect(s)** | |
|  | | | |  | |
| **Ibuprofen** | | | | **Nausea and rash** | |
|  | | | |  | |
|  | | | |  | |
| **IF NO KNOWN ALLERGIES TICK BOX** | | |  |  | |
| **Signature:** | ANO Carnie | **Bleep Number: 123** | **Date:** | **03.10.24** |
| **Allergy status MUST be completed and SIGNED by a prescriber/pharmacist/nurse BEFORE any medicines are administered.** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication risk factors** | | | |
| **Pregnancy**  | **Renal Impairment**  | **Impaired oral access**  | **Diabetes** √ |
| **Other high-risk conditions** –**specify.** | | **Patient self-medicating**  | |

|  |  |
| --- | --- |
| Medicine non-administration/self-administration: | |
| If a dose is omitted for any reason, the nurse should enter the relevant code on the administration record, sign and date the entry. | |
|
| 1.Medicine unavailable | 2.Patient off ward |
| 3.Self-administration | 4.Unable to administer |
| 5.Stat dose given | 6.Prescription incorrect/unclear |
| 7.Patient refused | 8.Nil by mouth (on doctor's instruction only) |
| 9.Low pulse and/or low blood pressure | 10.Other – state in nursing notes including action taken |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ONCE ONLY MEDICINES, PREMEDICATION, ANTIBIOTIC PROPHYLAXIS AND PATIENT GROUP DIRECTIONS** | | | | | | | | | |
| **Date** | **Drug** | **Dose** | **Route** | **Instructions** | **Time required** | **Prescriber's signature, print name**  **& bleep number** | **Time given** | **Signature given** | **Pharmacy check** |
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| **HOSPITAL MEDICATION PRESCRIPTION AND ADMINISTRATION RECORD** | | | | | |
| **Surname**: **GUPTA**  **Forename(s): Narayan**  **Date of birth: 02.06.1964**  **Hospital Number: 777222** | | | **Height (m): 1.78**  **Weight (kg): 90kg** | | |
| **Ward: AAU** | | | **Consultant: Dr Carnie** | | |
| **Date of admission: 03.10.24** | | | **Time of admission: 06.00** | | |
| **PRESCRIBED OXYGEN** | | | | | | |
| **For most chronic conditions, oxygen should be prescribed to achieve a target saturation of 94-98% (or 88-92% for those at risk of hypercapnic respiratory failure i.e. CO2 retainers).**  Is the patient a known CO2 retainer?No | | | | | | |
| Continuous oxygen therapy  Target O2 saturation 94-98%  'When required' oxygen therapy    Target O2 saturation  Other saturation range: Saturation not indicated e.g. end-of-life care (state reason) | | Check and record flow rate (FR) and device (D) at each medicine round or other times specified. | | | | |
| Starting device and flow rate: | Start date: | Date | | Time | FR/D signature | |
|  | |  |  | |
| Prescriber's signature: | Stop date: |  | |  |  | |
| Print name: | Pharmacy check: |  | |  |  | |
| **Codes for starting device and modes of delivery** | | | | | | |
| Air not requiring oxygen or weaning or PRN oxygen | A | Humidified oxygen at 28% (add% for other flow rate) | | | H28 | |
| Nasal cannulae | N | Reservoir mask | | | RM | |
| Simple mask | M | Tracheostomy mask | | | TM | |
| Venturi 24 | V24 | Venturi 35 | | | V35 | |
| Venturi 28 | V28 | Venturi 40 | | | V40 | |
| Venturi 60 | V60 | Patient on CPAP system | | | CP | |
| Patient on NIV system | NIV | Other device (specify) | | |  | |

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| **Venous Thromboembolism Risk Assessment** | | | |
| Does this patient need thromboprophylaxis? | Y/N | Signature | Date |
| N | Dr ANO Carnie | 03.10.24 |
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|  |  |  |
| If yes, please prescribe appropriate thromboprophylaxis on prescription chart.  If contraindicated, please state reason:  NB: reassess risk of bleeding and venous thromboembolism within 24 hours and if clinical situation changes | | | |

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| **HOSPITAL MEDICATION PRESCRIPTION AND ADMINISTRATION RECORD** | |
| **Surname**: **GUPTA**  **Forename(s): Narayan**  **Date of birth: 02.06.64**  **Hospital Number: 777222** | **Height (m): 1.78 m**  **Weight (kg): 90kg** |
| **Ward: AAU** | **Consultant: Dr Carnie** |
| **Date of admission: 03.10.24** | **Time of admission: 06.00** |
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| **ANTIMICROBIALS** | | | | | | | | |
| **Review IV after 24-48 hours – Review oral after 5-7 days** | | | | | | | | |
| 1.Drug |  | | | | Date and signature of nurse administering medications and code if not administered. | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Date/Time/sig** | **Date/Time/sig**: | **Date/time/sig**: | Date/time/sig |
| Start Date |  |  |  |  |  |  |  |  |
| Finish date |  | Cultures sent? |  Yes/No | |  |  |  |  |
| Prescriber's signature and bleep | |  | | | Print name |  | Pharmacy  Check | |  |

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| 2.Drug |  | | | | Date and signature of nurse administering medications and code if not administered. | | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Date/Time/ Sig** | **Date/time/sig** | **Date/time/sig** | | Date/time sig | |
| Start date |  | Indication/ Organism |  | |  |  |  | |  | |
| Finish date |  | Cultures sent? | Yes/No | |  |  |  | |  | |
| Prescriber's signature and bleep | |  | | | Print name |  | | Pharmacy  Check | |  |

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| **HOSPITAL MEDICATION PRESCRIPTION AND ADMINISTRATION RECORD** | |
| **Surname**: **GUPTA**  **Forename(s): Narayan**  **Date of birth: 02.06.64**  **Hospital Number: 777222** | **Height (m):1.78**  **Weight (kg): 90 kg** |
| **Ward: AAU** | **Consultant: Dr Carnie** |
| **Date of admission: 03.10.24** | **Time of admission: 06.00** |
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| **REGULAR MEDICINES** | | | | | | | | | |
| **VTE PRESCRIPTION ONLY**. Preparation: | | | | | Date and signature of nurse administering medications and code if not administered. | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Time** | **Date:** | **Date:** | **Date:** | **Date:** |
|  |  |  |  |  |  |  |  |  |  |
| Start date |  | Instructions/indication | | |  |  |  |  |  |
| Finish Date |  |  |  |  |  |  |
| Pharmacy  Check |  |  |  |  |  |  |
| Prescriber's signature and bleep | |  | | | Print name |  | | | |

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| Drug | Priadel® Liquid | | | | Date and signature of nurse administering medications and code if not administered. | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Time** | **Date:** | **Date:** | **Date:** | **Date:** |
|  | 1.56g | Twice a day | Oral | Ongoing | 08.00 | 03.10.24  P Evans |  |  |  |
| Start date | 03.10.24 | Instructions/indication  For bipolar affective disorder.  Patient preference is oral liquid. | | | 13.00 |  |  |  |  |
| Finish Date |  | 18.00 | 03.10.24 C Sevenoaks  C |  |  |  |
| Pharmacy  Check | y | 22.00 |  |  |  |  |
| Prescriber's signature and bleep | | Dr ANO Carnie Bleep 007 | | | Print name | Anthony Nigel Oliver CARNIE | | | |

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| Drug | Captopril | | | | Date and signature of nurse administering medications and code if not administered. | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Time** | **Date:** | **Date:** | **Date:** | **Date:** |
|  | 25 mg | Twice a day | Oral | ongoing | 08.00 | 03.10.24  P Evans |  |  |  |
| Start date | 03.10.24 | Instructions/indication  Patient preference is oral liquid.  For Hypertension | | | 13.00 |  |  |  |  |
| Finish Date |  | 18.00 |  |  |  |  |
| Pharmacy  Check | Y | 22.00 |  |  |  |  |
| Prescriber's signature and bleep | | Dr ANO Carnie Bleep 007 | | | Print name | Anthony Nigel Oliver CARNIE | | | |

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| Drug | Metformin hydrochloride | | | | Date and signature of nurse administering medications and code if not administered. | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Time** | **Date:** | **Date:** | **Date:** | **Date:** |
|  | 500mgs | Three times daily | Oral | ongoing | 08.00 | 03.10.24  P Evans |  |  |  |
| Start date | 03.10.24 | Instructions/indication  For Type 2 diabetes. Patient preference is oral liquid.  Administer with meals | | | 13.00 | 03.10.24 C Sevenoaks |  |  |  |
| Finish Date |  | 18.00 | 03.10.24 C Sevenoaks |  |  |  |
| Pharmacy  Check | Y | 22.00 |  |  |  |  |
| Prescriber's signature and bleep | | Dr ANO Carnie Bleep 007 | | | Print name | Anthony Nigel Oliver CARNIE | | | |

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| Drug | Lansoprazole | | | | Date and signature of nurse administering medications and code if not administered. | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Time** | **Date:** | **Date:** | **Date:** | **Date:** |
|  | 60 mg | Once a day | Oral | ongoing | 08.00 | 03.10.24  P Evans |  |  |  |
| Start date | 03.10.24 | Instructions/indication  For GORD  Orodispersible tablets preferred. | | | 13.00 |  |  |  |  |
| Finish Date |  | 18.00 |  |  |  |  |
| Pharmacy  Check | Y | 22.00 |  |  |  |  |
| Prescriber's signature and bleep | | Dr ANO Carnie Bleep 007 | | | Print name | Anthony Nigel Oliver CARNIE | | | |

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| Drug | Atorvastatin | | | | Date and signature of nurse administering medications and code if not administered. | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Time** | **Date:** | **Date:** | **Date:** | **Date:** |
|  | 10 mg | Once a day | Oral | ongoing | 08.00 |  |  |  |  |
| Start date | 03.10.24 | Instructions/indication  Patient preference is for chewable tablet preparation.  For hypercholesterolaemia | | | 13.00 |  |  |  |  |
| Finish Date |  | 18.00 |  |  |  |  |
| Pharmacy  Check | Y | 22.00 | 03.10.24  P Evans |  |  |  |
| Prescriber's signature and bleep | | Dr ANO Carnie Bleep 007 | | | Print name | Anthony Nigel Oliver CARNIE | | | |

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| **HOSPITAL MEDICATION PRESCRIPTION AND ADMINISTRATION RECORD** | |
| **Surname**: **GUPTA**  **Forename(s): Narayan**  **Date of birth: 02.06.1964**  **Hospital Number: 777222** | **Height (m): 1.78**  **Weight (kg): 90 kg** |
| **Ward:AAU** | **Consultant: DR ANO Carnie** |
| **Date of admission: 03.10.24** | **Time of admission: 06.00** |

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| **'AS REQUIRED' MEDICINES** | | | | | | | | | |
| Drug | Paracetamol Effervescent tablets | | | | Date and signature of nurse administering medications and code if not administered. | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Time date** | Signature | **Time date** | Signature |  |
| 03.10.24 | 1000mg | 4-6 hours max 4 g in 24 hours | PO | 3 days | 03.10.24  08.00 | Gale.Plg | 03.10.24  13.00 | Gale.Plg |  |
| Start date | 03.10.24 | Instructions/indication for distress /discomfort with pain or fever  For toothache. Patient prefers effervescent tablets | | | 03.10.24  18.00 | P Evans | 03.10.24  22.30 | P Evans |  |
| Finish Date | 03.10.24 | 04.10.24  06.45 | Gale.Plg |  |  |  |
| Prescriber's signature and bleep | | Dr ANO Carnie Bleep 007 | | | Print name | Anthony Nigel Oliver CARNIE | | | |

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| Drug | Lorazepam | | | | Date and signature of nurse administering medications and code if not administered. | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Time Date:** | signature | **Date:** | signature |  |
| 03.10.24 | 2mg | Max 4mg in 24 hours | PO | 3 days | 03.10.24  06.00 | P Evans |  |  |  |
| Start date | 03.10.24 | Instructions/indication:  For agitation. Prefers oral solution.  . | | |  |  |  |  |  |
| Finish Date | 10.10.24 |  |  |  |  |  |
| Prescriber's signature and bleep | | Dr ANO Carnie Bleep 007 | | | Print name | Anthony Nigel Oliver CARNIE | | | |

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| Drug | Ibuprofen Oral Suspension | | | | Date and signature of nurse administering medications and code if not administered. | | | | |
| **Date** | **Dose** | **Frequency** | **Route** | **Duration** | **Time Date:** | signature | **Date:** | signature |  |
| 04.10.24 | 200mg-400 mg | 6-8 hourly max 2400 mg in 24 hours | PO | 3 days |  |  |  |  |  |
| Start date | 04.10.24 | Instructions/indication  For toothache. Give with food | | |  |  |  |  |  |
| Finish Date | 11.10.24 |  |  |  |  |  |
| Prescriber's signature and bleep | | Dr R Pepper bleep 123 | | | Print name | Dr R Pepper | | | |

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| **HOSPITAL MEDICATION PRESCRIPTION AND ADMINISTRATION RECORD** | | | | | | | | | | | |
| **Surname**:  **Forename(s):**  **Date of birth:**  **Hospital Number:** | | | | | **Height (m):**  **Weight (kg):** | | | | | | |
| **Ward: Q ward** | | | | | **Consultant:** | | | | | | |
| **Date of admission:** | | | | | **Time of admission:** | | | | | | |
|  | | | | |  | | | | | | |
| **INFUSIONS** | | | | | | | | | | | | |
| **Bolus IM injections should be prescribed on the standard section of the drug chart. If no additive is to be used, enter 'nil' in the 'drug added' column.** | | | | | | | | | | | | |
| **Date** | **INFUSION FLUID** | | | **Duration or rate**  **Batch number** | | **Prescriber's signature** | **Given by** | **Checked by** | **Start time** | **Stop time** | **Vol. given (ml)** | |
| **Name/strength** | **Volume (ml)** | **Route (IV/SC)** |
|  |  |  |  |  | |  |  |  |  |  |  | |
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