कर्मचारी राज्य बीमा निगम अस्पताल, पिण्या, बेंगलूर - 560 022

EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL, PEENYA, BENGALURU - 560 022.

(Under Ministry of Labour & Employment, Govt. of India)

In Patient Prescription Chart

Allergies and adverse drug reactions	
Medicine/Substance	Reaction

NAME : _____

WARD : _____

Insurance No. : _____ MRD No.: _____

DOA : _____

Year : Day and month : →																			
Circle times or enter variable dose / time ▼																			
1. Drug		Dose	6-8																
			12-14																
Route	Additional Instruction	Date	16-18																
			20-22																
2. Drug		Dose	6-8																
			12-14																
Route	Additional Instruction	Date	16-18																
			20-22																
3. Drug		Dose	6-8																
			12-14																
Route	Additional Instruction	Date	16-18																
			20-22																
4. Drug		Dose	6-8																
			12-14																
Route	Additional Instruction	Date	16-18																
			20-22																
5. Drug		Dose	6-8																
			12-14																
Route	Additional Instruction	Date	16-18																
			20-22																
6. Drug		Dose	6-8																
			12-14																
Route	Additional Instruction	Date	16-18																
			20-22																
7. Drug		Dose	6-8																
			12-14																
Route	Additional Instruction	Date	16-18																
			20-22																

Year : Day and month : →

Circle times or enter variable dose / time

Drug	Dose	Route	Additional Instruction	Date	Time
8. Drug					6-8
					12-14
					16-18
					20-22
9. Drug					6-8
					12-14
					16-18
					20-22
10. Drug					6-8
					12-14
					16-18
					20-22
11. Drug					6-8
					12-14
					16-18
					20-22
12. Drug					6-8
					12-14
					16-18
					20-22
13. Drug					6-8
					12-14
					16-18
					20-22
14. Drug					6-8
					12-14
					16-18
					20-22

ntravenous & Subcutaneous infusion :

Date	Infusion Fluid		Additions to infusion		I.V. / SC	Time to run or ml / hr	Sign
	Type / Strength	Volume	Drug	Dose			

ddditional chart in use :

odes for recording omitted doses.

(N) = nil by mouth
(R) = patient refused
(P) = patient not available
(S) = unable to swallow
(V) = vomiting
(D) = drug not available
(O) = other*
(OR) = prescribed omission*
*Record reason in nursing notes