

Allergies and adverse drug reactions

Sample-11

कर्मचारी राज्य बीमा निगम अस्पताल, पिण्या बेंगलुरु - 560 022

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



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

ISO 9001: 2015 CERTIFIED

In Patient Prescription Chart

Medicine/Substance Reaction					WARD:							
Year	: Day and N	4onth		→								
Circle t	imes or enter variable o	dose / time	-	_								
1. Drug		Dose	6-8									
			12-14					•				
Route	Additional Instructio	n Date	16-18									
			20-22									
2. Drug		Dose	6-8									
			12-14									
Route	Additional Instructio	n Date	16-18									
			20-22									
3. Drug		Dose	6-8									
			12-14									
Route Additional Instr	Additional Instructio	uction Date	16-18									
			20-22									
4. Drug		Dose	6-8									
			12-14									
Route	Additional Instructio	n Date	16-18									
			20-22									
5. Drug		Dose	6-8									
			12-14									
Route	Additional Instructio	n Date	16-18									
			20-22									
6. Drug		Dose	6-8									
			12-14									
Route	Additional Instructio	Date	16-18									
			20-22									
7. Drug		Dose	6-8									
			12-14									
Route	Additional Instructio	n Date	16-18									

Year:	Day and Mo	nth	91119	PI,	7.17									
Circle ti	mes or enter variable do			V	E E						100			
8. Drug		Dose	6-8	60Y	28		ELE							
			12-14	ploym			SI		MAL!					
Route	oute Additional Instruction		16-18	TREE	200		HE.							
		*****	20-22	Labora Ca										
9. Drug Dose		6-8												
		12-14	ATTAIN TO		-									
Route	Additional Instruction	Date	16-18	TAN										
			20-22	i de la companya de	*									
10. Drug Dose		6-8												
			12-14											
Route	Additional Instruction	Date	16-18											
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11. Drug Dose		6-8												
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Route Addition	Additional Instruction	n Date	16-18									-4		
			20-22											
13. Drug Dose		6-8												
			12-14								,			
Route	Additional Instruction	n Date	16-18											
			20-22								-			
14. Drug Dose		6-8												
			12-14										-*	
Route	Additional Instruction	n Date	16-18											
, wate	. 10013101131131131		20-22											

Intravenous & Subcutaneous infusion:

	Infusion Fluid		Additions to infu	sion	I.V /	Time to run or	Sign
Date	Type / Strength	Volume	Drug	Dose	SC	ml / hr	
				1 1000			
							(80.11)
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Additional chart in use:

Codes for recording omitted doses.

- \mathbb{N} = nil by mouth
- (R) = patient refused(P) = patient not available

- ⑤ = unable to swallow⑦ = vomitting⑥ = drug not available
- = unable to swallow
- vomitting

 *Record reason in nursing notes