


Ramsay Home Health Prescribed Medication Administration Chart

URN:

Family name:

Given names:

Address:

Date of Birth

Phone Number

Not a valid prescription
unless identifiers present

Sex: M F**Attach ADR sticker****Diabetic on insulin****Allergies and adverse drug reactions (ADR)** Nil known Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction / type / date	Initials

Sign Print Date

PICC DETAILS Please provide a copy of the hospital PICC chart and radiology report that includes the following information:
 Insertion date
 PICC location

 Last dressing date/when next due
 Xray confirmation of correct PICC location

 Length to skin in cms
 Upper arm circumference

Phone: 1800 799 732 Email: referral@ramsayhomehealth.com.au

Hospital Doctor maintaining Clinical Governance post discharge:

Name:

Phone:

Signature:

Authority to remove PICC Line (if known at time of referral):

Date of PICC line removal:

Name:

Signature:

Second Doctor for Vancomycin Cases:

Name:

Phone:

Signature:

Date:	Dose	Date Given																								
Medicine: (print generic name)		Time Given																								
Start Date:	Cease Date:	Route	Nurse Signature																							
Doctors Name:		Route	Date Given																							
Doctors Signature:		Frequency	Time Given																							
Prescriber number:			Nurse Signature																							
Date:	Dose	Date Given																								
Medicine: Normal Saline	10-20ml	Time Given																								
0.9% Sodium Chloride for injection		Route	Nurse Signature																							
Start Date:	Cease Date:	IV	Date Given																							
Doctors Name:		Frequency	Time Given																							
Doctors Signature:		PRN	Nurse Signature																							
Prescriber number:																										

