

ULHT Inpatient Prescription Chart v28 User Guide

Introduction

Target audience for the user guide

All nursing, medical, pharmacy, administrative and allied health staff that are authorised to access and use medication charts.

Purpose of the chart

The inpatient chart is to be used as a record of orders and administration of general medicines, intravenous and subcutaneous fluids, and oxygen. Supplementary charts are to be used in addition to the inpatient chart, for more specialised purposes (e.g., warfarin, insulin, patient-controlled analgesia).

Guiding principles

- Safe medicines prescribing is the first step in developing an effective medicines safety culture
- Prescribers should be aware of their prescribing responsibilities and be familiar with the prescribing standards
- Consultant staff should have at least the same level of competence in medication charting standards as their junior staff in order to supervise and ensure compliance with the standards
- The patient's nurse and pharmacist should be empowered to support prescribers to prescribe medicines safely and have the right to refuse to administer or dispense a prescription they cannot read or understand as it is unsafe. The prescriber, or in their absence the patient's team, must be informed immediately if this decision is made as this may delay the treatment the patient receives.

Important notes

The RIGHT patient receives the RIGHT medicine at the RIGHT dose by the RIGHT route at the RIGHT time, and that medicine is SAFE for the patient to receive

The inpatient chart is a legal document and therefore must be written in a clear, legible and unambiguous form

ALL medicines must be REVIEWED regularly to identify any potential drug interactions and discontinue medicines no longer required

Every nurse has a responsibility to ensure they can clearly read and understand the order before administering any medicine. The prescriber should be contacted to clarify incomplete or unclear orders.

Every pharmacist has a responsibility to ensure the appropriateness of the prescription if a medication chart is checked

Page 2 – Prevention of omitted medicines

PREVENTION OF OMITTED MEDICINES					
<p>The omission and/or delay of critical medicines or medicines used in critical conditions can result in serious harm or death. This may be a result of errors in prescribing, dispensing, supply or administration.</p> <p>Please ensure that ALL critical medicines are administered on time and never unintentionally omitted.</p> <p>Ensure that the pharmacy department, Site Duty Manager or On-call Pharmacist are made aware of the time that the next dose is due in order to prioritise supply. If possible make sure critical drugs are ordered in advance. If the medicine is prescribed for the 8am drug round then source the medicine before this time, don't leave until Pharmacy open at 9am.</p>					
REASON FOR OMISSION					
Medicine not available	Route not available	Patient refused	Prescribing issue	Patient not available	
Actions					
<ul style="list-style-type: none"> • Did the patient bring in their own supply? • Can a family member or carer bring in the supply? • Check to see if the patients drugs may still be on another ward if they have recently been transferred • Check drug cupboards, drug trolley and patients own locker 	<ul style="list-style-type: none"> • Consider alternative route or formulation • Check dose equivalences e.g. IV dose not always equivalent to oral 	<ul style="list-style-type: none"> • Assess reason • Cognitive issues? • Adverse effect? • No longer required? 	<ul style="list-style-type: none"> • Resolve ambiguities promptly with prescriber 	<ul style="list-style-type: none"> • Assess urgency and ensure follow up when patient is available 	
Is pharmacy OPEN?		MEDICINES WHICH MUST NOT BE DELAYED OR OMITTED HIGH RISK MEDICINES			
YES (in hours)	NO (out of hours)	<ul style="list-style-type: none"> • Anaesthetic agents • Analgesics (post-operative) • Anaphylaxis medicines • Antibiotics, antifungals, antivirals • Anticoagulants • Anti-epileptics • Anti-platelets and thrombolytics • Benzodiazepines • Bronchodilators (nebulised) • Desmopressin • Glucose (hypoglycaemia) • Glycerol trinitrate • Immunosuppressants • Insulin • Opioids (severe chronic or acute pain) • Oxygen • Parkinson's medicines • Resuscitation medicines • Reversal agents (flumazenil, naloxone) 			
<ol style="list-style-type: none"> 1) Contact your pharmacy team 2) Contact the dispensary 3) Send inpatient chart to pharmacy if necessary 	<ul style="list-style-type: none"> • Is the drug available on another ward? • Is the drug available in emergency cupboard <p>See list on the intranet – Click on</p> <ol style="list-style-type: none"> i. Prescribing and Medicines Optimisation homepage ii. Medicines Supply iii. Emergency Drug Cupboard Lists <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Contact site Duty Manager to obtain medicine</td> <td>On call pharmacist can be contacted via switchboard by the Site Duty Manager for supply issues or by the prescriber for prescribing advice.</td> </tr> </tbody> </table>				YES
YES	NO				
Contact site Duty Manager to obtain medicine	On call pharmacist can be contacted via switchboard by the Site Duty Manager for supply issues or by the prescriber for prescribing advice.				
<p>IMPORTANT – Please note</p> <ul style="list-style-type: none"> • Controlled Drugs CANNOT be transferred from one ward to another as this constitutes a supply. In an emergency and only when the pharmacy is closed, a dose may be administered to a patient on a ward other than that in which the stock is held following the procedure Obtaining a Supply of Controlled Drugs Out-of-Hours in the Medicines Management policy. • The Pharmacy On-call service is NOT for the supply of discharge medication. 					
<p>Please refer to Guideline for Reducing Harm from Omitted and Delayed Medicines for more information.</p> <p>If you have any queries about a medicine ask: The ward pharmacist or a member of the inpatient dispensary team Medicines Information, Lincoln ext:573802 or bleep 3125 Out of hours the on-call pharmacist</p>					

Page 3 – VTE Prophylaxis and Oxygen Prescribing

CHECK ALLERGY STATUS	SAFE PRESCRIBING (Refer to Medicines Management Policy)		PATIENT NAME
	1. All relevant prescription details must be completed.		NHS number
	2. All prescriptions must be fully signed and dated.		
	3. Each prescriber must include a bleep number once.		
	4. Prescriptions must be written clearly and legibly using indelible black ink.		
	5. Handwriting must be PRINTED using capital letters.		
	6. Illegible prescriptions must be re-written before the drug can be administered.		
	7. Changes to the prescription must be made by re-writing the prescribed item.		
8. Abbreviations must not be used.			

Attach patient ID sticker here

VTE PROPHYLAXIS-
Please prescribe VTE prophylaxis and anti-embolism stockings in this section for those patients that require it. Recommended doses are listed to aid the prescriber, but all drug details and dosages will need to be written. There is also a section to record the patient's eGFR.

Venous Thromboembolism Prophylaxis Prescription									
Only if required and not contra-indicated									
Year	Month	Date (DD) → Time ↓							
Venous Thromboembolism (VTE) Prophylaxis			8						
<small>Apixiban 2.5mg TWICE daily for 13-14 days for knee arthroplasty Apixiban 2.5mg TWICE daily for 32-38 days for hip arthroplasty</small>			13						
Medicine (Approved name)			18						
Dose			22						
Route									
Print name & Sign		Bleep	Start date	Stop date					
Pharm Supply		Pharmacist		VTE reassessed at 24 hours (please initial)		Additional information:			
Mechanical Thromboprophylaxis (if applicable)									
Anti-embolism stockings (AES)			8						
Start date			13						
Stop date			18						
Print name & Sign		Bleep	22						
Additional information:									

Oxygen Prescription									
Year	Month	Date (DD) → Time ↓							
Medicine (Approved name)			8						
Oxygen			13						
PRN / Continuous (refer to O ₂ guidelines)			18						
Starting device:			22						
Flow rate: L/min									
Print name & Sign		Bleep	Tick target oxygen saturation: 88-92% <input type="checkbox"/> 94-98% <input type="checkbox"/> other _____						
Please initial if saturation not indicated* <input type="checkbox"/> * Saturation is indicated in almost all cases except for palliative terminal care.									
Medicine (Approved name)			8						
Oxygen			13						
PRN / Continuous (refer to O ₂ guidelines)			18						
Starting device:			22						
Flow rate: L/min									
Print name & Sign		Bleep	Tick target oxygen saturation: 88-92% <input type="checkbox"/> 94-98% <input type="checkbox"/> other _____						
Please initial if saturation not indicated* <input type="checkbox"/> * Saturation is indicated in almost all cases except for palliative terminal care.									
RECORD OF DAILY REVIEW									
			Senior Review (SPR, Consultant)						
			Pharmacist Review						

OXYGEN-
Oxygen therapy must be prescribed in this section. Please ensure all details are complete. Oxygen must be signed for when administered to a patient.

DAILY REVIEW-
ALL medicines must be reviewed daily by a doctor and a pharmacist.

Page 4 – IV antimicrobials

This section is for IV antimicrobials only. Ensure patient's allergy status is confirmed before prescribing.

IV ANTIMICROBIALS- Please prescribe all IV antimicrobials here. Note microbiology approval where necessary.

PROLONGED ANTIMICROBIALS- Any antimicrobial required for over 5 days must be prescribed here.

IV ANTIMICROBIAL PRESCRIPTIONS		SAFE PRESCRIBING (Refer to Medicines Management Policy)				PATIENT NAME			
		<ol style="list-style-type: none"> All relevant prescription details must be completed. All prescriptions must be fully signed and dated. Each prescriber must include a bleep number once. Prescriptions must be written clearly and legibly using indelible black ink. Handwriting must be PRINTED using capital letters. Illegible prescriptions must be re-written before the drug can be administered. Changes to the prescription must be made by re-writing the prescribed item. Abbreviations must not be used. 				NHS number			
CHECK ALLERGY STATUS									
START SMART - THEN FOCUS									
Review ALL antibiotics at 48 hours – Stop / De-escalate / Continue and review again at 72 hours									
Antimicrobial (Approved name)		Date -- (D/M/Year)		Time		Continue to administer Prompt Dr to review	Dr to Review	48hr IV REVIEW (please complete)	
Dose	Route IV	Start date	R/V date	Pharm Supply	06			13	18
Specific Indication		Guidelines		Micro approval	06	13	18	22	Continue IV
Print name & Sign		Bleep	Pharmacist					Stop	Signature
								Date	
Additional information									
Antimicrobial (Approved name)		Date -- (D/M/Year)		Time		Continue to administer Prompt Dr to review	Dr to Review	48hr IV REVIEW (please complete)	
Dose	Route IV	Start date	R/V date	Pharm Supply	06			13	18
Specific Indication		Guidelines		Micro approval	06	13	18	22	Continue IV
Print name & Sign		Bleep	Pharmacy					Stop	Signature
								Date	
Additional information									
Antimicrobial (Approved name)		Date -- (D/M/Year)		Time		Continue to administer Prompt Dr to review	Dr to Review	48hr IV REVIEW (please complete)	
Dose	Route IV	Start date	R/V date	Pharm Supply	06			13	18
Specific Indication		Guidelines		Micro approval	06	13	18	22	Continue IV
Print name & Sign		Bleep	Pharmacist					Stop	Signature
								Date	
Additional information									
PROLONGED ANTIMICROBIALS ONLY (> 6 days)					Course length / Review date MUST be specified				
Antimicrobial (Approved name)		Date -- (D/M/Year)		Time					
Dose	Route	Start date	Stop date	Pharm Supply	06	13	18	22	
Specific Indication		Guidelines		Micro approval	06	13	18	22	
Print name & Sign		Bleep	Pharmacist						
Additional information									
Antimicrobial (Approved name)		Date -- (D/M/Year)		Time					
Dose	Route	Start date	Stop date	Pharm Supply	06	13	18	22	
Specific Indication		Guidelines		Micro approval	06	13	18	22	
Print name & Sign		Bleep	Pharmacist						
Additional information									

Attach patient ID sticker here

Review IV antimicrobials after 48 hours and if they are continued review after 72 hours.

Page 5 – oral antimicrobials

This section is for oral antimicrobials only. Ensure patient's allergy status is confirmed before prescribing.

ORAL ANTIMICROBIAL PRESCRIPTIONS		SAFE PRESCRIBING (Refer to Medicines Management Policy)				PATIENT NAME	
		1. All relevant prescription details must be completed. 2. All prescriptions must be fully signed and dated. 3. Each prescriber must include a bleep number once. 4. Prescriptions must be written clearly and legibly using indelible black ink. 5. Handwriting must be PRINTED using capital letters. 6. Illegible prescriptions must be re-written before the drug can be administered. 7. Changes to the prescription must be made by re-writing the prescribed item. 8. Abbreviations must not be used.				NHS number	
CHECK ALLERGY STATUS		START SMART - THEN FOCUS Review ALL antibiotics at 48 hours – Stop / De-escalate / Continue and review again at 72 hours					
Antimicrobial (Approved name)		Date → (D/M/Year)		Time		REVIEW (please complete)	
Dose	Route Oral	Start date	Stop date	Pharm Supply	08	13	Stop
Specific indication and duration		Guidelines	Micro approval	18	22	Dr to Review	Continue (Re-prescribe) Course duration Signature
Print name & Sign		Bleep	Pharmacist				Date
Additional Information							
Antimicrobial (Approved name)		Date → (D/M/Year)		Time		REVIEW (please complete)	
Dose	Route Oral	Start date	Stop date	Pharm Supply	08	13	Stop
Specific indication and duration		Guidelines	Micro approval	18	22	Dr to Review	Continue (Re-prescribe) Course duration Signature
Print name & Sign		Bleep	Pharmacist				Date
Additional Information							
Antimicrobial (Approved name)		Date → (D/M/Year)		Time		REVIEW (please complete)	
Dose	Route Oral	Start date	Stop date	Pharm Supply	08	13	Stop
Specific indication and duration		Guidelines	Micro approval	18	22	Dr to Review	Continue (Re-prescribe) Course duration Signature
Print name & Sign		Bleep	Pharmacist				Date
Additional Information							
Antimicrobial (Approved name)		Date → (D/M/Year)		Time		REVIEW (please complete)	
Dose	Route Oral	Start date	Stop date	Pharm Supply	08	13	Stop
Specific indication and duration		Guidelines	Micro approval	18	22	Dr to Review	Continue (Re-prescribe) Course duration Signature
Print name & Sign		Bleep	Pharmacist				Date
Additional Information							
Antimicrobial (Approved name)		Date → (D/M/Year)		Time		REVIEW (please complete)	
Dose	Route Oral	Start date	Stop date	Pharm Supply	08	13	Stop
Specific indication and duration		Guidelines	Micro approval	18	22	Dr to Review	Continue (Re-prescribe) Course duration Signature
Print name & Sign		Bleep	Pharmacist				Date
Additional Information							

Attach patient ID sticker here

ORAL ANTIMICROBIALS-
Please prescribe oral antimicrobials here. Note microbiology approval where necessary.

Review oral antimicrobials after 48 hours and if they are continued review after 72 hours.

Pages 6 to 11 – Regular Medicines

REGULAR MEDICINES-

This section is for regular medicines. Ensure patient’s allergy status is confirmed before prescribing.

REGULAR PRESCRIPTIONS	SAFE PRESCRIBING (Refer to Medicines Management Policy)	PATIENT NAME
	<ol style="list-style-type: none"> All relevant prescription details must be completed. All prescriptions must be fully signed and dated. Each prescriber must include a bleep number once. Prescriptions must be written clearly and legibly using indelible black ink. Handwriting must be PRINTED using capital letters. Illegible prescriptions must be re-written before the drug can be administered. Changes to the prescription must be made by re-writing the prescribed item. Abbreviations must not be used. 	NHS number
CHECK ALLERGY STATUS		

Attach patient ID sticker here

REGULAR PRESCRIPTIONS-

All regular medicines must be written here.

Year	Month	Date (DD) Time			
Medicine (Approved name)		8			
Dose	Route	Start date	Stop date	13	
Print name & Sign		Bleep 22			
Pharm Supply	Pharmacist	On prior to admission () Dose/frequency changed () New ()		Not for discharge <input type="checkbox"/>	For discharge <input type="checkbox"/> Date and sign
Medicine (Approved name)		8			
Dose	Route	Start date	Stop date	13	
Print name & Sign		Bleep 22			
Pharm Supply	Pharmacist	On prior to admission () Dose/frequency changed () New ()		Not for discharge <input type="checkbox"/>	For discharge <input type="checkbox"/> Date and sign
Medicine (Approved name)		8			
Dose	Route	Start date	Stop date	13	
Print name & Sign		Bleep 22			
Pharm Supply	Pharmacist	On prior to admission () Dose/frequency changed () New ()		Not for discharge <input type="checkbox"/>	For discharge <input type="checkbox"/> Date and sign
Medicine (Approved name)		8			
Dose	Route	Start date	Stop date	13	
Print name & Sign		Bleep 22			
Pharm Supply	Pharmacist	On prior to admission () Dose/frequency changed () New ()		Not for discharge <input type="checkbox"/>	For discharge <input type="checkbox"/> Date and sign

Record whether the drug is newly prescribed, there has been a dose/frequency change or this is what the patient was taking prior to admission.

At the earliest opportunity please identify medicines required for discharge. Sign and date for each that is required. This will enable Pharmacy to dispense medicines much earlier facilitating quicker discharges.

Codes for non-administration of medicines. All omitted doses must be authorised.

REASONS FOR NON-ADMINISTRATION OF MEDICINES			
Enter and circle appropriate number in administration box and note in nursing record.			
It is unacceptable to omit any antibiotic or red classified drugs. Contact Doctor or Pharmacy as soon as possible			
1	Nil by mouth - review alternative route	3	Unable to swallow - review alternative route
2	Nausea/vomiting - review alternative route	4	Absent from ward

PHARM SUPPLY & PHARMACIST

Pharmacy will always write in green. If the Pharmacist box is signed it means that the prescription has been clinically checked. Any orders for drugs will be in the Pharm Supply box. There may also be additional information or special instructions.

Page 12 & 13 – When Required Medicines

WHEN REQUIRED MEDICINES-

This section is for PRN medicines.
Ensure patient's allergy status is confirmed before prescribing.

WHEN REQUIRED PRESCRIPTIONS	SAFE PRESCRIBING (Refer to Medicines Management Policy)	PATIENT NAME
	<ol style="list-style-type: none"> All relevant prescription details must be completed. All prescriptions must be fully signed and dated. Each prescriber must include a bleep number once. Prescriptions must be written clearly and legibly using indelible black ink. Handwriting must be PRINTED using capital letters. Illegible prescriptions must be re-written before the drug can be administered. Changes to the prescription must be made by re-writing the prescribed item. Abbreviations must not be used. 	NHS number
CHECK ALLERGY STATUS		

Attach patient ID sticker here

PRN PRESCRIPTIONS-

All PRN medicines must be written here.
Please record dose, route, frequency and maximum dose allowed within 24 hours.
Please record indication for each drug.

Medicine (Approved name)	Dose	Route	Frequency	Max Amount in 24 Hours
Indication	Date			
Print name & Sign	Bleep	Time		
Dose				
Start date	Stop date	Pharmacist	Pharm Supply	Route
Given				
Not for discharge <input type="checkbox"/>	For discharge <input type="checkbox"/>	Date and sign		
On prior to admission ()	New ()			
Medicine (Approved name)	Dose	Route	Frequency	Max Amount in 24 Hours
Indication	Date			
Print name & Sign	Bleep	Time		
Dose				
Start date	Stop date	Pharmacist	Pharm Supply	Route
Given				
Not for discharge <input type="checkbox"/>	For discharge <input type="checkbox"/>	Date and sign		
On prior to admission ()	New ()			
Medicine (Approved name)	Dose	Route	Frequency	Max Amount in 24 Hours
Indication	Date			
Print name & Sign	Bleep	Time		
Dose				
Start date	Stop date	Pharmacist	Pharm Supply	Route
Given				
Not for discharge <input type="checkbox"/>	For discharge <input type="checkbox"/>	Date and sign		
On prior to admission ()	New ()			
Medicine (Approved name)	Dose	Route	Frequency	Max Amount in 24 Hours
Indication	Date			
Print name & Sign	Bleep	Time		
Dose				
Start date	Stop date	Pharmacist	Pharm Supply	Route
Given				
Not for discharge <input type="checkbox"/>	For discharge <input type="checkbox"/>	Date and sign		
On prior to admission ()	New ()			

Record whether the drug is newly prescribed, there has been a dose/frequency change or this is what the patient was taking prior to admission.

At the earliest opportunity please identify medicines required for discharge. Sign and date for each that is required. This will enable Pharmacy to dispense medicines much earlier facilitating quicker discharges.

Page 14 & 15 – Parenteral Fluids

PARENTERAL FLUID CHART 1	PATIENT NAME	NHS number
<ol style="list-style-type: none"> All relevant prescription details must be completed. All prescriptions must be fully signed and dated. Each prescriber must include a bleep number once. Prescriptions must be written clearly and legibly using indelible black ink. Handwriting must be PRINTED using capital letters. Illegible prescriptions must be re-written before the drug can be administered. Changes to the prescription must be made by re-writing the prescribed item. Abbreviations must not be used. 	Parenteral Infusions Notes: <ol style="list-style-type: none"> Bolus injections should be prescribed on the Regular Prescriptions section If an additive is to be used are you sure that: <ul style="list-style-type: none"> - it needs to be given parenterally - it is compatible with the fluid If no additive is required strike through, or write 'NIL' 	

Write patient's name and NHS number here.

Further sheets of the Parenteral Fluid Chart can be found on the intranet.

Parenteral Fluid Chart No.	1	No. of Parenteral Charts in Use	1	2	3	4	5
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PRESCRIPTION							ADMINISTRATION									
Date	Start time (24 hrs)	Infusion Fluid (Approved Name)	Volume	Additive & Dose (Approved Name)	Route	Duration of Infusion and/or Rate	Print & Sign (Bleep/Exit)		Batch Number(s)	Given by		Time started (24 hrs)	Initial	Time stopped (24 hrs)	Initial	Volume given
							Dr									
							Pharmacist	Supply								
							Dr									
							Pharmacist	Supply								
							Dr									
							Pharmacist	Supply								
							Dr									
							Pharmacist	Supply								
							Dr									
							Pharmacist	Supply								
							Dr									
							Pharmacist	Supply								
							Dr									
							Pharmacist	Supply								
							Dr									
							Pharmacist	Supply								

FLUID CHART-
This section is for IV and SC fluids only. Please write all details required clearly.

Troubleshooting: Infusion slow or stopped? - Check cannula site - Check patency of cannula - Check infusion device is switched on - Check infusion device is running - Check infusion line is not clamped off - Infusion device needs servicing
 Infusion too fast? - Check rate set correctly - Check rate calculation is correct - Infusion device needs servicing

Page 16 – Medicines Optimisation

Attach patient ID sticker here

Allergy Check-
Confirm the patient’s allergy status, recording any information on the front of the chart and/or in the patient’s notes.

Patient’s Own Drugs Reviewed-

Check patient’s own drugs for correct doses and frequencies and for suitability for use.

STOPP START review
Check suitability of medicines using the tool.

SCR consent-
Please note if the patient has consented for SCR use.
Blueteq approval
Please note drug name and if approved.

MEDICINE RECONCILIATION-
24 hours prior to discharge Pharmacy will assess the patient’s medicines ensuring that they are suitable for taking home.

MEDICINES OPTIMISATION				
PATIENT NAME NHS number		Medicines Reconciliation on Admission		
		Source(s) of information:		
		Patient/Carer	Repeat Rx	Patient's Own Drugs (PODs)
		Relative	Electronic Discharge Document (eDD)	Medication Administration Record (MAR)
		GP	Summary Care Record (SCR)	Other (state)
		Print name & sign		Date
Tick	Checklist	Print name & sign (bleep)	Date	Compliance Aid on Admission – Who fills it?
<input type="checkbox"/>	Allergy check			<input type="checkbox"/> Patient <input type="checkbox"/> Community Pharmacy - Name & Tel. No.:
<input type="checkbox"/>	Patient's Own Drugs reviewed			
<input type="checkbox"/>	STOPP/START review			<input type="checkbox"/> Relative/Carer
<input type="checkbox"/>	Patient consented to view SCR			
<input type="checkbox"/>	Blueteq approval			Drug:
MEDICINES PRIOR TO ADMISSION NOT PRESCRIBED				
Date	Medicines (include dose / frequency)	Reason	Resolved with Dr/Pharmacist	Plans/Alterations/Additional Information
Medicines Reconciliation on Discharge – Pharmacy staff				
Please check all medicines 24 hours prior to discharge. Check that all doses are suitable and ensure that at least 14 days are available for the patient to take home. Please follow up on any outstanding issues, queries or referrals.				
Date	Pharmacist/Pharmacy technician – print and sign		Additional information	
Medicine Check on Discharge – Nursing staff				
Please check that all medicines correspond to the inpatient chart directions and are suitable for use on discharge.				
Date	Nurse 1 – print and sign	Nurse 2 – print and sign		

MEDICINE RECONCILIATION-
Where possible use TWO sources of information

COMPLIANCE AID-
If the patient has an aid please record who fills it here.

MEDICINES NOT PRESCRIBED-
If there are medicines that the patient usually takes not prescribed please record them here.
They may be omitted due to clinical reasons or it may be an innocent omission. Please discuss any discrepancies with the prescriber.

MEDICINE RECONCILIATION-
Prior to discharge 2 nurses will check that all medicines are present and correct and that the eDD is available.



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