

# Adult Inpatient Medication Administration Chart

## Patient Information

Patient Name:	Hospital No.:
Date of Birth:	Ward:
Consultant:	Allergies:
Weight:	Height:

## Medication Prescription & Administration Record

Medicine Name & Strength	Route	Dose	Frequency	Start Date	Stop Date	Administration (Initials & Time)							Prescriber Signature
						Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	

\* Additional pages may be used if more medicines are prescribed.

## Signature Log

Name	Designation	Signature	Initials

## Notes / Adverse Reactions