

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

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