



Children's Community Service
Outpatient Prescription
 Noble's Hospital
 Children's Ward
 Strang, Braddan, Isle of Man,
 IM4 4RJ

Patient name:
 DOB:
 Hospital Number:
Please affix patient ID label

IF NO KNOWN ALLERGIES SIGN AND DATE ON THIS LINE:

Drug Sensitivities and Allergies		
Drug (s)	Description of Reaction	Signature & Date

Should allergy or weight be updated—please do so on ALL pages

Discharged from:	
Consultant:	
General Practitioner:	
Primary Nurse (Community):	

Chart No.	
Start Date	

Date:										
Weight (kg):										

ONCE ONLY PRESCRIPTIONS (STAT Dosing)

Date	Time	Drug	Dose	Route	Prescriber's Signature	Date	Time	Given by
					Double check all drugs before leaving hospital. Staff must sign and witness the correct medicines are assembled. Document Check here. ←	Pharmacy signature:		
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When child does not receive a prescribed dose
 1. Refused 2. Drug not available 3. Prescription not clear 4. Administration route not available

Drug Allergies:	
Weight (kg):	

Patient name:
DOB:
Hospital Number:
Please affix patient ID label

Topically	Rectally	Vaginally
TOP	PR	PV

Nasogastric	Percutaneous endoscopic	Jejunostomy	Oral	Subcutaneous	Intra-muscular	Intravenously
NG	PEG	JEJ	PO	SC	IM	IV

WHEN REQUIRED MEDICATION

Drug:	Date of administration →																			
Dose:	Maximum Daily Dose:	Time of administration ↓																		
Route:	Type of IV line (if applicable):																			
Indication:	Duration of Treatment:																			
Signature:	Pharmacy Review:																			
Print name:																				
Date:	Other instructions:																			

FOR INTRAVENOUS AND SUBCUTANEOUS MEDICATIONS ONLY (SEEK PHARMACY ADVICE PRIOR TO PRESCRIBING)

Diluent:	Diluent volume:	Volume of reconstituted solution to administer:	Duration of administration:	Flush with (please prescribe as a when required medication):
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Double check all drugs before leaving hospital. Staff must sign and witness the correct medications are assembled [should be labelled patient specific] . Document check here. (Nurse's Signature) →



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When child does not receive a prescribed dose, the nurse must enter a reason for non-administration code. Please attempt to obtain any unavailable medicines.
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