



Medication administration chart

Please email a copy of this form and scripts to Melbourne Oncology & Home infusion Services.
Please give scripts to patient for dispensing.
Phone: **0413028892** Email: **referrals @mohis.com.au**

MOHIS UR:

Family Name:

Given Name:

Address:

Date of Birth:

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Prescribing Doctor Name:

Patient weight (kg) :

Patient Height (cm):

Provider Number:

Medicines prescribed prior to admission to MOHIS			
Medicine	Dose and Frequency	Duration	

PRN Orders									
Anaphylaxis / hypersensitivity			Instructions	Date	Time	RN			
Adrenaline	300mcg/0.3ml (1000mcg in 1 ml)	IM							
Sodium Chloride 0.9%	1000ml	IV							
Hydrocortisone	100mg	IV							
Phegan	12.5mg	IV							

Central Venous Access Management									
Heparin Sodium 50iu /5ml amp	RN								
	Date								

Regular Medicines																			
Date	Medicine	Date																	
Route	Dose	RN initial																	
Frequency	Scrip sent Yes / No	Time																	
Prescribers Signature	Print name																		

Date	Medicine	Date																	
Route	Dose	RN initial																	
Frequency	Scrip sent Yes / No	Time																	
Prescribers Signature	Print name																		

Telephone Orders							Allergies and adverse drug reactions		
Drug	Dose	Route	Doctors Name	Date	Time	RN	<input type="checkbox"/> Nil Known <input type="checkbox"/> Unknown		
							Medicine (or other)	Reaction / type / date	RN

Check if patient has another medication chart

Attach ADR sticker

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