



## National Residential Medication Chart

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

### CONSIDERATIONS

Swallowing difficulties	Y / N
Cognitive impairment	Y / N
Dexterity difficulties	Y / N
Resistive to medicine	Y / N
Nil by mouth	Y / N
Self administers	Y / N
Other	Y / N

Details if Y to above:

---



---



---



---



---



---



---



---

### PRIMARY GENERAL PRACTITIONER

Name	
Address	
Prescriber number	
Signature	
Phone	Out of hours
Fax	

Chart commenced \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_

Review date \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacist name

Pharmacist phone number

Phone                      Fax

Email

Medicare number

Pension number

DVA number

### PRESCRIBER details (if not primary GP)

Name	
Address	
Prescriber number	
Signature	
Phone	Fax

### PRESCRIBER details (if not primary GP)

Name	
Address	
Prescriber number	
Signature	
Phone	

### PRESCRIBER details (if not primary GP)

Name	
Address	
Prescriber number	
Signature	
Phone	

### ALERT: Complex medications

Variable dose	Y / N
Insulin	Y / N
Other	Y / N (specify): _____

Resident's name

Room

RACF Name

RACF Address

**Allergies and Adverse Drug Reactions (ADR)**

Y / Nil known

Drug (or other)

Reaction / type / date

Sign

Print

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALERT**

Resident with similar name?

Y / N

Resident name \_\_\_\_\_

Preferred name \_\_\_\_\_

Date of Birth \_\_\_\_\_

URN/MRN \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

IHI \_\_\_\_\_

Date photo taken \_\_\_\_\_

RAC ID \_\_\_\_\_

Insert photo

(W) Withheld (clinical reason)

(S) Sleeping

(C) Contraindicated

(R) Refused

(A) Absent

(N) Not available

**Nutritional supplement intake and weight monitoring (under 95kgs)****Nutritional supplement directions****Intake**

Enter amount of nutritional supplement taken in mL per shift as morning/lunch ☼ and afternoon/evening ☾.

For example, one cup = 250mL; half a cup = 125mL; one third cup = 85mL.

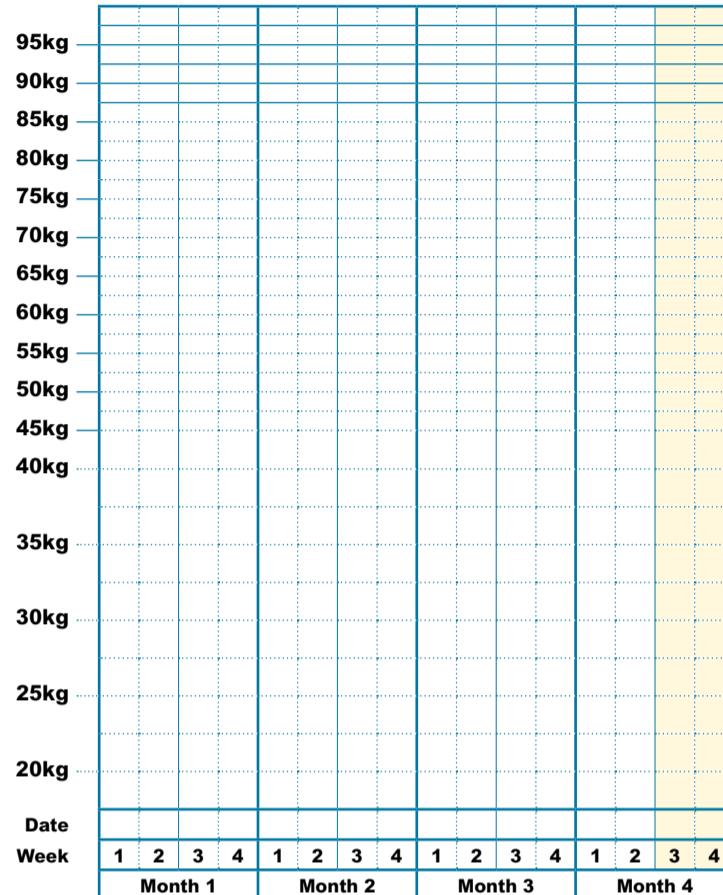
**Weight progress**

Plot weight on chart by using a dot to indicate weight progress.

**BMI****Review and evaluation**

Name \_\_\_\_\_

Designation \_\_\_\_\_

**Weight progress****Comments**

95kg

90kg

85kg

80kg

75kg

70kg

65kg

60kg

55kg

50kg

45kg

40kg

35kg

30kg

25kg

20kg

Date

Week

page 2

page 47

**Privacy statement**

The information on this form, including your Medicare, Centrelink and/or Department of Veterans' Affairs number, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme (PBS) or the Repatriation Pharmaceutical Benefits Scheme (RPBS) and to determine payments due to approved suppliers. This information will also be

used to record details of an under co-payment prescription (where there is no entitlement to a payment of benefit under PBS or RPBS). With your consent, the PBS approved supplier or PBS Prescriber may store your details for use on future prescriptions. The collection of this information is authorised by the *National Health Act 1953*. This information may be disclosed

to PBS Prescribers, the Department of Health and Ageing, Department of Veterans' Affairs, Centrelink, the Department of Human Services or as authorised or required by law. This information will be handled in accordance with the provisions in the *Privacy Act 1988* (Cth) (the **Privacy Act**).

**Further information**

The National Residential Medication Chart (NRMC) is being developed by the Australian Commission on Safety and Quality in Health Care (the Commission) to facilitate the direct supply and claiming from a medication chart of most medicines under the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS), and to define national standards for medication charts in residential aged care.

This medication chart is part of the Phased Implementation of the NRMC which is occurring in selected sites across New South Wales from late 2012 to early 2013.

The NRMC Project is managed by the Commission, funded by the Department of Health and Ageing (the Department) under the *Fifth Community Pharmacy Agreement* and governed by funding arrangements between the Department and the Commission.

Further information may be obtained at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au) or by emailing [NRMC@safetyandquality.gov.au](mailto:NRMC@safetyandquality.gov.au)

To view relevant legislation refer to the National Health (Residential Medication Chart) Determination 2012 *National Health Act 1953*. [http://www.comlaw.gov.au/Details/F2012L01526/Html/Text#\\_Toc329083636](http://www.comlaw.gov.au/Details/F2012L01526/Html/Text#_Toc329083636)



# Prescribing and administration

## For prescribers

**PBS/RPBS:** Strike through the option which does not apply. If private (non-PBS), strike out both PBS and RPBS.

**Brand substitution not permitted:** Indicate if the specified brand must be supplied by ticking the box.

**CTG:** Closing the Gap PBS Co-payment initiative for registered Aboriginal and Torres Strait Islander people. If applicable, tick the box.

**Streamlined authority code:** write the 4 digit code in the spaces provided, where applicable. Streamlined authority codes are available at [www.pbs.gov.au](http://www.pbs.gov.au)

**Ongoing supply:** Indicate the intention for the medicine order to continue for the chart validity period, if applicable, by ticking the box.



**Remember:** Certain PBS/RPBS medicines will still require a written prescription from the prescriber, in addition to an order on the medication chart, including:

- all Authority required items requiring prior approval (including PBS/RPBS items with increased quantities and/or repeats)
- all items only available under special arrangements (Section 100)
- Controlled Drugs (Schedule 8 medicines).

## The six rights of medicine administration

- 1 Right resident
- 2 Right medicine
- 3 Right dose
- 4 Right time
- 5 Right route
- 6 Right documentation



## Abbreviations when medicine not administered

- |            |                            |
|------------|----------------------------|
| <b>(W)</b> | Withheld (clinical reason) |
| <b>(S)</b> | Sleeping                   |
| <b>(C)</b> | Contraindicated            |
| <b>(R)</b> | Refused                    |
| <b>(A)</b> | Absent                     |
| <b>(N)</b> | Not available              |

## Commonly used abbreviations in aged care

### Route

- PO:** per oral (via the mouth e.g. tablets)  
**PR:** per rectum (via the rectum e.g. suppository for constipation)  
**topical:** per the skin (applied to the skin e.g. cream)  
**subcut:** subcutaneous (an injection into the upper skin layers e.g. insulin)  
**subling:** sublingual (under the tongue)  
**NG:** nasogastric (via a specialised tubing inserted into the nose e.g. nutritional supplements)  
**PEG:** percutaneous enteral gastrostomy (via a specialised tubing inserted into the stomach e.g. nutritional supplements)  
**IM:** intramuscular (an injection into the muscle e.g. influenza vaccination)  
**IV:** intravenous (a fluid inserted via an inserted line into a vein)

### Frequency (suggested times most commonly used in aged care)

- mane:** morning (e.g. breakfast)  
**nocte:** night (e.g. dinner)  
**daily:** once per day; morning unless specified  
**bd:** twice per day (e.g. breakfast and dinner)  
**tds:** three times per day (e.g. breakfast, lunch and dinner)  
**qid:** four times per day (e.g. breakfast, lunch, dinner and bed time)

page 46

## Nutritional supplements daily intake record

page 3

		Month 1:		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		← Date					
Start weight	Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date
	kg	sun	mL	mL		mL	mL			mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		sun	
Start weight	Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date
	kg	sun	mL	mL		mL	mL			mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		sun	
Start weight	Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date
	kg	sun	mL	mL		mL	mL			mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		sun	
Start weight	Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date
	kg	sun	mL	mL		mL	mL			mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		sun	
Start weight	Date →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date
	kg	sun	mL	mL		mL	mL			mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		mL		sun	

New chart required within 2 weeks



## Insulin and blood glucose level (BGL) recording



### BGL instructions

Frequency \_\_\_\_\_

Contact prescriber if BGL above \_\_\_\_\_ mmols

Contact prescriber if BGL below \_\_\_\_\_ mmols

Prescriber signature \_\_\_\_\_

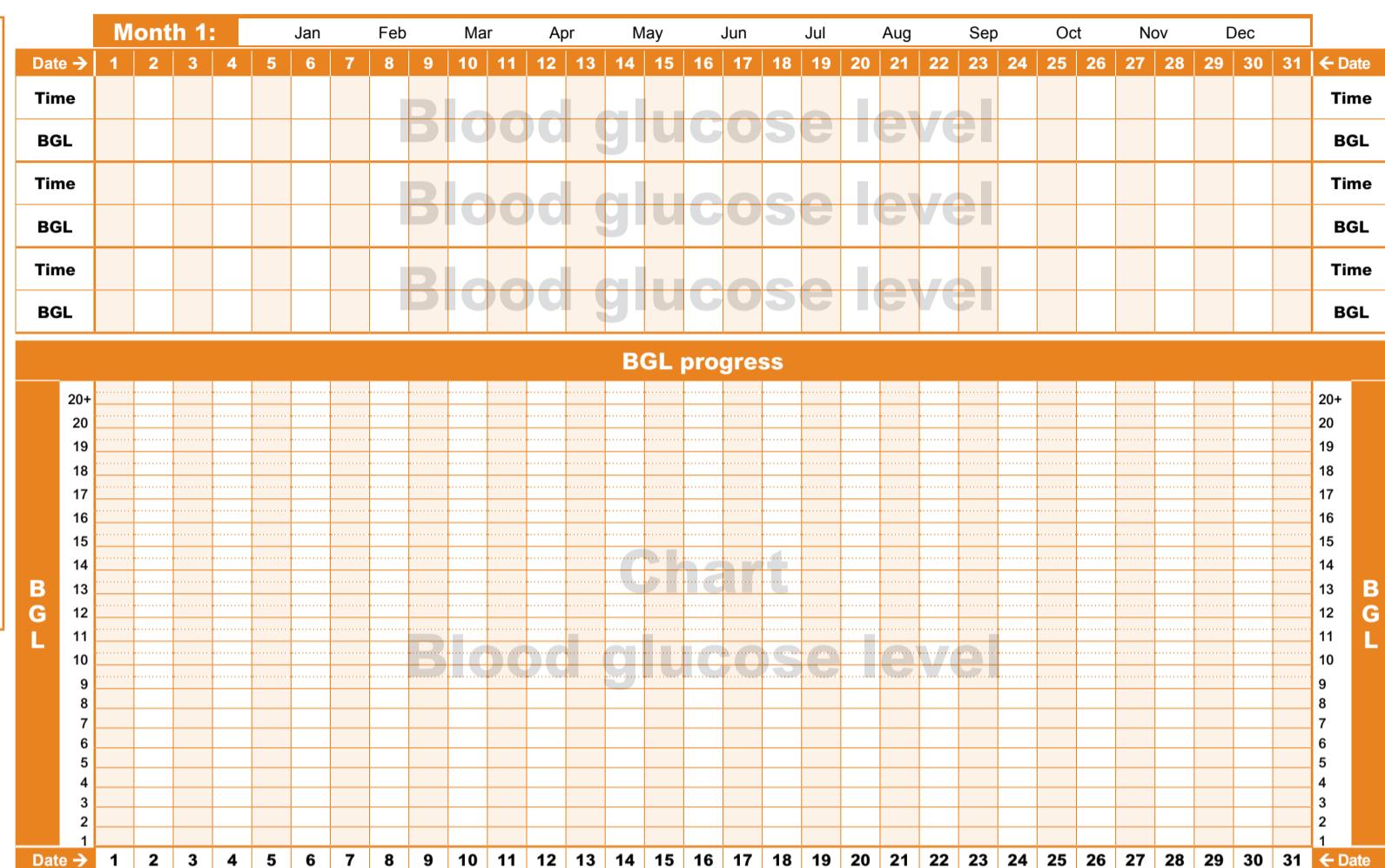
### BGL recording

Write the time taken and the BGL in the space provided under the correct date. You may record up to 3 BGLs per day if required by prescriber.

### BGL progress

Plot BGL on chart by using a dot to indicate BGL progress. You may plot up to three BGLs per day if required.

### Comments



page 4

page 45



## Other information/comments



### Allergies and Adverse Drug Reactions (ADR)

Y / Nil known

Drug (or other)	Reaction / type / date

Sign \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### ALERT

Resident with similar name?

Y / N

Resident name \_\_\_\_\_

Preferred name \_\_\_\_\_

Date of Birth \_\_\_\_\_ URN/MRN \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ IHI \_\_\_\_\_

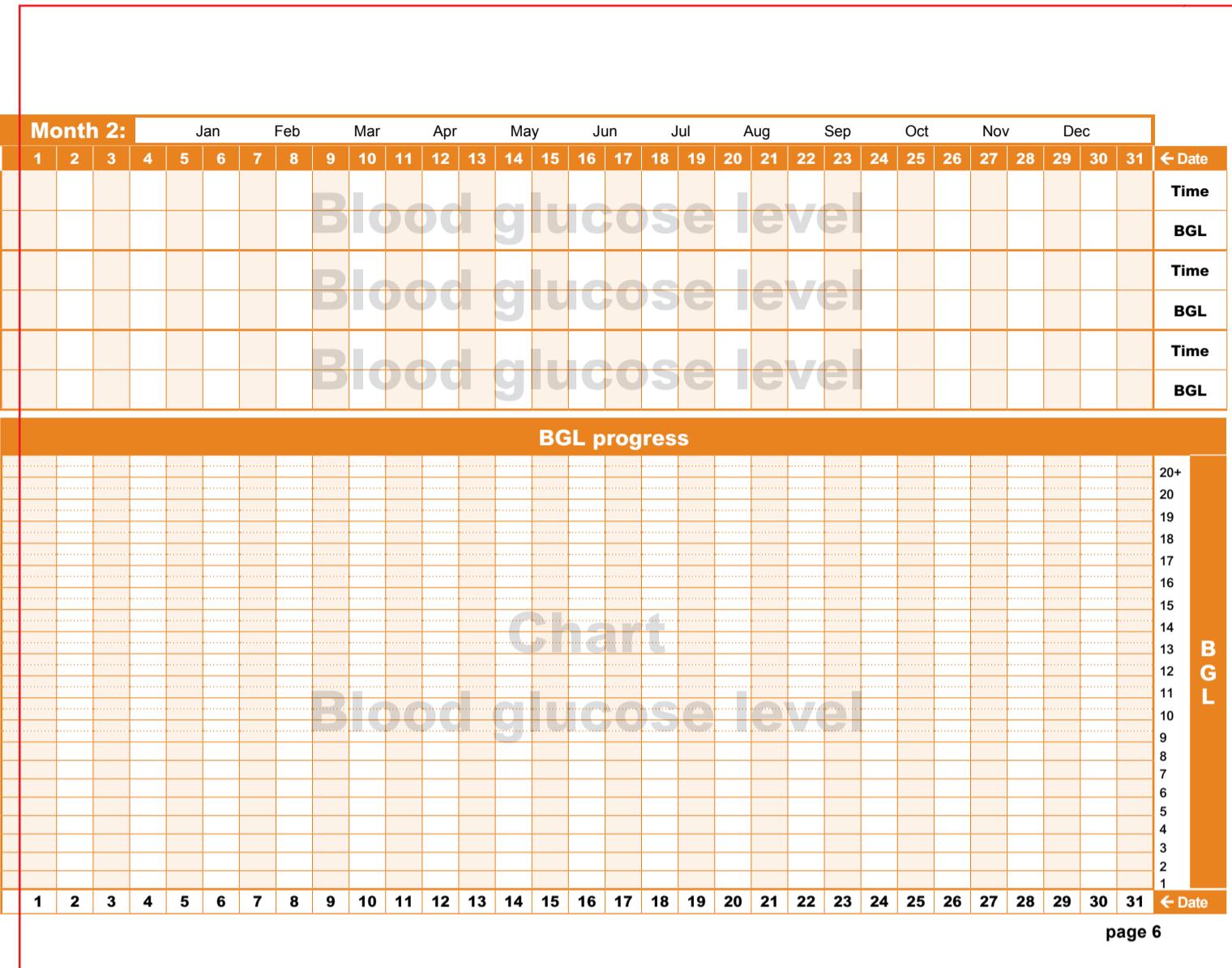
Date photo taken \_\_\_\_\_ RAC ID \_\_\_\_\_

Insert photo

## **Non prescription medicine, creams, vitamins and herbal treatments**

page 44

page 5



page 43

PBS/RPBS	<b>10. Medicine</b>	Dose	Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
<input type="checkbox"/> CTG		Route																																										
<input type="checkbox"/> Ongoing																																												
Start date ____/____/ Initial		Frequency																																										
Stop date ____/____/ Initial																																												
Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>																																												
Prescriber signature																																												
Date of prescribing ____/____/____																																												
PBS/RPBS	<b>11. Medicine</b>	Dose	Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
<input type="checkbox"/> CTG		Route																																										
<input type="checkbox"/> Ongoing																																												
Start date ____/____/ Initial		Frequency																																										
Stop date ____/____/ Initial																																												
Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>																																												
Prescriber signature																																												
Date of prescribing ____/____/____																																												

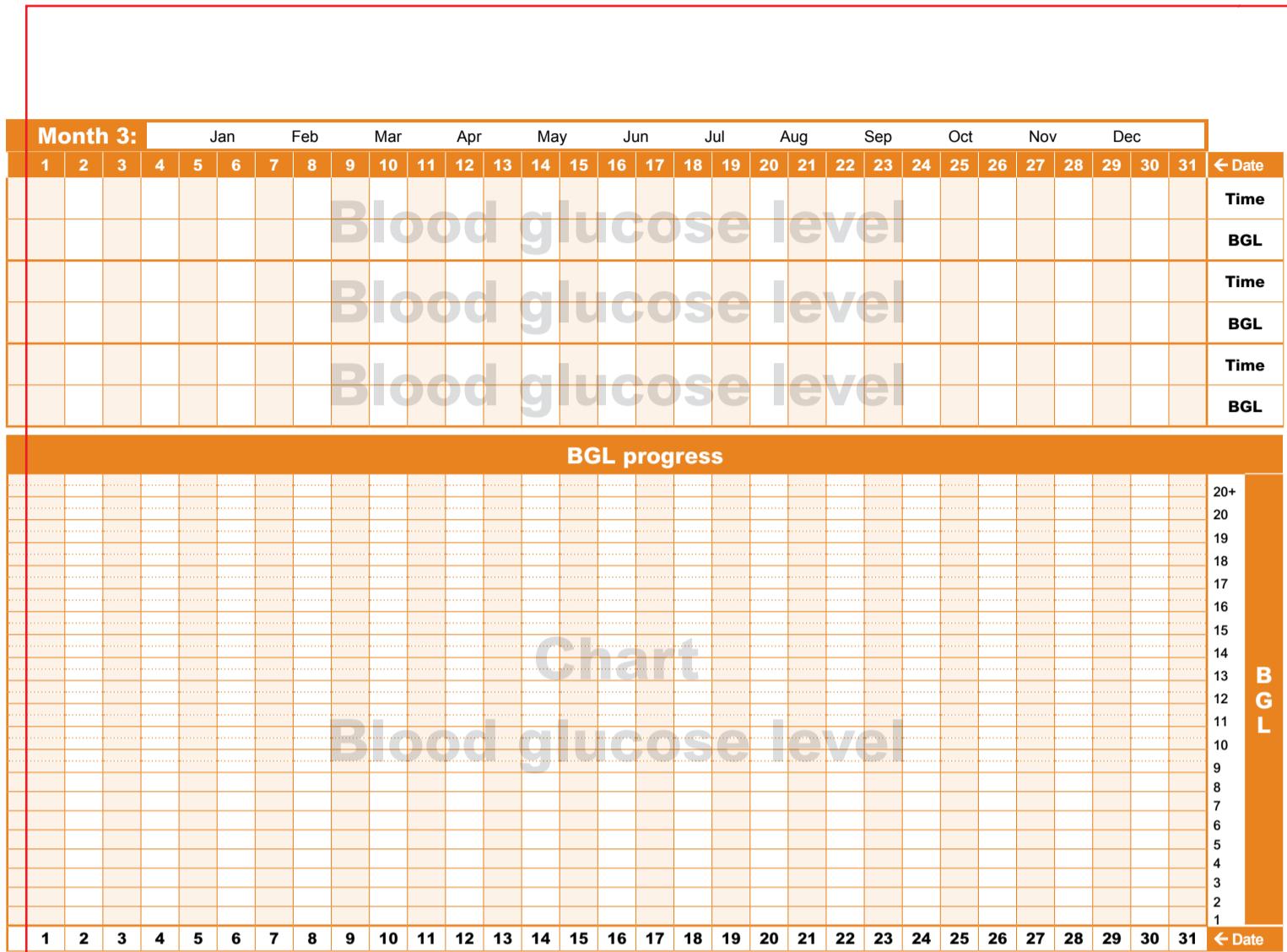
**New chart required within 2 weeks**

Month 4

**New chart required within 2 weeks**

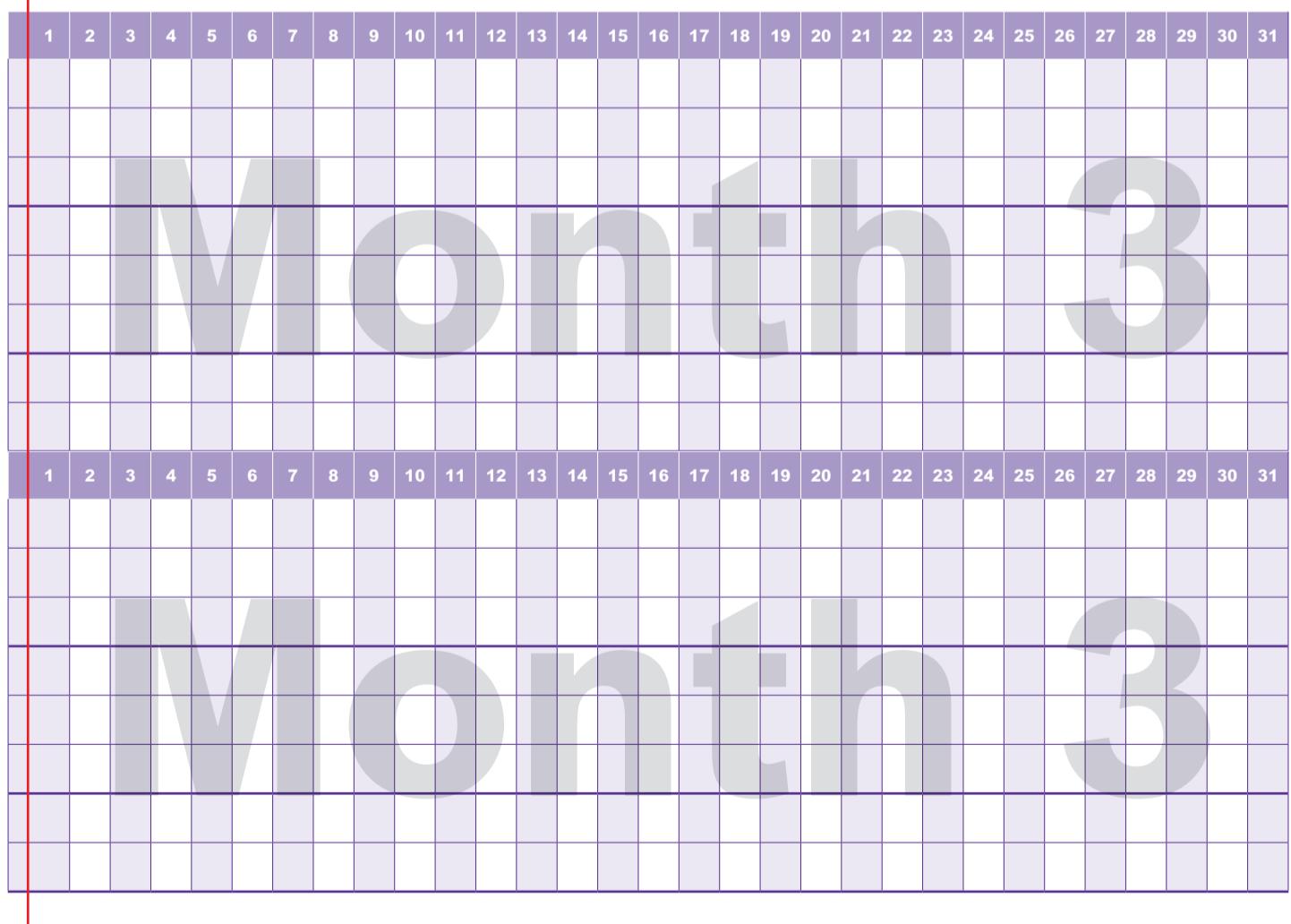
page 42

page 7



page 8

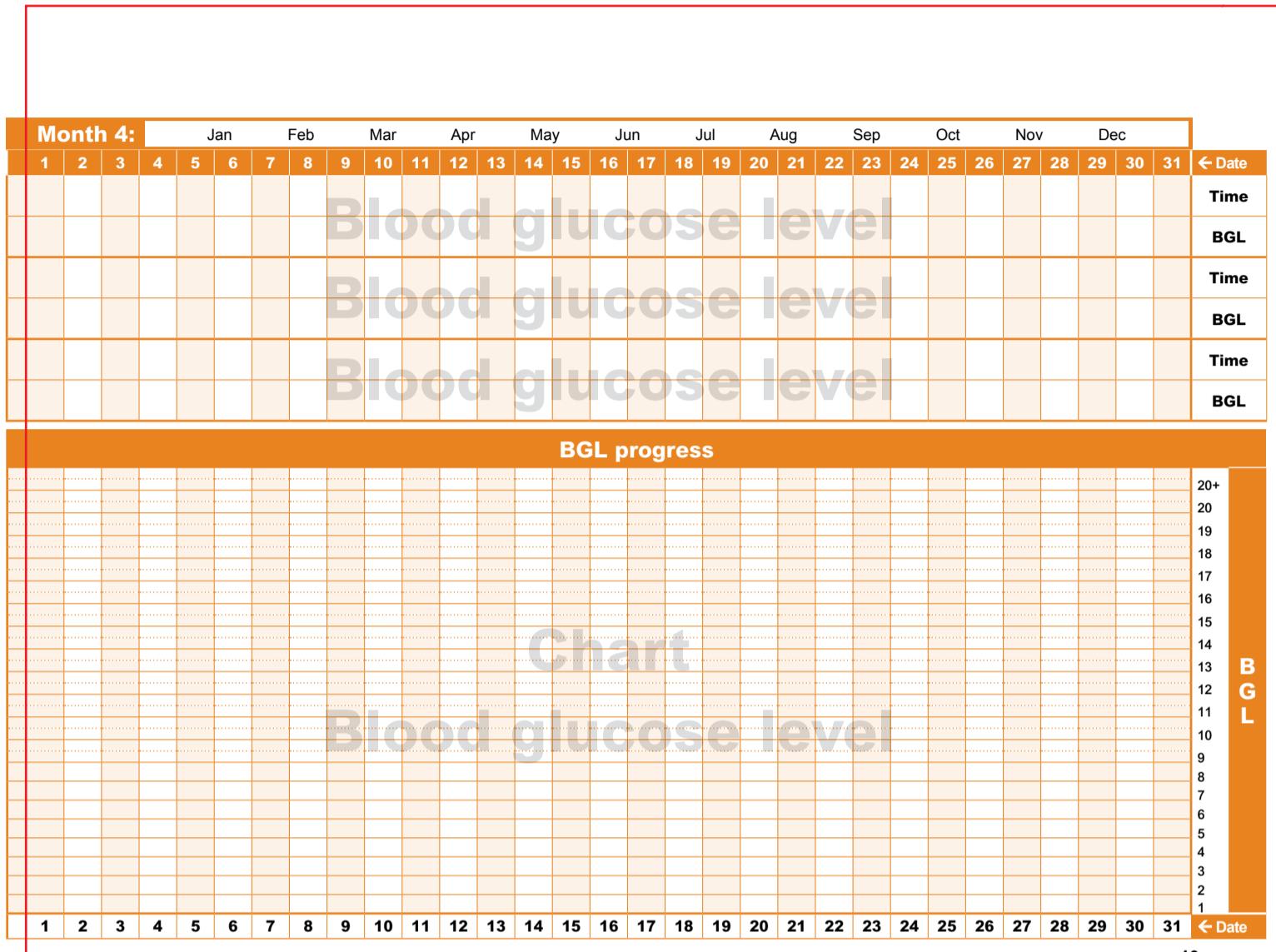
page 41



Month 3

The image displays two identical monthly calendar grids side-by-side, representing 'Month 3'. Each grid is a 6x7 grid of days. The top row contains the month name 'Month 3' and the days of the week: Jan, Feb, Mar, Apr, May, Jun, Jul. The bottom row contains the days of the month: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31. A large, semi-transparent watermark reading 'Month 3' is centered between the two grids.

page 40



page 10

Month 2

Month 2

Month 2:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	← Date																											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	← Date										

20+

20

19

18

17

16

15

14

13

12

11

10

9

8

7

6

5

4

3

2

1

← Date

page 39

## Month 2:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

page 38

page 11

Month 4: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Date → 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 ← Date

PBS/RPBS	Medicine <b>Insulin order</b>	Dose
<input type="checkbox"/> CTG		
<input type="checkbox"/> Ongoing		
<b>Start date</b> ____/____/ Initial		
<b>Stop date</b> ____/____/ Initial		
	Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brand substitution not permitted <input type="checkbox"/>
	Prescriber signature	
	Date of prescribing ____/____/	

<b>BREAKFAST</b>	<b>Time</b>																														<b>Time</b>
	<b>Dose</b>	units	<b>Dose</b>																												
	<b>Initial 1</b>																														<b>Initial 1</b>
	<b>Initial 2</b>																														<b>Initial 2</b>
<b>LUNCH</b>	<b>Time</b>																														<b>Time</b>
	<b>Dose</b>	units	<b>Dose</b>																												
	<b>Initial 1</b>																														<b>Initial 1</b>
	<b>Initial 2</b>																														<b>Initial 2</b>
<b>EVENING</b>	<b>Time</b>																														<b>Time</b>
	<b>Dose</b>	units	<b>Dose</b>																												
	<b>Initial 1</b>																														<b>Initial 1</b>
	<b>Initial 2</b>																														<b>Initial 2</b>

Insulin administration

New chart required within 2 weeks

## Variable dose medicine\* (not insulin) e.g. Warfarin

\* This page to be used to prescribe different strengths of ONE medicine only

PBS/RPBS	Medicine .....  Variable dose order	Dose .....  Route	PBS/RPBS	Medicine .....  Variable dose order	Dose .....  Route	PBS/RPBS	Medicine .....  Variable dose order	Dose .....  Route	Instructions Pathology frequency ..... ..... .....	
<input type="checkbox"/> CTG			<input type="checkbox"/> CTG			<input type="checkbox"/> CTG				
<input type="checkbox"/> Ongoing			<input type="checkbox"/> Ongoing			<input type="checkbox"/> Ongoing			Contact prescriber if pathology results are outside range of ..... ..... .....	
Start date ____/____/ Initial	Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>	Prescriber signature	Start date ____/____/ Initial	Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>	Prescriber signature	Start date ____/____/ Initial	Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>	Prescriber signature	Prescriber signature	
Stop date ____/____/ Initial	Date of prescribing ____/____/		Stop date ____/____/ Initial	Date of prescribing ____/____/		Stop date ____/____/ Initial	Date of prescribing ____/____/			

Month 1:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																								
Date →	← Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
Pathology result																																					Pathology result
Dose prescribed	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	Dose prescribed				
Dose given	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	Dose given				
Initial 1																																					Initial 1
Initial 2																																					Initial 2
Time																																					Time

page 12

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			

page 37

Month 1 ■



## Regular medicine

## Month 1:

Prescription 10 on next page

22

page 13



## PRN (as required) medicine



PBS/RPBS	Medicine	Dose	Date																												Date
			Time																												Time
<input type="checkbox"/> CTG	Indication	Route	Dose																											Dose	
			Initial																												Initial
<input type="checkbox"/> Ongoing	Max dose / 24 hr	Frequency	Evaluation	Effective Y / N	Evaluation																										
			Start date ____/____/____ Initial	<input type="checkbox"/>	Date																										
<input type="checkbox"/> Stop date ____/____/____ Initial	Prescriber signature	Date of prescribing ____/____/____	Date																											Time	
			Time																												Dose
<input type="checkbox"/> Ongoing	Max dose / 24 hr	Frequency	Dose																											Initial	
			Initial																												Initial
<input type="checkbox"/> Stop date ____/____/____ Initial	Prescriber signature	Date of prescribing ____/____/____	Evaluation	Effective Y / N	Evaluation																										

page 14

PBS/RPBS	Medicine	Dose	Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
			Time																															
<input type="checkbox"/> CTG	Indication	Route	Dose																													Dose		
			Initial																													Initial		
<input type="checkbox"/> Ongoing	Max dose / 24 hr	Frequency	Evaluation	Effective Y / N	Effective Y / N	Evaluation																												
			Start date ____/____/____ Initial	<input type="checkbox"/>	Date																													
<input type="checkbox"/> Stop date ____/____/____ Initial	Prescriber signature	Date of prescribing ____/____/____	Date																											Time				
			Time																												Dose			
<input type="checkbox"/> Ongoing	Max dose / 24 hr	Frequency	Dose																											Initial				
			Initial																												Initial			
<input type="checkbox"/> Stop date ____/____/____ Initial	Prescriber signature	Date of prescribing ____/____/____	Evaluation	Effective Y / N	Evaluation																													

New chart required within 2 weeks

Prescription 8 on next page

Month 4

**Month 4:**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**Month 4**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**Month 4**

New chart required within 2 weeks

**New chart required within 2 weeks**

page 34

page 15

## Short term medicine



PBS/RPBS	Medicine	Dose	Month 1:			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec															
			Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
<input type="checkbox"/> CTG			Route																													
Start date <u>  /  /  </u> Initial																																
Stop date <u>  /  /  </u> Initial																																
Prescriber signature																																
Date of prescribing <u>  /  /  </u>																																
PBS/RPBS	Medicine	Dose	Month 2:			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec															
			Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
<input type="checkbox"/> CTG			Route																													
Start date <u>  /  /  </u> Initial																																
Stop date <u>  /  /  </u> Initial																																
Prescriber signature																																
Date of prescribing <u>  /  /  </u>																																

page 16

page 33

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Month 3

## Month 3:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

page 32

page 17

PBS/RPBS	Medicine	Dose	Month 3: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec																																	
			Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
<input type="checkbox"/> CTG																																				
<b>Start date</b> _____/_____/_____																																				
Initial _____																																				
<b>Stop date</b> _____/_____/_____																																				
Initial _____																																				
Prescriber signature																																				
Date of prescribing ____/____/____																																				

PBS/RPBS	Medicine	Dose	Month 4: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec																																	
			Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
<input type="checkbox"/> CTG																																				
<b>Start date</b> _____/_____/_____																																				
Initial _____																																				
<b>Stop date</b> _____/_____/_____																																				
Initial _____																																				
Prescriber signature																																				
Date of prescribing ____/____/____																																				

## Nurse initiated medicine

Medicine		Dose	Date																								Date		
			Time																								Time		
			Dose																								Dose		
Indication		Route	Initial																								Initial		
			Date																								Date		
Date	RN signature		Time																								Time		
			Dose																								Dose		
Date	RN signature	Frequency	Initial																								Initial		
Medicine		Dose	Date																								Date		
			Time																								Time		
			Dose																								Dose		
Indication		Route	Initial																								Initial		
			Date																								Date		
Date	RN signature		Time																								Time		
			Dose																								Dose		
Date	RN signature		Initial																								Initial		

page 18

page 31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Month 2

## Month 2:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

page 30

page 19

## Phone order

Medicine	Dose		Reason ordered  Additional instructions	Date				
	Route			Time				
	Frequency			Dose				
Prescriber name	Start date	____/____/____	Signature 1	Date				
	Stop date	____/____/____	Signature 2	Time				
	Prescriber signature Date ____/____/____			Dose				
			Initial					
Medicine	Dose		Reason ordered  Additional instructions	Date				
	Route			Time				
	Frequency			Dose				
Prescriber name	Start date	____/____/____	Signature 1	Date				
	Stop date	____/____/____	Signature 2	Time				
	Prescriber signature Date ____/____/____			Dose				
			Initial					
Medicine	Dose		Reason ordered  Additional instructions	Date				
	Route			Time				
	Frequency			Dose				
Prescriber name	Start date	____/____/____	Signature 1	Date				
	Stop date	____/____/____	Signature 2	Time				
	Prescriber signature Date ____/____/____			Dose				
			Initial					



## Regular medicine



**Sign in this section for multi-dose administration (eg. multi-dose packs)**

### Month 1:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Breakfast																															
Lunch																															
Dinner																															
Bed time																															



**Sign in this section for individual medicine administration**

PBS/RPBS

CTG

Ongoing

Start date

Initial

Stop date

Initial

**1. Medicine**

Dose

Route

Frequency

Streamlined authority code

Brand substitution not permitted

Prescriber signature

Date of prescribing \_\_\_\_/\_\_\_\_/\_\_\_\_

Prescription 2 on next page

page 20

page 29

Month 1 ■

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	



## Regular medicine

## Month 1:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

PBS/RPBS  <input type="checkbox"/> CTG  <input type="checkbox"/> Ongoing  Start date _____ / _____ / _____ Initial _____  Stop date _____ / _____ / _____ Initial _____  Prescriber signature _____  Date of prescribing _____ / _____ / _____	4. Medicine  Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>	Date → Times ↓	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
		Dose	
		Route	
		Frequency	
PBS/RPBS  <input type="checkbox"/> CTG  <input type="checkbox"/> Ongoing  Start date _____ / _____ / _____ Initial _____  Stop date _____ / _____ / _____ Initial _____  Prescriber signature _____  Date of prescribing _____ / _____ / _____	5. Medicine  Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>	Date → Times ↓	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
		Dose	
		Route	
		Frequency	

Prescription 6 on next page

page 28

page 21

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Month 1 ■

## Month 2:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

page 22

page 27

Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
-------------------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

PBS/RPBS	<b>2. Medicine</b>	Dose
<input type="checkbox"/> CTG		
<input type="checkbox"/> Ongoing		
Start date ____ / ____ / Initial		
Stop date ____ / ____ / Initial		
Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>		
Prescriber signature		
Date of prescribing ____ / ____ / ____		

Date → Times ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
-------------------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

PBS/RPBS	<b>3. Medicine</b>	Dose
<input type="checkbox"/> CTG		
<input type="checkbox"/> Ongoing		
Start date ____ / ____ / Initial		
Stop date ____ / ____ / Initial		
Streamlined authority code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>		
Prescriber signature		
Date of prescribing ____ / ____ / ____		

New chart required within 2 weeks

Prescription 4 on next page

Month 4

**Month 4:**

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

New chart required within 2 weeks

page 26

page 23

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Month 2

**Month 3:**

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

page 24

page 25