

EXAMPLE

All characters appearing in this simulation are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

FAMILY NAME	Taylor	MRN	123456
GIVEN NAME	Margaret	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE
D.O.B.	31/3/50	M.O.	JONES
ADDRESS			

PROGRESS / CLINICAL NOTES

LOCATION
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date and Time (use 24 hr clock) Note: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.

02/3/15 ED Admission

65 yo ♀ admitted refusing food

? current UTI -

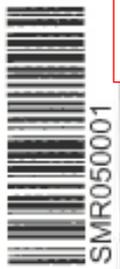
Med Hx - fronto temp lobar degeneration
 - ataxia
 - hypertension
 - hypercholesterolaemia
 - hearing + sight impairment
 - depression

- NKA
 - Plan - admit - multidisciplinary review.

Jones.

02/3/15
0700 Nurses: Pt returned to ward. On admission appears confused & disoriented to time + place. Pt speaking in first language - German. Unsure if language skills fluid. Offered small sips fluid, but reported by nursing staff to have food boluses remaining in mouth. Has not passed urine since admission.

T. Adams RN (ADAMS)



Holes punched as per AS2820-1999
BINDING MARGIN - NO WRITING

PROGRESS / CLINICAL NOTES

SMR050.001

NH006513 161109



Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
 Nil known Unknown (Add appropriate box or complete outside label)
 Drug (or other) Reaction/Type/Date Initials
 N/A

FAMILY NAME Taylor MRN 123456
 GIVEN NAME Margaret MALE FEMALE
 D.O.B. 3/3/50 M.O. JONES
 ADDRESS
 LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
 First Prescriber to Print Patient Name and Check Label Correct: Weight(kg): Height(cm):

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REGULAR MEDICATIONS

YEAR 20 2011 DATE & MONTH 3/31/11

VARIABLE DOSE MEDICATION

Date	Medication (Print Generic Name)	Drug level
Route	Frequency	Time level taken
Prescriber to enter dose times and individual dose		Dose
Indication	Pharmacy	Prescriber
Prescriber Signature	Print Your Name	Contact
Time to be given		
Time given & Sign		

WARFARIN (Marevan/Coumadin) select brand

Date 3/31/11 Medication (Print Generic Name) WARFARIN INR Result 1600
 Route PO Prescriber to enter individual doses Jones Target INR Range 2.0-3.0 Dose 5mg mg mg mg mg mg mg mg mg mg
 Indication Stroke prevention Pharmacy Walgreens Prescriber 1600 Nurse 1
 Prescriber Signature Jones Print Your Name Jones Contact 1979
 Nurse 2

DOCTORS MUST ENTER administration times

Date	Medication (Print Generic Name)	Time
Route	Dose	Frequency & NOW enter times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact

23/31/11 metoprolol 0800
PO 50mg BD Walgreens
Jones Jones 1979

23/31/11 Citalopram 2100
PO 40mg 1/2 tab nocte Walgreens
Jones Jones 1979

23/31/11 Ezetrol 1800
PO 10mg Daily Walgreens
Jones Jones 1979

Pharmaceutical Review: _____
 Check if patient has another Medication Chart

RECOMMENDED ADMINISTRATION TIMES GUIDELINES ONLY

Morning	Midday	Evening	1800 or 2000
Twice a day	BD	QD	2000
Three times a day	TDS	QDS	2000
Arise: 6 hourly	6 hly	QDS	1200 1800 2400
Arise: 8 hourly	8 hly	QDS	1400 2200
Four times a day	QID	QDS	1200 1800 2200

WARFARIN EDUCATION RECORD
 Patient Educated by: _____
 Date: _____
 Given Warfarin Book: _____
 Sign: _____
 Date: _____

SR - Sustained, modified or controlled release formulation.
 If scored tablet, then half can be given.
 Dose must be swallowed without crushing.

REASON FOR NURSE NOT ADMINISTERING
 Codes MUST be circled

Absent (A)
 Fasting (F)
 Refused - notify Dr (R)
 Vomiting (V)
 On leave (L)
 Not available - obtain supply or contact Dr (N)
 Withheld - enter reason in clinical record (W)
 Self Administered (S)

REGULAR MEDICATIONS

YEAR 20 2011 DATE & MONTH 3/31/11

DOCTORS MUST ENTER administration times

Date	Medication (Print Generic Name)	Time
Route	Dose	Frequency & NOW enter times
Indication	Pharmacy	
Prescriber Signature	Print Your Name	Contact

23/31/11 WARFARIN 1600
PO 5mg BD Walgreens
Jones Jones 1979

23/31/11 metoprolol 0800
PO 50mg BD Walgreens
Jones Jones 1979

23/31/11 Citalopram 2100
PO 40mg 1/2 tab nocte Walgreens
Jones Jones 1979

23/31/11 Ezetrol 1800
PO 10mg Daily Walgreens
Jones Jones 1979

Pharmaceutical Review: _____
 Check if patient has another Medication Chart

NOT A VALID ORDER UNLESS LEGIBLE



SMR170010

Holes punched as per AS2828.1:2012
BINDING MARGIN - NO WRITING

NH68532 221113

FAMILY NAME Taylor MRN 123456
 GIVEN NAME Margaret MALE FEMALE
 D.O.B. 31/3/50 M.O. JONES
 ADDRESS _____

STANDARD ADULT GENERAL OBSERVATION CHART

Altered Calling Criteria

LOCATION _____

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date		Date
Time		Time
AIRWAY/BREATHING	Respiratory Rate	35
		30
		25
		20
		15
		10
		5
		5
		10
		15
CIRCULATION	SpO ₂ %	100
		95
		90
		85
		85
		85
		85
		85
		85
		85
CIRCULATION	Blood Pressure (mmHg) SBP is trigger	230
		220
		210
		200
		190
		180
		170
		160
		150
		140
CIRCULATION	Heart Rate	160
		150
		140
		130
		120
		110
		100
		90
		80
		70
DISABILITY	Neurological	A
		V
		P
		U
	Initials	

Key: RA = Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask

Date 23/3/15
Time 0700

RA

RA

Y

X

A

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STANDARD ADULT GENERAL OBSERVATION CHART

Altered Calling Criteria

LOCATION _____

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date		Date
Time		Time
EXPOSURE	Temperature (°C)	41
		40.5
		40
		39.5
		39
		38.5
		38
		37.5
		37
		36.5
		36
		35.5
		35
		34.5
		34
Pain	Assess pain level at rest and with movement. Enter R for at rest, M for movement	
	Severe (7-10)	
	Moderate (4-6)	
	Mild (1-3)	
	Nil	
Initials		Initials
Blood Glucose	Date	
	Time	
	BGL	
Bowels	Date	
Weight	Date	<u>23/3/15</u>
	<input checked="" type="checkbox"/> Daily	<u>78 kg</u>
Urinalysis	Date	
	Time	
	SG	
	pH	
	Leuk	
	Blood	
	Nitrite	
	Ketones	
	Bilirubin	
	U/Bil	
Protein		
Glucose		