Schedule 8 and Restricted Schedule 4 Drug Register PPHC Example

FRONT COVER EXAMPLE

DRUG REGISTER

LOCATION/WARD:		

DRUGS IN THIS BOOK:

DRUG NAME	FORM	STRENGTH						
Morphine	ampoules	10mg/ml						
Díazepam	tablets	5mg-						
Paracetamol/Codeine	Paracetamol/Codeine							
Mídazolam	Mídazolam							
Pseudoephedrine	Pseudoephedrine							
11/10								
I								
COMMENCEMENT DATE: 11/1/2021		CLOSED DATE:						

No. 312

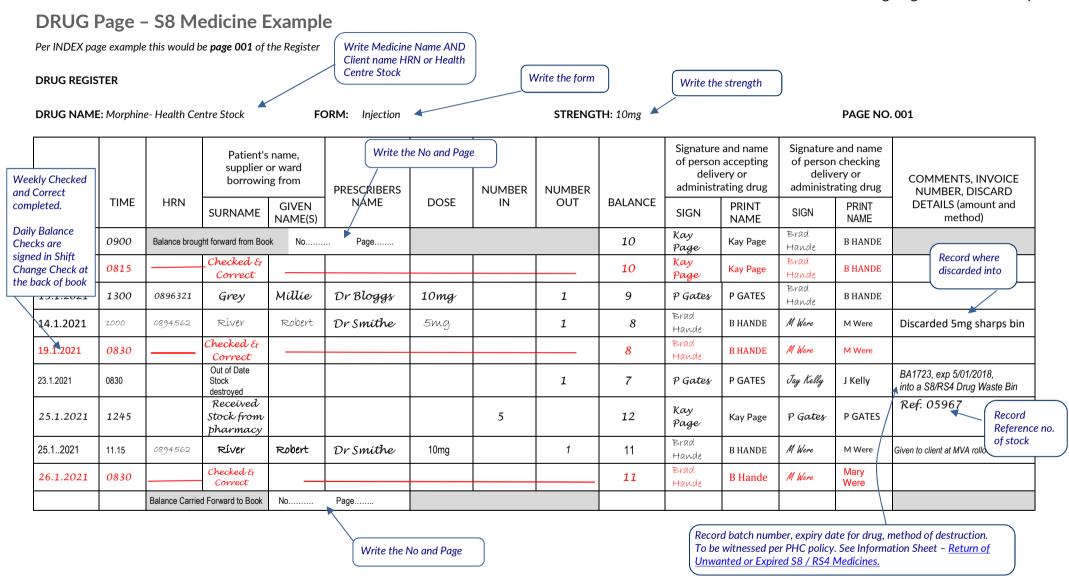
INDEX Page Example

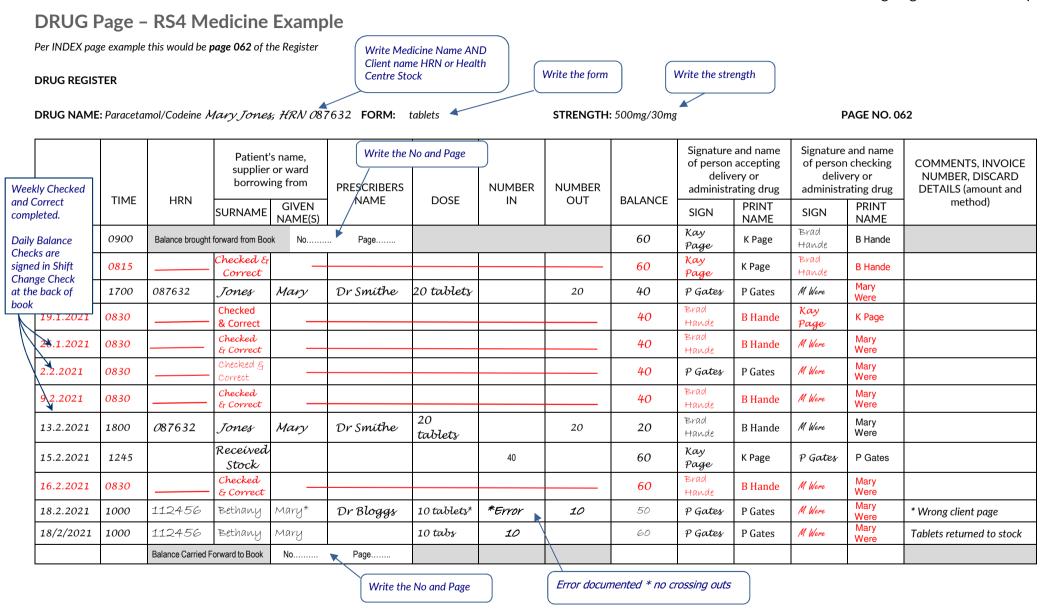
Write page numbers to the next available blank page eg. 008 in next box

INDEX

DRUG NAME, STRENGTH AND FORM			PAGE NUMBER											
Morphine 10mg-/ml injection health centre stock	001	4												
Morphine 10mg/ml injection - Ben Browne, HRN 098765	002													
Díazepam 5mg-tablets health centre stock	003													
Paracetamol 500mg/Codeine 30mg tablets - health centre stock	004													
Paracetamol 500mg/Codeine 30mg tablets - Mary Jones , HRN 087632	005													
Mídazolam 5mg ampoules health centre stock	006													
Pseudoephedrine tablets 60mg health centre stock	007													
*														

Once the columns in that row are completed, check the book to see if there are available pages, write the drug form and strength out again on the next available line and continue from the identified page number





DRUG Page - RS4 Medicine Example Per INDEX page example this would be page 076 of the Register Write Medicine Name AND Client name HRN or Health Write the strength Write the form Centre Stock DRUG REGISTER FORM: Injection DRUG NAME: Midazolam- Health Centre Stock STRENGTH: 5mg/ml **PAGE NO. 076** Signature and name Signature and name Write the No and Page COMMENTS. Patient's name, supplier of person accepting of person checking INVOICE or ward borrowing from delivery or delivery or NUMBER. administrating drug administrating drug NUMBER NUMBER DISCARD Weekly Checked **PRESCRIBERS** TIME HRN DOSE OUT **BALANCE** IN **DETAILS** (amount and Correct **GIVEN** PRINT SIGN PRINT NAME NAME and method) completed. **SURNAME** NAME(S) SIGN NAME Kay Brad 0900 Balance brought forward from Book No.... 10 K Page B Hande Page..... Daily Balance Hande Page Checks are Brad Checked & Kay 0815 10 K Page B Hande signed in Shift Correct Page Hande Change Check at Kay \mathcal{P} the back of book 9 1300 0895163 Baker Toy 5mg 1 K Page P Gates Per CARPA STM Page Gates Brad Checked & Kay 19.1.2021 0830 9 K Page B Hande Hande Page Correct Checked & Brad Marv 25.1.2021 0830 9 M Were B Hande Hande Correct Were Emergency Brad 2 26.1.2021 7 1300 Outreach P Gates P Gates B Hande Hande Drug Box To new Fit Brad B Hande 2 5 26.1.2021 1300 P Gates P Gates kít Hande Stock used from Fit Brad Day 28.1.2021 1530 0874126 Dr Smithe 1 4 B Hande P Gates P Gates Kit, replaced 1 5mg Brenda Hande amp in Fit Kit Brad Discarded 2 amps from 29/1/2021 10.00 2 2 4 B Hande B Kemp В Кетр Fít Kít Hande Fit Kits as expired stock Brad To Fit Kits to replace Fít Kít 2 2 29/1/2021 10.00 B Hande B Kemp B Kemp Hande discarded expired stock Received Stock Kay Ref. 1723 12 1.02.2021 1245 10 K Page P Gates P Gates from pharmacy Page Balance Carried Forward to Book No..... Page.. Write the No and Page Placed in Fit Kit Placed in Emergency Outreach Drug box

LAST 10 PAGES OF THE REGISTER

SHIFT CHANGE CHECK

By signing below you acknowledge each medication in this register has been checked and that the balance is correct

DATE	TIME		and name of OFF duty	of Signature and name of person ON duty		DATE	TIME	Signature and name of person OFF duty		Signature and name of person ON duty		DATE TIME		Signature and name of person OFF duty		Signature and name of person ON duty	
		SIGN	PRINT NAME	SIGN	PRINT NAME			SIGN	PRINT NAME	SIGN	PRINT NAME			SIGN	PRINT NAME	SIGN	PRINT NAME
18.1.2021	0815	Kay Page	K Page	P Gates	P Gates												
20.1.2021	0815	Brad Hande	B Hande	Kay Page	K Page												
21.1.2021	0815	P Gates	P Gates	Brad Hande	B Hande												
22.1.2021	0815	Kay Page	K Page	P Gates	P Gates												
		7		*													

Daily count must be done for each drug in the safe. Once completed please sign in Shift Change check to acknowledge this.

Note: A Weekly "Checked and Correct" **must** be completed on the dedicated medication pages of the Drug Register, this counts as the daily check for that day.

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