



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 _____

Month 4:

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

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New chart required within 2 weeks

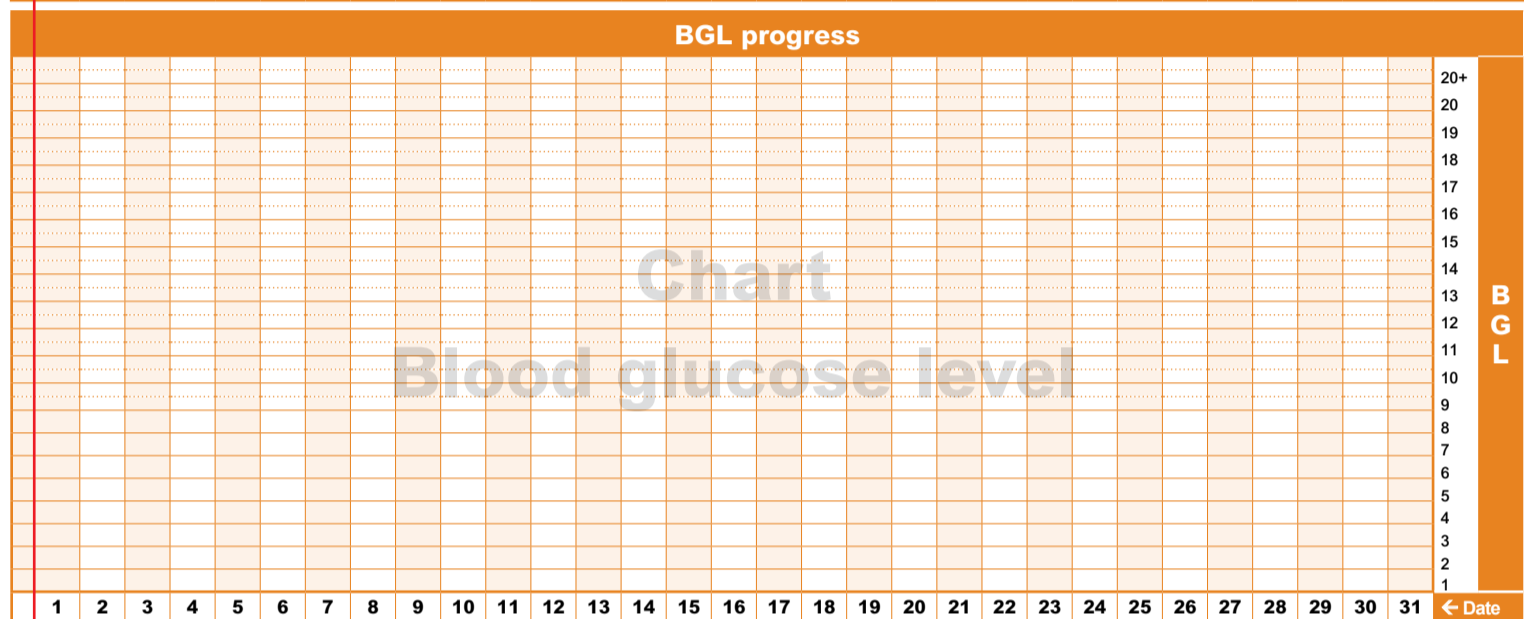
Month 2:		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	← Date																			
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Insulin administration

Insulin administration

Insulin administration

Month 3:			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																	
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Month 3																														



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



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

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

Month 1:				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
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	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	Dose given
Initial 1																																Initial 1
Initial 2																																Initial 2
Time																																Time

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 1																														

Month 1



Regular medicine

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
PBS/RPBS <input type="checkbox"/> CTG <input type="checkbox"/> Ongoing Start date ___/___/___ Initial ___ Stop date ___/___/___ Initial ___	8. Medicine	Dose																															
		Route																															
		Frequency																															
		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 <input type="checkbox"/> CTG <input type="checkbox"/> Ongoing Start date ___/___/___ Initial ___ Stop date ___/___/___ Initial ___	9. Medicine	Dose																															
		Route																															
		Frequency																															
		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 ___/___/___																															

Prescription 10 on next page

		Month 2:																															
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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	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	Dose given	
Initial 1																															Initial 1		
Initial 2																															Initial 2		
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		Month 3:																															
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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	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	Dose given		
Initial 1																														Initial 1			
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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	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	Dose given			
Initial 1																													Initial 1				
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New chart required within 2 weeks

Month 4:

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

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Month 4																														

New chart required within 2 weeks

PBS/RPBS <input type="checkbox"/> CTG <input type="checkbox"/> Ongoing Start date ___/___/___ Initial Stop date ___/___/___ Initial	Medicine	Dose Route Frequency	Date											Date
	Time												Time	
	Dose												Dose	
	Initial												Initial	
	Evaluation		Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Evaluation
	Date												Date	
	Time												Time	
	Dose												Dose	
	Initial												Initial	
	Evaluation		Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Evaluation
	Date of prescribing ___/___/___													

PBS/RPBS <input type="checkbox"/> CTG <input type="checkbox"/> Ongoing Start date ___/___/___ Initial Stop date ___/___/___ Initial	Medicine	Dose Route Frequency	Date											Date
	Time												Time	
	Dose												Dose	
	Initial												Initial	
	Evaluation		Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Evaluation
	Date												Date	
	Time												Time	
	Dose												Dose	
	Initial												Initial	
	Evaluation		Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Effective Y / N	Evaluation
	Date of prescribing ___/___/___													

Month 2:

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

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Month 2																														

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Month 2																														

		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 <input type="checkbox"/> CTG <input type="checkbox"/> Ongoing Start date: ___/___/___ Initial: _____ Stop date: ___/___/___ Initial: _____	2. Medicine <div style="font-size: 48px; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">2</div>	Dose																															
		Route																															
		Frequency																															
		Streamlined authority code: [][][][][] Brand substitution not permitted: <input type="checkbox"/> Prescriber signature: _____ Date of prescribing: ___/___/___																															
PBS/RPBS <input type="checkbox"/> CTG <input type="checkbox"/> Ongoing Start date: ___/___/___ Initial: _____ Stop date: ___/___/___ Initial: _____	3. Medicine <div style="font-size: 48px; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">3</div>	Dose																															
		Route																															
		Frequency																															
		Streamlined authority code: [][][][][] Brand substitution not permitted: <input type="checkbox"/> Prescriber signature: _____ Date of prescribing: ___/___/___																															

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New chart required within 2 weeks

Month 4:

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Month 4																														

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Month 4																														

New chart required within 2 weeks

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Month 2																														

Month 3:

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Month 3																														

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Month 3																														