



UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES

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NURSING TREATMENT CHART

REGULAR PRESCRIPTIONS																				
1. Drug				Date :																
Dose:	Route:	Start date:	Stop/review date	Time																
				Dose:																
Signature & Name:		Max Frequency:		Route																
Additional instructions:				Sign:																
2. Drug				Date:																
Dose:	Route:	Start date:	Stop/review date	Time																
				Dose:																
Signature & Name:		Max Frequency:		Route																
Additional instructions:				Sign:																
3. Drug				Date:																
Dose:	Route:	Start date:	Stop/review date	Time																
				Dose:																
Signature & Name:		Max Frequency:		Route																
Additional instructions:				Sign:																
4. Drug				Date:																
Dose:	Route:	Start	date	Time																
				Stop/review date																
Signature & Name:		Max Frequency:		Route																
Additional instructions:				Sign:																
5. Drug				Date: :																
Dose:	Route:	Start	date	Time																
				Stop/review date																
Signature & Name:		Max Frequency:		Route																
Additional instructions:				Sign:																
Date _____																				
Circle time or enter other time _____																				
6. Drug				6																
Dose:	Route:	Start date:	Stop/review date	8																
				12																
Signature & Name:				14																
				18																
Additional instructions:				22																
7 Drug				6																
Dose:	Route:	Start date:	Stop/review date	8																
				12																
Signature & Name:				14																
				18																
Additional instructions:				22																

