

MEDICATION STANDING ORDERS Version2 **Page 1 of 2**

Standing orders must be condition specific:

Please indicate conditions specific to this standing order:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Pain relief |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Gastric Reflux |
| <input type="checkbox"/> UTI | <input type="checkbox"/> IV Cannula integrity |
| <input type="checkbox"/> Febrile | <input type="checkbox"/> Other, Please specify_____ |

This order may be used as outlined in the Hospital Policy- Medication Standing Orders and is only valid for 12 months from the date signed.

Oral Analgesia	<input type="checkbox"/> Paracetamol 500mg x 2 6 hourly po <input type="checkbox"/> Other, Please specify: Indications for administration: Contraindications to administration:
Cough Linctus	<input type="checkbox"/> Pholcodeine as per manufacturer's Instructions <input type="checkbox"/> Other, Please specify: Indications for administration: Contraindications to administration:
Aperients	<input type="checkbox"/> Microlax enema pr <input type="checkbox"/> Movicol, 1 sachet daily <input type="checkbox"/> Other, Please specify: Indications for administration: Contraindications to administration:

<i>Approved by: MAC 12th May 2011</i>	
<i>Date developed: 13th May 2011</i>	
<i>Authorised By (Doctor's Signature):</i>	
<i>Doctor's Name & Qualifications stamp:</i>	
<i>Last Reviewed: May 2009</i>	<i>Next Review Due: May 2013</i>

MEDICATION STANDING ORDERS Version2 **Page 2 of 2**

PLEASE NOTE	
This order may be used as outlined in the Hospital Policy- Medication Standing Orders and is only valid for 12 months from the date signed.	
Antacids	<input type="checkbox"/> Mylanta 20ml po prn <input type="checkbox"/> Other Please specify Indications for administration: Contraindications to administration:
Sedation	<input type="checkbox"/> Temazepam 10mg to 20mg po nocte prn <input type="checkbox"/> Other Please specify: Indications for administration: Contraindications to administration:
Alkalizer	<input type="checkbox"/> Ural sachet as per manufacturer's instructions <input type="checkbox"/> Other Please specify: Indications for administration: Contraindications to administration:
Peripheral Intravenous Cannula Flush	<input type="checkbox"/> 5ml 0.9% Normal Saline IV 6 hourly Indications for administration: Contraindications to administration:

Medication administered in accordance with this standing order must be documented in the 'once only' section of the medication chart and be signed by a medical practitioner within 24 hours.

<i>Approved by: MAC 12th May 2011</i>	
<i>Date developed: 13th May 2011</i>	
<i>Authorised By (Doctor's Signature):</i>	
<i>Doctor's Name & Qualifications stamp:</i>	
<i>Last Reviewed: May 2009</i>	<i>Next Review Due: May 2013</i>