# 個人備藥和給藥紀錄

對何種藥物過敏：

住客姓名 _____ 出生日期 _____ 床號 _____ 號 年 月

| 處方日期 | 藥物名稱、劑型和劑量 | 使用次數 | 使用時間 | 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 |
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| | | 每天 次 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 每次 粒 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 執 | | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 核 | 藥物來源： | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| | | 每天 次 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 每次 粒 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 執 | | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 核 | 藥物來源： | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| | | 每天 次 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 每次 粒 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 執 | | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 核 | 藥物來源： | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| | | 每天 次 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 每次 粒 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 執 | | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 核 | 藥物來源： | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| | | 每天 次 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 每次 粒 | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 執 | | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 核 | 藥物來源： | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 給藥紀錄簽署 | | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 簽名=已服藥；H=因事回家；A=入院； | | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R=拒絕一種或以上藥物；O=其他 | | 上午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 註：R 或 O：通知護士／保健員作出跟進 | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 並作出適當記錄 | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 處方日期=該藥物第一次被處方的使用日期。 | | 下午 時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |