# Downtime - Documenting a Paper National Inpatient Medication Chart (NIMC) - ADULT (>16 years)



Digital Health Quick Reference Guide

# NIMC Overview (See Appendix A for full NIMC screenshots)

| Patient Identification  | Adhere patient identification label in the                |  |
|---|---|--|
| Affix patient identification label here and overleaf  | space provided or hand write the patient                  |  |
| URN:  | name, UR number, date of birth and                        |  |
| Family name: Not a valid  | gender in legible print                                   |  |
| Given names: prescription unless  |   |  |
| Address: identifiers present  |   |  |
|   |   |  |
| Date of birth: Sex: M □ F □   |   |  |
| First prescriber to print patient name and check label correct:  Weight (kg):   |   |  |
| Patient weight and height   | Document patient's weight and height                      |  |
| Adult:  |   |  |
| Weight (kg): Height (cm):   |   |  |
| Patient location  | Write patient's current location                          |  |
| Facility/service:   | '   |  |
| Ward/unit:  |   |  |
|   |   |  |
| NIMC numbering  | Write the number of NIMCs in the sequence of active NIMCs |  |
| Medication chart number of  |   |  |
|   | e.g. 1 of 3   |  |
| Addition charts   | Indicate additional specialist charts in use              |  |
| Additional charts   |   |  |
| ☐ IV fluid ☐ BGL/insulin ☐ Acute pain ☐ Other   |   |  |
| Palliative care Chemotherapy IV heparin   |   |  |
|   |   |  |
| Allergies and ADR alert   | Obtain and record previous allergies and                  |  |
| Attach ADR sticker  | ADRs in this section                                      |  |
| Allergies and adverse drug reactions (ADR)  | Tick <b>Nil known</b> if the patient is not aware         |  |
| □ Nil known □ Unknown (tick appropriate box or complete details below)  Medicine (or other) Reaction / type / date Initials | of any previous ADRs or allergies.                        |  |
|   | Tick <b>Unknown</b> if no information is                  |  |
|   | available about previous reactions (e.g. if               |  |
|   | the patient is unable to communicate).                    |  |
|   | Once completed, sign the space                            |  |
| Sign Print Date   | underneath, print name and date.                          |  |

| Once                    | Only /   | STAT o               | orde      | rs              |          |              |  |               |       |         |                    |                    |                    |              |           | Document once only orders with all               |
|-------------------------|--|----------------------|-----------|-----------------|----------|--------------|--|---------------|-------|---------|--------------------|--------------------|--------------------|--------------|-----------|--|
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           | relevant details in this section                 |
| Adult:                  |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
| Date                    | I  | Once on<br>Medicine  | ly and    | $\overline{}$   |          |              | medi<br>Date/tim                             | cines an      |       | e-med   |                    |                    | Time               |              | 4         |  |
| prescribed              | (pr  | int generic nam      | 10)       | R               | loute    | Dose         | dose   |               |       |         | our name           | Given by           | given              | Pharma       | acy       |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              | -         |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
| Teleni                  | hone O   | rders                |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           | Document telephone orders with all               |
| ТСТСР                   |  | iucis                |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           | relevant details in this section                 |
|                         | 1  | Te                   | lenho     | ne or           | ders     | (to be       | signed                                       | within 24     | hou   | e of or | der)               |                    |                    |              | $\neg$    | Tolovani dotalio ili tilio occioni               |
| Date                    | Medi   |                      |           |                 |          | Che          | ck initials                                  |               | Pres. |         |                    | Record of a        |                    |              |           |  |
| time                    | (print gene  | ric name)            | Route     | Dose            | Frequer  | N1           | N2   | name          | sign  | Date    | Time /<br>given by | Time /<br>given by | Time /<br>given by | Tim<br>giver |           |  |
| 1/6/15                  | Frusemia   | le                   | IV        | 20mg            | Stat     | t AB         | QT   | P.Jones       | PJone | 2/6/15  | 10.00<br>AB        |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         | $\angle$           | $\angle$           | $\angle$           |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    | <            |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
| Variak                  | ole Dos  | e med                | icin      | е               |          |              |  |               |       |         |                    |                    |                    |              |           |  |
| VARI                    | ABLE D   | OSE ME               | DICA      | ATIO            | N        | D            | rug leve                                     | el            |       |         |                    |                    |                    |              |           | Document variable dose medicine with all         |
| Date                    | Medication   | (Print Gene          | eric Na   | me)             |          | V            | /hen Le                                      | vel taken     |       |         |                    |                    |                    |              |           | relevant details in this section.                |
|                         |  |                      |           |                 |          | P            | rescribe                                     | r             | ᆫ     |         |                    |                    |                    |              |           |  |
| Route                   | Route Frequency  |                      |           |                 |          |              | Do   | ise           | _     |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              | M Tir  |               |       |         |                    |                    |                    |              |           |  |
| Indication              | Dr to enter dose time and individual dose  Indication Pharmacy |                      |           |                 |          |              |  | Nurse initial |       |         |                    |                    |                    |              |           |  |
| Indication              | '  | $\vdash$             | _         | ne given<br>ise | ⊢        |              |  |               |       | +       |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              | Tir  |               | Н     |         |                    |                    |                    |              |           |  |
| Prescribe               | Prescriber Signature Print your surname Contact                |                      |           |                 | P        |              | rse initial                                  | Г             |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 | Tin      | ne given     |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
| VTE P                   | rophyl   | axis                 |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           | Medical staff need to complete VTE risk          |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           | assessment as this is not checked on             |
| VTE risk assessed:      | Yes Proph  | ylaxis not requ      | iired     | Contra          | indicate | ed:          | Surname:                                     |               |       | Signatu | re:                |                    | Date               |              |           | other charts                                     |
| PRES                    | SCRIBER MI   | JST ENTER            | admin     |                 |          |              |  |               |       |         |                    |                    |                    |              |           | Check for other anticoagulants                   |
| Date                    | Medication (pr   | int generic nam      | e)        |                 |          |              |  |               |       |         |                    |                    |                    |              |           | Order chemo / mechanical prophylaxis if required |
| Route                   | Dose   | Frequenc             | y & NOV   | V enter tir     | mes 🚃    | <del>-</del> | $\dashv$                                     |               |       |         |                    |                    |                    |              |           | Nursing staff need to implement clinical         |
| Indication              |  | Pharmacy             |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           | intervention e.g. calf compression               |
| VTE pr<br>Prescriber Si | ophylax<br>ignature Prii                                       | is<br>nt your sumame | <u> </u>  |                 | Contact  |              |  |               |       |         |                    |                    |                    |              | 2         | stockings or calf compressors                    |
| Mechanical p            | prophylaxis  |                      |           |                 |          | Al           | <u>,                                    </u> |               |       |         |                    |                    |                    | ,            | Yes / No  | If no action is required, this must be           |
| Prescriber/N            | I Signature  | Print your           | umama     | 1.              | Contact  | Ch           | eck  |               |       |         |                    |                    |                    | ՝            | Dispense? | acknowledged                                     |
| i rescriber/N           | . Jigirature   | Print your s         | Jirraille |                 | Contact  | PI<br>Ch     | VI<br>eck                                    |               |       |         |                    |                    |                    | i            | Dis       | Nurses need to check this section is             |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           | completed  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |
|                         |  |                      |           |                 |          |              |  |               |       |         |                    |                    |                    |              |           |  |

| \Morfori           |   |                          |                           |  |          |              |          |          |               |   | _  |
|--------------------|---|--------------------------|---------------------------|--|----------|--------------|----------|----------|---------------|---|--|
| Warfarii           |   |                          | ,                         |  |          | -            |          |          |               |   | Decomposit constants and a detaile within                                    |
| Date               | WARFARIN                                | (Marevan/<br>select      | DOSE<br>TIME              | INR Resu   | ╀        |              |          |          |               | Document warfarin order details within this section |  |
| Route              | Prescriber to enter<br>individual doses | Target INR               |                           | 1600<br>(4pm)  | Dose     | п            | ng mg    | g mg     |               |   |  |
| Indication         |   | Pharmacy                 | (,                        | Prescribe  |          |              |          |          |               |   |  |
| Prescriber         | Signature Print you                     | ır surname               |                           | Nurse 1  | ╄        |              |          |          |               |   |  |
|                    |   |                          |                           |  | Nurse 2  |              |          |          |               |   |  |
| WARF               | ARIN EDUCATION<br>RECORD                |                          |                           | Please review if patient have had recent education about Warfarin and their follow up INR review |          |              |          |          |               |   |  |
|                    | cated by:                               |                          |                           |  |          |              |          |          |               |   |  |
|                    |   |                          |                           |  |          |              |          |          |               |   | Check which warfarin brand they are taking at this time                      |
| Given Warfa        | rin book:                               |                          |                           |  |          |              |          |          |               |   |  |
| , i                |   |                          |                           |  |          |              |          |          |               |   |  |
| Date:              |   |                          |                           |  |          |              |          |          |               |   |  |
| Regular            | Medications                             | (except                  | insulin)                  |  |          |              |          |          |               |   |  |
| _                  |   | ` '                      | ,                         |  |          |              |          |          |               |   |  |
| Adult:             |   |                          |                           |  | _        |              |          |          | _             |   | Decument regular medications within this                                     |
| Date               | Medicine (print gene                    | ric name)                |                           | Tick if<br>slow<br>release   | •        |              |          |          |               |   | Document regular medications within this section (except for insulin):       |
| Route              | Dose Fred                               | uency and NC             | W enter times             | $\Rightarrow$  |          | H            |          |          |               |   |  |
| Indication         |   | Pharmac                  | у                         |  |          | H            |          |          |               |   |  |
| Prescriber s       | signature Print                         | t your name              | 10                        | Contact  |          |              |          |          |               |   |  |
|                    |   | ,                        |                           |  |          |              |          |          |               |   |  |
| -                  |   |                          |                           |  |          |              |          |          |               |   | Ī  |
| Paediatr           |   |                          |                           | _  |          |              | _        |          |               |   | Paediatric chart has an extra field to                                       |
| 11/1               | Paracetamo                              | 1                        | Tick it<br>slow<br>releas |  |          | _            |          |          | $\overline{}$ | _   | document the dose calculation. Prescriber                                    |
| PO 1               | 50mg 6                                  | noy and NOW en<br>hourly | ter times                 | 1200   |          | <i>19co</i>  |          | /        |               | _   | must document the basis for the dose calculation in the dose calculation box |
| Pharmacy/add       | ditional information                    |                          |                           | 1800   | PK       | -            | $\times$ | $\times$ |               | -   | e.g. mg/kg/dose or microgram/m²/dose   |
| Indication Pain    | I                                       | Dose calculation         | 2400                      | 07/  | -        | $\leftarrow$ | $\times$ |          | -             | etc)  |  |
| Prescriber sig     |   | ,                        | Contact/pager<br>2986     |  | 1        | -            |          | $\times$ |               | -   |  |
| J.Dr               | 5. 5                                    |                          |                           |  |          |              |          |          |               |   | 7  |
| PRN Me             | dications                               |                          |                           |  |          |              |          |          |               |   | Document PRN medications within this   |
| Data               | Madiaina (avint annasia                 |                          |                           |  |          |              |          |          |               |   | section  |
| 11/1/16            | Medicine (print generic<br>Paracetamol  |                          | 2011                      |  | /1       |              |          |          |               |   |  |
| Route<br>PO        | Dose Hourly freque                      | ncy Max PRN              | PRN dose/24 hr            | Time 24  | 100      |              |          |          |               |   |  |
| Indication<br>Pain | Р                                       | harmacy<br>2 x 500mg     | I                         | Dose 1   | g<br>PO  |              |          |          |               |   | T  |
| Prescriber sig     |   |                          | Contact<br>8948           |  | 5        |              |          |          |               |   | <u> </u>   |
|                    |   |                          | ı                         | •  | <u> </u> | '            | '        |          |               | -   | Ī  |

| Insulin O  | rde   | rs       |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       |              |   |
|--|---|----------|----------|------------|------------|-------------|-----------|----------|----------|----------------|--------|----------|---------|--|--|---------------------------------------|--------------|---|
|  |   |          |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       |              | Document routine insulin orders within      |
|  |   |          |          |            |            | Date o      |           |          |          | r Y            | EAR    | 20_      |         |  |  |                                       |              | this section                                |
| Check supplemental/variable/stat orders  |   |          |          |            |            | (cross      | out pr    | evious   | 1        |                |        | 1        | Date    | and                                      | mon                                      | nth of                                |              |   |
|  |   |          |          |            | 10         |             |           |          |          | 11             | 9      | 19_      |         | 1  |  |                                       |              | Nurses to complete administration as per    |
| Mealtime insulin   |   |          |          | tot        | 18         | 17/2        | 1         | 1        | 1        | 113            | ١.     | -        | -       | 1  |  |                                       |              |   |
|  |   |          |          |            | 12         | 1           |           | - 1      | ^        |                | 2      | 2        |         | -  | _  |                                       |              | five rights of administration               |
| Time/Meal  | Name  | of Insul | 000      | 0          | d          | 6           |           |          |          | 1              |        | 6        |         |  |  |                                       |              |   |
| 0800   | NO  | OVOR     | 44       | ID         | Christs    | Units       | Units     | Units    | Unit     |                | inits  | Units    | Unit    | s U                                      | nits                                     | Units                                 | Units        | Date and sign and write amount of insulin   |
| Presenter signa  | iture   | Print yo | ur surga | me         | 1          |             |           |          |          | 100            | 0      | 10       |         |  |  |                                       |              | in the date and month section               |
| Smit   | Ни  | SI       | ит       | 41         | Philippacy | 88          |           | 1.40     |          | 1              | B      | (D)      | 14700   |  |  | testine.                              | Initial      | In the date and month section               |
| 0  |   |          |          | .          | Philiphicy | William     | Initial   | Initia   | Initi    | at tr          | nitial | Initial  | Initia  | ii) in                                   | itial                                    | Initial                               | initial      |   |
|  | Name  | of Insul | 040      | 2/0        | 1/2        | 6           |           |          |          | 16             | 0      | 6        |         |  |  |                                       |              |   |
| 1230   | N   | UVU      | 41 F     | 10         | Jan.       | Prits       | Units     | Units    | Uni      | ts 0           | Prits  | Pritts   | Unit    | s U                                      | nits                                     | Units                                 | Units        |   |
| Prescriber siggs   | sture   | Print yo | ur sumi  | me         | No.        | ce          |           |          |          | A              | 0      | 10       |         |  |  |                                       |              |   |
| mit  | n   |          |          |            | 16         | 88          | Initial   | Initia   | Initi    | n 77           | B      | (D)      | Initia  | il In                                    | itiat                                    | Initial                               | Initial      |   |
|  | _   | of Insul | in       |            | -          |             |           |          |          |                | ,      | -        |         |  |  |                                       |              |   |
| 1730   | N   | OVO      | RAP      | DI         | 6          | Kins        | Section 1 |          | Charles  | 16             | Pnits  | Bnits    | Fried   |  |  |                                       | Units        |   |
|  | _   | _        |          | _          | /Pints     | Units       | Units     | Units    | Uni      | ts c           | pnits  | Units    | Unit    | 8 0                                      | nits                                     | Units                                 | Units        |   |
| Prescriber signs   | L   | Print yo | ur sum   | ame        | Priamacy   | 20          | _         |          |          | t              | E      | X        |         |  |  |                                       |              |   |
| SMH  | _   |          |          |            | Pharmacy   | Ø.a         | Initial   | Initia   | initi    | al T           | inite  | Phillias | Initia  | al in                                    | itial                                    | Initial                               | Initial      |   |
| 100000000000000000000000000000000000000  |   | of Insul |          | _          | 26         | 20          |           |          |          | 17/            | 2      | 20       |         |  |  |                                       |              |   |
| 0800   | L   | AN       | 74.      | 2          | 20         | 20<br>Units | Units     | Units    | Uni      | <sub>6</sub> 4 | Posts  | 20       | Unit    | e u                                      | nits                                     | Units                                 | Units        |   |
| Prescriber signs   | ature   | Print yo | ur sumi  | ame        | 1.0        |             |           |          |          |                | 455    | 3.4      |         |  |  |                                       |              |   |
| Cuit   | 4   |          |          |            | 16         | 8k          | Initial   | Initia   | ton      | Jt             | B      | (D)      | Initia  |  | itial                                    | Initial                               | Initial      |   |
| 0  | Name  | of Insui | lies     | _          | Pearmacy   | *186ai      | Inipal    | tritta   | USE      | 01 0           | HELDI  | Immai    | anius   | 20                                       | ecotor.                                  | History                               | Hopen        |   |
| Time/Meal  | ryame   | or insu  | III)     |            |            |             |           |          |          |                | - 0    |          |         |  |  |                                       | <u> </u>     |   |
|  |   |          |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       |              |   |
|  | -   |          |          | _          |            |             |           |          |          |                |        |          |         |  |  |                                       |              |   |
| Supplem  | ent   | al su    | bcu      | tane       | ous        | insu        | ılin      |          |          |                |        |          |         |  |  |                                       |              |   |
|  |   |          |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       |              | Document supplemental insulin within this   |
| Cumpler  | mon   | tal eu   | heuta    | noou       | e ine      | ulin        | Aliq      | n supple | emental  | 'Date          | and m  | onth o   | f Admir | istrati                                  | on' to                                   | date ab                               | oove         | section                                     |
| Supplemental subcutaneous insu-<br>Variable dose (sliding scale) insulin alone is NOT recomm |   |          |          |            |            |             | Date      | 18/2     |          |                |        |          |         |  |  |                                       |              | 0001011                                     |
| consider basal   |   |          | MOU -    | 20.000     |            |             |           |          |          |                |        |          |         | 1  |  |                                       |              |   |
|  |   | , 000111 | _        |            | 1730       | -           |           |          |          |                |        |          |         |  | Nurses to complete administration as per |                                       |              |   |
| Name of insulin  | PIL   | TEX.     | With mea |            |            |             | Dose      | 4nes     | Units    | Units          | Units  | Units    | Units   | Units                                    | Units                                    | Units                                 | Units        | five rights of administration               |
| Surname: 8V  |   |          |          | Initial    | 丰          |             |           |          |          |                |        |          |         |  |  |                                       |              |   |
| Sign: Gw   | th  | 7 0      |          |            | Time       |             |           |          |          |                |        |          |         |  |  | Nurses need to review this section in |              |   |
| If BGL (pimol/L)   |   | Start    |          |            | anged o    | rder        | Dose      | Units    | Units    | Units          | Units  | Units    | Units   | Units                                    | Units                                    | Units                                 | Units        |   |
| range below  |   | date     |          |            | previous o |             |           | Units    | Units    | Units          | Ones   | Gines    | United  | Oreas                                    | Oring                                    | Crists                                | Oras         | conjunction with Blood Glucose              |
| then administer<br>additional insuli   | _   | 18/2     | 1        | 1          | 1          | 1           | Initial   |          | _        |                |        |          |         | -  | _  |                                       | -            |   |
| additional insuli  | "   | 1 2      |          | -          | +          | -           | Time      |          |          |                |        |          |         |  |  |                                       |              | Please enter the date, time, number of      |
| 0 - 4 or   |   | 0 Units  | 0 Units  | 0 Units    | 0 Units    | 0 Units     | Dose      | Units    | Units    | Units          | Units  | Units    | Units   | Units                                    | Units                                    | Units                                 | Units        | units and initials post administration      |
|  |   | _        |          |            |            |             | Initial   |          |          |                |        |          |         |  |  |                                       |              |   |
| 4.1 - 8 or   |   | O Units  | Units    | Units      | Units      | s Units     |           |          |          |                |        |          |         |  |  |                                       |              | (pertaining to the amount insulin           |
|  |   | 2        | SAME.    | 1000       |            | I was       | Time      |          | -        |                |        |          |         |  |  |                                       | -            | administered off this order)                |
| 8.1 - 12 or  |   | 2 Units  | Units    | Units      | Units      | s Units     | Dose      | Units    | Units    | Units          | Units  | Units    | Units   | Units                                    | Units                                    | Units                                 | Units        |   |
| 12.1 - 16 or   |   | 4-units  | Units    | Units      | Units      | units       | Initial   |          |          |                |        |          |         |  |  |                                       |              |   |
| 12.1 - 10 Or   |   | Tomas    | Unita    | Urina      | Unit       | o Crees     | Time      |          |          |                |        |          |         |  |  |                                       |              |   |
| 16.1 - 20 or   |   | 6 Units  | Units    | Units      | Units      | Units       | $\vdash$  |          |          |                | -      |          |         |  |  |                                       |              |   |
| Pharmacist   |   |          |          |            |            |             | Dose      | Units    | Units    | Units          | Units  | Units    | Units   | Units                                    | Units                                    | Units                                 | Units        |   |
|  |   | Te       |          |            |            |             | Initial   |          |          |                |        |          |         |  |  |                                       |              |   |
| If patient   |   |          |          | lin: carbo | hydrate r  | ratio       |           | Insulin  | sensitiv | ity fact       | 10     |          |         | Basal ra                                 | ate (uni                                 | ts/hour                               | 1)           |   |
| Continuous s   |   |          |          | ent to se  | lf-admin   | ister insul | in via C  | Sil pump | )        |                |        |          |         |  | *********                                |                                       | and the same |   |
| msum music   | Insulin infusion (CSII) pump Prescriber signature Print your surname Date |          |          |            |            |             |           |          |          |                |        |          |         | e  |  |                                       |              |   |
|  |   |          |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       |              |   |
|  |   |          |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       |              |   |
| Pharmaceutical Review  |   |          |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       |              |   |
|  |   |          |          |            |            |             |           |          |          |                |        |          |         | This section is for pharmacist to Review |  |                                       |              |   |
|  |   |          |          |            |            |             |           |          |          |                |        |          |         | the NIMC to ensure that all orders are   |  |                                       |              |   |
|  |   |          |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       |              |   |
| Pharmace   | eutio   | cal re   | view     | :          |            |             |           |          |          |                |        |          |         |  |  |                                       |              | clear, safe and appropriate for the patient |
|  |   |          |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       | ┙            | and initial the space on the correct day.   |
|  |   |          |          |            |            |             |           |          |          |                |        |          |         |  |  |                                       |              |   |





### Reference:

National Inpatient Medication Chart (NIMC) - User Guide | Australian Commission on Safety and Quality in Health Care

# Appendix A

## Adult (>16 yrs) NIMC:



