

DOSE DIVISION DOCUMENTATION FORM

(Model Form)

Patient Name:	ID.No	Age:	Weight:	Gender:	Ph:
Doctors Name:	Reg No:		Ward:	Diagnosis:	Ph:
Approved by OPD staff in-charge <input type="checkbox"/> Yes <input type="checkbox"/> No					
Drug Name	Dose	No of Doses	Sachet Quantity (gms)	No of Doses/Day	
Dose Calculation: (Write in detail)					
Order Received Date & Time			Dispensed Date & Time:		
Dose Division Activity Evaluation					
Student Name:		R No:	Course:	Year:	
Procedure Followed			Preceptor Debriefing Comments (Max 2 marks for each step)		
Received the prescription at OPD and noted the details appropriately					
Checked whether the drug is suitable for dose division, e.g. Breakable and Suitable formulation					
Performed the dose division procedures appropriately					
Labelling was done appropriately					
Dose calculation was done appropriately					
Preceptor Name & Signature				Score..../10	

