

# INTRAMUSCULAR LONG-ACTING INJECTION CHART

**Attach ADR Sticker**

**ALLERGIES & ADVERSE REACTIONS (ADR)**  
 Nil known     Unknown (tick appropriate or complete below)

Drug (or other)	Reaction/Date	Initials

Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVERLEAF

UR No: \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex  M  F

NOT A VALID  
PRESCRIPTION UNLESS  
IDENTIFIERS PRESENT

Facility/Service: \_\_\_\_\_

Ward/Unit: \_\_\_\_\_

Consultant: \_\_\_\_\_

1<sup>ST</sup> Prescriber Print Patient Name and Check Label Correct: \_\_\_\_\_

**TEST DOSE OR LOADING DOSE INJECTIONS**

Date Prescribed	Medication (Print Generic Name)	Dose	Site to be given	Date Due	Dr Name	Dr Sign	Pharmacy

**REGULAR INJECTION**

Date Prescribed	Medication (Print Generic Name)	Dose	Frequency of Administration	Site to be given	Start date	Dr Name	Dr Sign	Pharmacy

**TREATMENT CHART (indicate month)**

Date	Month					
1						
2						
3						
4						
5						
6						
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31						

Indicate on treatment chart (on administration): Medication name (batch and expiry sticker if appl.), Dose, Date, Time, Site given, Signature & Print Name  
 Site Given: LD: Left Deltoid RD: Right Deltoid LG: Left Gluteal RG: Right Gluteal