

Gosford Private Hospital

CONSENT FOR ADMINISTRATION OF NEONATAL MEDICATION

Unit Record Number

Family Name

Given Names

Date of Birth Age

Sex Room No.

OR USE LABEL

ALLERGY/ADVERSE DRUG REACTION

WARD

CONSENT FOR VITAMIN K INJECTION

I / WE

OF

Consent to:

Single Vitamin K injection at birth

Decline Administration of Vitamin K

Signed

Date / /

Witness

Date / /

Medication Order

Konakion 1mg (0.1ml) IMI STAT

Konakion 2mg (0.2ml) ORAL STAT

REPEAT 2mg (0.2ml) ORAL with N.B.S.T.

Given by:

Time:

Date:

PARENTS AWARE FURTHER REPEAT @ 4 WEEKS YES NO

Doctor's Signature: Date:

CONSENT FOR HEP B VACCINE

I / WE

OF

Consent to:

Injection of Hepatitis B Vaccine (1st dose of 3)

Decline Hepatitis B Vaccine

Signed

Date / /

Witness

Date / /

Medication Order

Paediatric Hep B (0.5µmg/0.5ml) IMI STAT

Given by:

Time:

Date:

Doctor's Signature: Date: