

# Gabapentin Dosing Plan – Your doctor will let you know what dose is required each day when your child is starting or stopping gabapentin

Your child's plan for gabapentin is:

Date: / /

Weight:

You have been supplied with the following strengths of tablets/capsules to make up the doses in the table:  
(Dr/pharmacist to circle products supplied)

Gabapentin tablets - 600 mg / 800 mg

Gabapentin capsules - 100 mg / 300 mg / 400 mg

Patient's Name: \_\_\_\_\_ URN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Clinician to Sign and Print Name: \_\_\_\_\_ Designation: \_\_\_\_\_

(Insert date/time as required)	Dose in mg	Time: Breakfast	Time: Lunch	Time: Dinner	Time: Bedtime	Prescriber to write the number of tablets/capsules required for dose
<b>Week:</b> <b>Day:</b>	Give _____ mg ____ times a day for ____ days	Give _____ tablets/ capsules	Give _____ tablets/ capsules	Give _____ tablets/ capsules	Give _____ tablets/ capsules	
<b>Week:</b> <b>Day:</b>	Give _____ mg ____ times a day for ____ days	Give _____ tablets/ capsules	Give _____ tablets/ capsules	Give _____ tablets/ capsules	Give _____ tablets/ capsules	
<b>Week:</b> <b>Day:</b>	Give _____ mg ____ times a day for ____ days	Give _____ tablets/ capsules	Give _____ tablets/ capsules	Give _____ tablets/ capsules	Give _____ tablets/ capsules	
<b>Week:</b> <b>Day:</b>	Give _____ mg ____ times a day for ____ days	Give _____ tablets/ capsules	Give _____ tablets/ capsules	Give _____ tablets/ capsules	Give _____ tablets/ capsules	

Then give your child \_\_\_\_\_ mg ( \_\_\_\_\_ tablets/capsules) \_\_\_\_\_ times a day at the following times \_\_\_\_\_

Then stop giving your child the medicine on \_\_\_\_\_

Please contact \_\_\_\_\_ Department, Phone \_\_\_\_\_ for further information at Queensland Children's Hospital, 501 Stanley St, South Brisbane 4101

