

Sigs in Fred NXT Dispense

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Repeat Interval

Sig Code

Text

NR - Next Repeat available from <DATE>

Can be used with all drugs (S8 and other drugs of addiction) where the State legislation requires a next repeat interval to be calculated.

Expiry Date

Sig Code

Text

L7a *Discard contents after //
D180 - Discard contents after <DATE>
D30 - Discard after <DATE>
D28 - Discard contents after <DATE>
D14 - Discard after <DATE>
D60 - Discard contents after <DATE>
D7 - Discard contents after <DATE>
D21 - Discard contents after <DATE>
D10 - Discard contents after <DATE>
D45 - Discard contents after <DATE>
SE - Script Expires after <DATE>
D365 - Discard contents after <DATE>
D90 - Discard contents after <DATE>

.5 to 3RD

Sig Code

Text

Sig Code

Text

.5	HALF a	2	TWO
.5-1	HALF to ONE	2.	2
^	HALF a	2.5	TWO and a HALF
0.5	HALF a	2.5.	2.5
0.5-1	HALF to ONE	21/2	TWO and a HALF
1	ONE	2-3	TWO and a HALF
1.	1	2-3.	2-3
1.5	ONE and a HALF	23H	TWO to THREE hourly

Sig Code	Text	Sig Code	Text
1.5.	1.5	2-3H	TWO to THREE hourly
1/2	HALF a	2H	TWO hourly
1/2.	1/2	2ND	Second
1/2-1	HALF to ONE	3	THREE
1/2H	half hour	3.	3
1/3	one third	3.5	THREE and a HALF
1/3.	1/3	3.5.	3.5
1/4	one quarter	3/4	three quarters
1/4.	1/4	3/4.	3/4
10	TEN	30AC	at least half an hour before food
10.	10	31/2	THREE and a HALF
11/2	ONE and a HALF	3-4	THREE to FOUR
1-2	ONE to TWO	3-4.	3 to 4
12H	ONE to TWO hourly	34H	THREE to FOUR hourly
1-3	ONE to THREE	3-4H	THREE to FOUR hourly
1-3.	1 to 3	3H	THREE hourly
1-4	ONE to FOUR	3MTH	*Not for use on infants less than 3 months old*
1-4 .	1 to 4	3RD	third
15+	Take 15-30 minutes before meals		
1530	Take 15-30 minutes before meals		
15AC	Take 15 minutes before food		
1H	ONE hourly		

4 to 9.5

Sig Code	Text	Sig Code	Text
4	FOUR	7	SEVEN
4.	4	7.	7
41/2	FOUR and a HALF	7.5	SEVEN and a HALF
46H	FOUR to SIX hourly	7.5.	7.5
4-6H	FOUR to SIX hourly	71/2	SEVEN and a HALF
4H	FOUR hourly	7DAYS	continue for 7 days after symptoms cease
4TH	fourth	7H	SEVEN hourly
5	FIVE	7TH	seventh
5.	5	8	EIGHT
5.5	FIVE and a HALF	8.	8
5.5.	5.5	8.5	EIGHT and a HALF
51/2	FIVE and a HALF	8.5.	8.5
5H	FIVE hourly	8H	EIGHT hourly
5TH	fifth	9	NINE
6	SIX	9.	9
6.	6	9.5	NINE and a HALF
6.5	SIX and a HALF	9.5.	9.5
6.5.	6.5		
61/2	SIX AND A HALF		
6H	SIX hourly		
6TH	sixth		

A to D

Sig Code	Text	Sig Code	Text
AA	to the affected area(s)	D	daily
AAA	Apply to the affected area	D10.	- Discard contents 10 days after opening
AB	after breakfast	D12	- Discard 12 weeks after opening
AC	before food	D12.	- Discard contents 12 weeks after opening
AD	as directed	D120.	- Discard contents 4 months after opening
AEC	Actonel EC should be taken in the morning, either with or without food. Do not crush, chew or cut the tablets.	D14.	- Discard contents 14 days after opening
AF	after food	D180.	- Discard contents 6 months after opening
AFF	affected	D21.	- Discard contents 21 days after opening
ALT	alternate	D24H	Discard within 24 hours of reconstitution.
ANT	*Separate dose by 2hrs of other medication if possible	D28.	- Discard contents 28 days after opening
AP	Apply	D28R	Discard 28 days after reconstitution
APS	Apply sparingly	D30.	<Discard 1 month after opening>
BCG	*For BLADDER INSTILLATION ONLY*	D45.	- Discard contents 45 days after opening
BD	TWICE a day	D49	- Discard contents after <DATE>
BDET	bedtime	D49.	- Discard contents 49 days after opening
BER	into BOTH ears	D6.	Discard 6 weeks after opening
BEY	into BOTH eyes	D60.	- Discard contents 60 days after opening
BID	TWICE a day	D7.	- Discard contents 7 days after opening
BK	breakfast	D8.	- Discard contents EIGHT weeks after opening
CC	with meals	D90.	- Discard contents 3 months after opening
CF	with food	DAIVG	ONCE daily to affected area until symptoms clear, up to 4 weeks (Scalp) or 8 weeks (Body) *Maximum of 15g/day or 100g/week.
CFM	with the first mouthful of food	DAIVO	ONCE daily to affected area on the body until symptoms clear, for up to 4 weeks. *Maximum of 15g/day or 100g/week.
CN	CAUTION - NOT TO BE TAKEN	DCC	*Do not crush or chew*
CP	for chest pain	DI	To be used immediately after reconstitution
CPO	CONTAINS PEANUT OIL	DIAR	diarrhoea
CT	*Purchase through Independence Aust 1300 788 855	DIAU	Discard immediately after use.
		DIW	dissolved in water
		DNS1	Do not swallow for 1 minute.
		DNSH	*Do NOT shake*
		DP7	- Discard each Podhaler after 7 days use.
		DW	May be dispersed in water.

E to I

Sig Code	Text	Sig Code	Text
EA	each	HR	hour
EL	eyelids	HRLY	hourly
EM	evening meal	HRS	hours
EVE	evening	HS	at bedtime
EX	FOR EXTERNAL USE ONLY	HTS	heaped teaspoonfuls
FDU	For Doctor's Use	IAB	immediately after breakfast
FGW	Dose to be followed by a glass of water	IAF	immediately after food

Sig Code	Text	Sig Code	Text
FR	*FREEZE - Store below -10c	IAM	immediately after meals
FRI	Friday	IBF	immediately before food
FTAB	Swallow whole with water OR allow to disperse on the tongue	IBM	immediately before meals
GS	-This medicine replaces _____ *DO NOT USE BOTH*	INJ	Inject as directed
GW	with a glass of water		

L

Sig Code	Text	Sig Code	Text
L	LEFT	L3	Take on an empty stomach, at least half an hour before food and at bedtime
L1	*May cause drowsiness and increase effects of alcohol. If affected do not drive a motor vehicle or operate machinery.	L3A	Take on an empty stomach, at least half an hour before meals and at bedtime
L10	*Ask before taking Aspirin	L3B	Take on an empty stomach, at least half an hour before food or two hours after food
L10A	*Do not exceed one Aspirin tablet or capsule per day	L3C	Take on an empty stomach, at least ONE hour before food or THREE hours after food.
L10B	*Do not take ASPIRIN or ANTI-INFLAMMATORY unless advised by your Dr	L3D	Take on an empty stomach, at least 2 hours before or 2 hours after food
L11	*DO NOT TAKE POTASSIUM while being treated with this medicine unless advised by your Doctor*	L4	Do NOT take dairy products, antacids, iron or calcium supplements within 2hrs of this medicine
L12	*May affect alertness and/or co-ordination. If affected, do not drive or operate machinery	L4-	Do NOT take dairy products, antacids or calcium within 2hrs of this medicine
L12+	*May affect alertness and/or co-ordination. If affected, do not drive or operate machinery	L4#	Do NOT take dairy products or antacids within 2hrs of this medicine
L13	*Do NOT remove from original packaging until dose is required	L4*	Do NOT take dairy products or calcium within 2hrs of this medicine
L14	*Rinse mouth out with water after use	L4^	Do NOT take iron within 2 hrs of this medicine*
L14D	continue for 14 days after symptoms cease	L4+	Do NOT take antacids, iron or calcium within 2hrs of this medicine
L15	*This medicine replaces _____ DO NOT USE BOTH	L4=	Do NOT take antacids or iron within 2hrs of this medicine
L15B	Active Ingredient_____ This medication replaces _____ *DO NOT USE BOTH*	L4A	Do NOT take dairy products, antacids or mineral supplements within 2hrs of this medicine
L16	*May cause dizziness when standing up quickly	L4B	Ask your doctor or pharmacist before taking medicines for heartburn, reflux or indigestion
L16+	*May cause dizziness when standing up quickly	L5	*Ask your Doctor or Pharmacist before using other medicines including over-the-counter or any health products
L17	*Avoid taking erythromycin, clarithromycin, itraconazole, ketoconazole with this medication	L6	**REFRIGERATE DO NOT FREEZE**
L18	*Avoid eating grapefruit or drinking grapefruit juice while being treated with this medicine	L6A	*Refrigerate unopened medication, store at room temp after opening*
L19	Contains PARACETAMOL, ask before taking other paracetamol containing products	L6R	*REFRIGERATE Do not freeze - when reconstituted*
L19A	Contains PARACETAMOL, ask Dr or pharmacist before taking other PARACETAMOL products	L7	*Discard after //
L19B	Consult Dr or pharmacist before taking other medicines for pain or inflammation	L7b	*Discard days after opening. Date opened // .
L1A	This preparation is to aid sleep. Drowsiness may continue - if affected do not drive or operate machinery Avoid alcohol	L8	*Avoid excessive exposure to sunlight and sunlamps

Sig Code	Text	Sig Code	Text
L1B	*Episodes of sudden onset of sleep, without warning, may occur with this medicine*	L9	*Do NOT stop taking this medication abruptly
L2	*Do not take alcohol while being treated with this medicine*	LER	into the LEFT ear
L20	Take once a week, on the same day	LEY	into the LEFT eye
L21	Special handling and disposal required - ask your Pharmacist	LI	*Certain foods should be avoided
L22	Use only with the approved or recommended device	LT	lunch-time
L23	For once a week use only	LTX	*Contains LATEX - Caution if sensitive to LATEX

M to Q

Sig Code	Text	Sig Code	Text
M	in the morning	OCC	occasionally
M3	<Maximum of 3 per day OR 6 per week>	OD	ONCE daily
M4	*Maximum of 400mg per day*	OHAF	one hour after food
M5	<Maximum of 3 per day OR 5 per week>	OHAM	one hour after meals
M6	<Maximum of 6 per day OR 10 per week>	OHBF	one hour before food
M6I	*DO NOT EXCEED MAXIMUM DOSES (6mL per day or 15mL per week). Do NOT use on consecutive days*	OHBM	one hour before meals
M8	<Maximum of EIGHT per 24 hours>	OU	both eyes
M8P	*Maximum of 8 Paracetamol- containing tablets/caplets in 24 hours	PC	after food
MD	as directed by your Doctor	PRN	when required
MDAY	mid-day	PZ	*Drug ONLY supplied by PRICELINE*
MDU	as directed by your doctor	Q	every
MDUA	To be applied as directed by your doctor	Q1H	every HOUR
MDUT	To be applied as directed by your doctor	Q2D	every second day
MDUU	To be applied as directed by your doctor	Q2H	every TWO hours
MIN	minutes	Q3H	every THREE hours
MN	morning and night	Q4H	every FOUR hours
MON	Monday	Q5H	every FIVE hours
MX	meals	Q6H	every SIX hours
MX15	*Use a maximum 15g/day or 100g/week	Q8H	every EIGHT hours
MX6	*Maximum of 6 per day	QAD	every alternate day
N	at night	QDS	FOUR times a day
NBM	Do not eat or drink for 10 minutes. When used with other medicines, should be taken last	QH	every hour
NBM5	Do not eat or drink for at least 5 minutes.	QID	FOUR times a day
NOD	No directions specified-check with doctor if unsure of dose	QQH	every FOUR hours
NUVA	*Do not use after expiry OR 4 months after dispensing* *Store correctly* DO NOT USE IF COLOUR CHANGE OR DETERIORATION*	QTH	every TWELVE hours
NY	nightly		

R to Z

Sig Code	Text	Sig Code	Text
R	RIGHT	UAF	until all finished
RED.	*Fill applicator to RED line only*	UAG	until all given
RER	into the RIGHT ear	UAT	until all taken
REY	into the RIGHT eye	UF	until finished

Sig Code	Text	Sig Code	Text
SAT	Saturday	UTD	as directed
SD	<Best taken at the same time each day>	W12	*Discard contents 12 weeks after opening
SE	Returns the script expiry date	WED	Wednesday
SECS	seconds	WFM	with food or milk
SH	Shake Well Before Use	WK	week
SHW	Shake Well	WKLY	weekly
SN	*Purchase through API, SIGMA, SYMBION for RPBS pricing. OR S&N 131360*	WKS	weeks
SP	sparingly	WM	with milk
STAT	at once	WMM	with the main meal
STJ	*Avoid combination with St John's wort	ZYPR	*Monitor for at least 3hrs post injection
SUN	Sunday		
SW	swallowed whole		
TBCC	*To be chewed or crushed. DO NOT swallow whole.		
TDS	THREE times a day		
THU	Thursday		
TID	THREE times a day		
TOP	topically		
TS	tablets		
TUE	Tuesday		