

First Name	ALLERGIES/ADVERSE REACTIONS
Last Name	
Date of Birth	
NHS Number	
Patient's GP practice	



**PATIENT SPECIFIC DIRECTION
(AUTHORITY TO ADMINISTER)**

REGULAR SUBCUTANEOUS MEDICINES

e.g. insulin, dexamethasone 3.3mg/ml injection.

DATE

Tick approx. times of administration required →

			DATE																	
DRUG	Dose	08																		
		10																		
Directions	Route Sub cut	12																		
		16																		
Signature	Date	20																		
		22																		
DRUG	Dose	08																		
		10																		
Directions	Route Sub cut	12																		
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Signature	Date	20																		
		22																		

CONTACT DETAILS

Shropdoc Professional Line: **01743 454900** or **01743 454903** (out of hours)

District Nurses via Single Point Referral: **0333 358 4584**(M-F 8am to 6pm, weekends & BHs 8am to 5pm)

For prescribing advice refer to the hospice website and go to the section for health care professionals: www.severnhospice.org.uk

Further advice on medication available at West Midlands Palliative Care Physicians Guidelines <https://www.westmidspallcare.co.uk/wmpcp/guide/>