

First Name Given Name	ALLERGIES/ADVERSE REACTIONS
Last Name Surname	
Date of Birth Date of Birth	
NHS Number NHS Number	

**PATIENT SPECIFIC DIRECTION AUTHORITY TO ADMINISTER  
SUBCUTANEOUS AS REQUIRED MEDICINES (PRN)**

**V 08.2023**

**THIS BLANK FORM IS FOR THE PRN DOSES TO SUPPORT THE BLANK SYRINGE PUMP FORM**



**ADVICE TO PRESCRIBERS:**

**Best practice is to prescribe a specific dose unless a narrow dose range is considered necessary. Ensure previously prescribed doses are crossed off before re-prescribing to avoid errors**

**ADVICE TO NURSES: ADMINISTER ONLY IF SYMPTOMS PRESENT.**

- If more than 4 weeks has elapsed from date prescribed (see below) the community nurse will contact the surgery, hospice NMP or out of hours service to discuss the prescribed doses prior to first administration.
- If a dose range is prescribed, start at lowest dose in the range.
- If two or more doses have been needed over 24 hours consider starting a CSCI

**If continued PRN prescribing is required onto another form the NURSE should contact a prescriber for a new form and cross through the old form to ensure there is no confusion with current dose.**

DOCTOR/NMP SECTION				NURSE ADMINISTRATION SECTION													
DRUG			Dose	Date													
Indication	Frequency	Max in 24hrs		Time													
			Subcut	Dose													
Signature Name (capitals)			Date	Given by													
DRUG			Dose	Date													
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