

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

PATIENT SPECIFIC DIRECTION (AUTHORITY TO ADMINISTER)



BLANK FORM FOR SUBCUTANEOUS PRN DOSES

AS REQUIRED MEDICINES (PRN) v11.2025



This form is valid for 3 months from first completion. If more than 4 weeks has elapsed from date prescribed the community nurse will contact the medical practice, hospice NMP or out of hours service to discuss the prescribed doses prior to first administration.

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. Please consider current CSCI doses when prescribing prn medicines.

For prescribing advice scan the QR, visit www.severnhospice.org.uk or www.westmidspallcare.co.uk/wmpcp/guide

ADVICE TO NURSES: See supporting information in the Syringe Driver Document Booklet.