

PATIENT SPECIFIC DIRECTION

(AUTHORITY TO ADMINISTER)

First Name	Given Name
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Last Name Surname

Date of Birth Date of Birth

NHS Number NHS Number

Patient's GP practice Organisation Name

## **REGULAR SUBCUTANEOUS MEDICINES** v05.2024

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

ALLERGIES/ADVERSE REACTIONS

DATE

DRUG	Dose	00								
DRUG	Dose	08								
		10								
Directions	Route Sub cut	12								
	Subcut	16								
Signature	Date	20								
		22								
DRUG	Dose	08								
		10								
Directions	Route Sub cut	12								
	Subcut	16								
Signature	Date	20								
		22								
DRUG	Dose	08	1		r.		 -			
		10								
Directions	Route Sub cut	12								
	Subcut	16								
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: <u>www.severnhospice.org.uk</u> Further advice on medication available at West Midlands Palliative Care Physicians Guidelines

https://www.westmidspallcare.co.uk/wmpcp/guide/ or use the attached App