



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 v06.2024**

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

			DATE																	
Tick approx. times of administration required																				
DRUG	Dose	08																		
		10																		
Directions	Route Sub cut	12																		
		16																		
Signature	Date	20																		
		22																		
DRUG	Dose	08																		
		10																		
Directions	Route Sub cut	12																		
		16																		
Signature	Date	20																		
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		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: [www.severnhospice.org.uk](http://www.severnhospice.org.uk)

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