| First Name Given Name<br>Last Name Surname<br>Date of Birth Date of Birth<br>NHS Number NHS Number | ALLERGIES/ADVERSE REACTIONS |
|---|---|

**PATIENT SPECIFIC DIRECTION AUTHORITY TO ADMINISTER**

# SUBCUTANEOUS AS REQUIRED MEDICINES (PRN)

**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<br>Name (capitals) | | | Date | Given by | | | | | | | | | | | | | | | |
| DRUG | | | Dose | Date | | | | | | | | | | | | | | | |
| **Indication** | **Frequency** | **Max in 24hrs** | | Time | | | | | | | | | | | | | | | |
| | | | **Subcut** | Dose | | | | | | | | | | | | | | | |
| Signature<br>Name (capitals) | | | Date | Given by | | | | | | | | | | | | | | | |