**COMMUNITY DRUG AUTHORISATION CHART**

**THIS CHART SUPERSEDES ALL PREVIOUS CHARTS**

**Date Issued:**

|  |  |  |
| --- | --- | --- |
| **Patient’s Name** |       | **STJH No:**       |
| **Date of Birth** |       | **NHS No:**        |
| **Origin of Chart** |       |

**AS REQUIRED PRN SUBCUTANEOUS MEDICATION**

|  |
| --- |
| **Allergies and adverse drug reactions:**  |
|        |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pain** | Date: |  |  |  |  |  |  |  |  |  |
| Medication:       | Time: |  |  |  |  |  |  |  |  |  |
| Dose range:      | Max frequency or max 24hr dose:      | Subcut | Dose: |  |  |  |  |  |  |  |  |  |
| Prescriber sign,print & date: |       | Signed: |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nausea / Vomitting** | Date: |  |  |  |  |  |  |  |  |  |
| Medication:       | Time: |  |  |  |  |  |  |  |  |  |
| Dose range:      | Max frequency or max 24hr dose:      | Subcut | Dose: |  |  |  |  |  |  |  |  |  |
| Prescriber sign,print & date: |       | Signed: |  |  |  |  |  |  |  |  |  |



|  |  |  |
| --- | --- | --- |
| **Patient’s Name** |       | **STJH No:**       |
| **Date of Birth** |       | **NHS No:**        |
| **Origin of Chart** |       |

**AS REQUIRED PRN SUBCUTANEOUS MEDICATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agitation / Distress** | Date: |  |  |  |  |  |  |  |  |  |
| Medication:       | Time: |  |  |  |  |  |  |  |  |  |
| Dose range:      | Max frequency or max 24hr dose:      | Subcut | Dose: |  |  |  |  |  |  |  |  |  |
| Prescriber sign,print & date: |       | Signed: |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Respiratoy tract secretions** | Date: |  |  |  |  |  |  |  |  |  |
| Medication:       | Time: |  |  |  |  |  |  |  |  |  |
| Dose range:      | Max frequency or max 24hr dose:      | Subcut | Dose: |  |  |  |  |  |  |  |  |  |
| Prescriber sign,print & date: |       | Signed: |  |  |  |  |  |  |  |  |  |



|  |  |  |
| --- | --- | --- |
| **Patient’s Name** |       | **STJH No:**       |
| **Date of Birth** |       | **NHS No:**        |
| **Origin of Chart** |       |

**AS REQUIRED PRN SUBCUTANEOUS MEDICATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other – specify indication** | Date: |  |  |  |  |  |  |  |  |  |
| Medication:       | Time: |  |  |  |  |  |  |  |  |  |
| Dose range:      | Max frequency or max 24hr dose:      | Subcut | Dose: |  |  |  |  |  |  |  |  |  |
| Prescriber sign,print & date: |       | Signed: |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other – specify indication** | Date: |  |  |  |  |  |  |  |  |  |
| Medication:       | Time: |  |  |  |  |  |  |  |  |  |
| Dose range:      | Max frequency or max 24hr dose:      | Subcut | Dose: |  |  |  |  |  |  |  |  |  |
| Prescriber sign,print & date: |       | Signed: |  |  |  |  |  |  |  |  |  |