

Note for NELFT Community Nurses: please ensure all previous authorisations are removed from the home when a new one is received.

Best care by the best people FAO NELFT Team:

Referring Organisation:

As required medication (PRN) authorisation form for adults

NHS NO:		Patient name:		GP:		Transdermal patch in situ?: Yes <input type="checkbox"/> No <input type="checkbox"/>
DOB:	Drug allergies:					Due date of next transdermal patch change

Date	Medication (prescribe diluent as appropriate) (For S/C PRN doses only)	Dose (give range)	Route	Frequency	Sign, print & state Designation (D)
	Pain	This is a PRN dose			sign
			print		
			D		
	Nausea/ vomiting	This is a PRN dose			sign
			print		
			D		
	Agitation/ restlessness/confusion	This is a PRN dose			sign
			print		
			D		
	Respiratory secretions	This is a PRN dose			sign
			print		
			D		
	Other	This is a PRN dose			sign
			print		
			D		

If you are unsure about this medication contact your senior nurse or palliative care team