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| Chart No.<br>__ of __ |
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# Community Palliative Care Drug Chart



For authorisation of injectable (PRN) and syringe pump medication and record of administration for adult patients

**Section 1:** Patient details, allergies/sensitivities, prescriber details, details of any person who administers medication, once only medicines.

**Section 2:** PRN subcutaneous medicine for symptom control.

**Section 3:** Syringe pump medication and cautions.

## PATIENT DETAILS

|             |  |
|-------------|--|
| First Name: | <b>Allergies/Sensitivities:</b><br><br><input type="checkbox"/> No Known Allergies |
| Last Name:  |  |
| DOB:        |  |
| GP Practice |  |

**PRESCRIBER DETAILS:** Must be completed by all prescribers.

| Name (printed) | Signature | Role/Registration No | Base |
|----------------|-----------|----------------------|------|
|                |           |                      |      |
|                |           |                      |      |
|                |           |                      |      |
|                |           |                      |      |
|                |           |                      |      |

**DETAILS OF PERSON ADMINISTERING DRUGS:** Must be completed by all administering drugs.

| Name (printed) | Initials | Base |
|----------------|----------|------|
|                |          |      |
|                |          |      |
|                |          |      |
|                |          |      |
|                |          |      |
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|                |          |      |
|                |          |      |

## ONCE ONLY MEDICINES

| Indication | Drug (Generic Name) | Date Prescribed | *Route | Dose | Date & Time to be given | Prescriber Signature | Given by | Date/Time Given |
|------------|---------------------|-----------------|--------|------|-------------------------|----------------------|----------|-----------------|
|            |                     |                 |        |      |                         |                      |          |                 |
|            |                     |                 |        |      |                         |                      |          |                 |
|            |                     |                 |        |      |                         |                      |          |                 |

\*Route: IM = Intramuscular; SC = Subcutaneous; BUC = Buccal

Patient Name:

NHS No:

DOB:

AS REQUIRED PRN DRUGS

Authorisation:

Administration:

|                  |                        |                              |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------|------------------------|------------------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| P<br>R<br>N<br>1 | Drug:                  |                              | Date:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Indication: Pain + SOB |                              | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Dose Range:            |                              | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Route:<br>SC           | Max in 24hrs including pump: | Route:    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Prescriber Signature:  | Date:                        | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P<br>R<br>N<br>2 | Drug:                  |                              | Date:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Indication: Nausea     |                              | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Dose Range:            |                              | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Route:<br>SC           | Max in 24hrs including pump: | Route:    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Prescriber Signature:  | Date:                        | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P<br>R<br>N<br>3 | Drug:                  |                              | Date:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Indication: Agitation  |                              | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Dose Range:            |                              | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Route:<br>SC           | Max in 24hrs including pump: | Route:    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Prescriber Signature:  | Date:                        | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Patient Name:

NHS No:

DOB:

AS REQUIRED PRN DRUGS

Authorisation:

Administration:

|                  |                        |                              |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------|------------------------|------------------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| P<br>R<br>N<br>4 | Drug:                  |                              | Date:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Indication: Secretions |                              | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Dose Range:            |                              | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Route:<br>SC           | Max in 24hrs including pump: | Route:    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Prescriber Signature:  | Date:                        | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P<br>R<br>N<br>5 | Drug:                  |                              | Date:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Indication:            |                              | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Dose Range:            |                              | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Route:<br>SC           | Max in 24hrs including pump: | Route:    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Prescriber Signature:  | Date:                        | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P<br>R<br>N<br>6 | Drug:                  |                              | Date:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Indication:            |                              | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Dose Range:            |                              | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Route:<br>SC           | Max in 24hrs including pump: | Route:    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                  | Prescriber Signature:  | Date:                        | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Patient Name:

NHS No:

DOB:

**DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP FOR CONTINUOUS SUBCUTANEOUS INFUSION OVER 24 HOURS**

Authorisation:

Administration:

|                       | Month:   | Year:                  | DATE:                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|------------------------|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S<br>1                | Diluent:   |                        | Time:                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | <input type="checkbox"/> Water for injection<br><input type="checkbox"/> Normal Saline (tick as appropriate) |                        | Initials:              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Prescriber Signature:  | Date:                  | Syringe Pump A or B**: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S<br>2                | Drug:  |                        |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Indication: Pain + SOB   |                        | Time:                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Dose Range:  |                        | Dose:                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start today  | Start when needed      | Initials:              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start dose:  |                        |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date:  | Syringe Pump A or B**: |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S<br>3                | Drug:  |                        |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Indication: Nausea   |                        | Time:                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Dose Range:  |                        | Dose:                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start today  | Start when needed      | Initials:              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start dose:  |                        |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date:  | Syringe Pump A or B**: |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*\* If more than one syringe pump in use, indicate A or B. Cautions re-authorisation of syringe pump drugs with ranges

- Authorisation of syringe pump drugs in advance is appropriate if likely to be needed in a number of days and the patient's deterioration is not reversible OR occasionally for a patient who is at high risk of a specific symptom e.g. vomiting.
- Authorisation of ranges: for morphine or midazolam a conservative range in the syringe pump allows for incorporation of 2 prn doses and the usual maximum range allows for incorporation of 4 PRN doses if opioid or benzodiazepine naïve. Seek specialist advice if considering a wider range or if advice needed for patients already requiring these drugs

Patient Name:

NHS No:

DOB:

**DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP FOR CONTINUOUS SUBCUTANEOUS INFUSION OVER 24 HOURS**

Authorisation:

Administration:

|                       | Month:                 | Year:                     | DATE:     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|------------------------|---------------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S<br>4                | Drug:                  |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Indication: Agitation  |                           | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Dose Range:            |                           | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start today            | Start when needed         | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start dose:            |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date:                  | Syringe Pump<br>A or B**: |           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S<br>5                | Drug:                  |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Indication: Secretions |                           | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Dose Range:            |                           | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start today            | Start when needed         | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start dose:            |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date:                  | Syringe Pump<br>A or B**: |           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S<br>6                | Drug:                  |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Indication:            |                           | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Dose Range:            |                           | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start today            | Start when needed         | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start dose:            |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date:                  | Syringe Pump<br>A or B**: |           |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*\* If more than one syringe pump in use, indicate A or B. Cautions re authorisation of syringe pump drugs with ranges

- Authorisation of syringe pump drugs in advance is appropriate if likely to be needed in a number of days and the patient's deterioration is not reversible OR occasionally for a patient who is at high risk of a specific symptom e.g. vomiting.
- Authorisation of ranges: for morphine or midazolam a conservative range in the syringe pump allows for incorporation of 2 prn doses and the usual maximum range allows for incorporation of 4 PRN doses if opioid or benzodiazepine naïve. Seek specialist advice if considering a wider range or if advice needed for patients already requiring these drugs

Patient Name:

NHS No:

DOB:

**DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP FOR CONTINUOUS SUBCUTANEOUS INFUSION OVER 24 HOURS**

Authorisation:

Administration:

|                       | Month:      | Year:                     | DATE:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|-------------|---------------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S<br>7                | Drug:       |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Indication: |                           | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Dose Range: |                           | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start today | Start when needed         | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start dose: |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date:       | Syringe Pump<br>A or B**: |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S<br>8                | Drug:       |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Indication: |                           | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Dose Range: |                           | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start today | Start when needed         | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start dose: |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date:       | Syringe Pump<br>A or B**: |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S<br>9                | Drug:       |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Indication: |                           | Time:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Dose Range: |                           | Dose:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start today | Start when needed         | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Start dose: |                           |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date:       | Syringe Pump<br>A or B**: |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*\* If more than one syringe pump in use, indicate A or B. Cautions re authorisation of syringe pump drugs with ranges

- Authorisation of syringe pump drugs in advance is appropriate if likely to be needed in a number of days and the patient's deterioration is not reversible OR occasionally for a patient who is at high risk of a specific symptom e.g. vomiting.
- Authorisation of ranges: for morphine or midazolam a conservative range in the syringe pump allows for incorporation of 2 prn doses and the usual maximum range allows for incorporation of 4 PRN doses if opioid or benzodiazepine naïve. Seek specialist advice if considering a wider range or if advice needed for patients already requiring these drugs

Patient Name:

NHS No:

DOB:

**DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP FOR CONTINUOUS SUBCUTANEOUS INFUSION OVER 24 HOURS**

Authorisation:

Administration:

|         | Month:                     | Year:             | DATE:                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------|----------------------------|-------------------|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| S<br>10 | Drug:                      |                   |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|         | Indication:                |                   | Time:                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|         | Dose Range:                |                   | Dose:                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|         | Start today<br>Start dose: | Start when needed | Initials:                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|         | Prescriber Signature:      | Date:             | Syringe Pump<br>A or B**: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S<br>11 | Drug:                      |                   |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|         | Indication:                |                   | Time:                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|         | Dose Range:                |                   | Dose:                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|         | Start today<br>Start dose: | Start when needed | Initials:                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|         | Prescriber Signature:      | Date:             | Syringe Pump<br>A or B**: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

- It is not appropriate to authorise syringe pump drugs in advance or with dose ranges in settings where nursing staff do not have adequate syringe pump training e.g. some nursing homes.

Cautions re administration of syringe pump drugs authorised as a dose range

- Start on the lowest dose in the range unless assessment of PRN requirements indicates the need for a higher dose. Rationale for the chosen dose should be documented.
- If the patient has ongoing symptoms or has already required 2-3 changes to a syringe pump consider GP review and advice from a hospice health care professional.
- See prescribing table for usual maximum dose of drug in 24 hours, which includes PRN and syringe pump doses.
- Max dose may be increased following specialist advice

Drug Stock/Reconciliation Record (Community)

Patient Name: ..... DoB: ..... NHS No.: ..... GP/NMP (Print Name) .....

ONE SHEET PER DRUG (including diluents)

|            |          |
|------------|----------|
| Medication | Strength |
|------------|----------|

| Date | Time | Medication/<br>ampoules<br>received<br>Opening<br>Balance | Amount<br>given<br>(dose) | Expiry<br>Date | Batch/Lot<br>Number | Medication/<br>ampoules Used | Amount<br>Wasted | Closing<br>Balance | Diluent<br>Batch<br>no./<br>Exp Date | WILTSHIRE ONLY    |      | Site | Signature |
|------|------|---|---------------------------|----------------|---------------------|------------------------------|------------------|--------------------|--------------------------------------|-------------------|------|------|-----------|
|      |      |   |                           |                |                     |                              |                  |                    |                                      | Battery<br>Change | Rate |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |

Sheet No. ....



Drug Stock/Reconciliation Record (Community)

Patient Name: ..... DoB: ..... NHS No.: ..... GP/NMP (Print Name) .....

ONE SHEET PER DRUG (including diluents)

|            |          |
|------------|----------|
| Medication | Strength |
|------------|----------|

| Date | Time | Medication/<br>ampoules<br>received<br>Opening<br>Balance | Amount<br>given<br>(dose) | Expiry<br>Date | Batch/Lot<br>Number | Medication/<br>ampoules Used | Amount<br>Wasted | Closing<br>Balance | Diluent<br>Batch<br>no./<br>Exp Date | WILTSHIRE ONLY    |      | Site | Signature |
|------|------|---|---------------------------|----------------|---------------------|------------------------------|------------------|--------------------|--------------------------------------|-------------------|------|------|-----------|
|      |      |   |                           |                |                     |                              |                  |                    |                                      | Battery<br>Change | Rate |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |

Sheet No. ....

Drug Stock/Reconciliation Record (Community)

Patient Name: ..... DoB: ..... NHS No.: ..... GP/NMP (Print Name) .....

ONE SHEET PER DRUG (including diluents)

|            |          |
|------------|----------|
| Medication | Strength |
|------------|----------|

| Date | Time | Medication/<br>ampoules<br>received<br>Opening<br>Balance | Amount<br>given<br>(dose) | Expiry<br>Date | Batch/Lot<br>Number | Medication/<br>ampoules Used | Amount<br>Wasted | Closing<br>Balance | Diluent<br>Batch<br>no./<br>Exp Date | WILTSHIRE ONLY    |      | Site | Signature |
|------|------|---|---------------------------|----------------|---------------------|------------------------------|------------------|--------------------|--------------------------------------|-------------------|------|------|-----------|
|      |      |   |                           |                |                     |                              |                  |                    |                                      | Battery<br>Change | Rate |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
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|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
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|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
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|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |

Sheet No. ....

### Drug Stock/Reconciliation Record (Community)

Patient Name: ..... DoB: ..... NHS No.: ..... GP/NMP (Print Name) .....

ONE SHEET PER DRUG (including diluents)

|            |          |
|------------|----------|
| Medication | Strength |
|------------|----------|

| Date | Time | Medication/<br>ampoules<br>received<br>Opening<br>Balance | Amount<br>given<br>(dose) | Expiry<br>Date | Batch/Lot<br>Number | Medication/<br>ampoules Used | Amount<br>Wasted | Closing<br>Balance | Diluent<br>Batch<br>no./<br>Exp Date | WILTSHIRE ONLY    |      | Site | Signature |
|------|------|---|---------------------------|----------------|---------------------|------------------------------|------------------|--------------------|--------------------------------------|-------------------|------|------|-----------|
|      |      |   |                           |                |                     |                              |                  |                    |                                      | Battery<br>Change | Rate |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
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|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
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|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |
|      |      |   |                           |                |                     |                              |                  |                    |                                      |                   |      |      |           |

Sheet No. ....