

Administration Record for Subcutaneous PRN Medicines – 1 Sheet Per 24 hours (from midnight) **DATE:**

Patient Name: _____

DoB: _____

NHS Number: _____

Caution: **Refer to Prescription for max dose**

Date/Time cannula

Inserted:

SC cannula type:

SC cannula
position:

Date/Time cannula
inserted:

SC cannula type:

SC cannula
position:

Time	Medicine (strength mg/ml & ampoule size ml)	Dose Administered (mg/ml)	Dose Discarded (mg/ml)	Batch number/ Expiry date	Site Administered (if SC cannula not in use)	SC cannula site position check (Y/N)	Signature	Print name

If contact with clinician required before dose is given (e.g .for paramedics) please contact District Nurses in first instance (Contact details vary but should be available in the home)

Continuation Page for Administration Record for Subcutaneous PRN Medicines – insert page number below - 1 Sheet Per

24 hours (from midnight)

DATE:

Time	Medicine (mg/ml)	Dose/ml administered	Dose/ml Discarded	Batch number/ Expiry date	Site Administered (if SC cannula not in use)	SC cannula site position check (Y/N)	Signature	Print name

If contact with clinician required before dose is given (e.g .for paramedics) please contact District Nurses in first instance (Contact details vary but should be available in the home)