PATIENT SPECIFIC DIRECTION - Authorisation for Administration of Medication

North Somerset and South Glouce					
Patient Name:	Address:				
NHS number:					
Date of birth:	GP Practice:				

Date Authorised	NAME OF DRUG (Formulation, strength)	DOSE	ROUTE	FREQU- ENCY	Indication / Additional information	Start Date	Review Date max 12m	End Date max 12m	Prescriber Authorisation *signature not required with Smartcard authentication
									*Sign
									PRINT
									GMC/PIN no.
									*Sign
									PRINT
									GMC/PIN no.
									*Sign
									PRINT
									GMC/PIN no.
Codes for Ro	ute: SC - Subcutaneous	ID - II	ntraderma	al	IV – Intravenous	Eye - Eye d	drops	PR - Rectal	INH – Inhaled
D - Oral M - intramus	TD – Transdermal scular	Ear -	Ear drops		Nasal - Nasal drops/spray	SL – Sublir	ngual	PV – Vaginal	Top – Topical

Allergies and sensitivities:

No known allergies \Box

1. Prescriber to save PSD in EMIS for access by Sirona. 2. PSDs completed outside EMIS should be emailed to sirona.psd@nhs.net

Healthier Together

Improving health and care in Bristol,

April 2027