## PATIENT SPECIFIC DIRECTION - Authorisation for Administration of Medication (Secondary care discharges)

Healthier Together	A
Improving health and care in Bristol, North Somerset and South Gloucestershire	

				(Seci	ondary care u	iscrial yes	<u> </u>		North Somerset and South Gloucestershire	
Patient Nam	ne:				Address:					
NHS number:										
Date of birth:			GP Practice:							
Date of biltin.				or tractice.						
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Date	NAME OF DRUG			FREQU-	Indication /		Review	End Date	Prescriber Authorisation	
Authorised	(Formulation, strength)	DOSE	ROUTE	ENCY	Additional	Start Date	Date	(max 1month)	(appropriate NMP/Dr F2 or above)	
Authoriseu	(Formulation, Strength,			Livei	information		(max 1month)	(ax zoa.,		
									Sign	
									DDINIT	
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Codes for Ro	oute: SC - Subcutaneous	ID - I	ntraderma	al	IV – Intravenous	Eye - Eye	drops	PR - Rectal	INH – Inhaled	
O - Oral	TD – Transdermal	Ear -	Ear drops		Nasal - Nasal	SL – Subli	ngual	PV – Vaginal	Top – Topical	
IM - intramuscular			drops/spray							
Allergies and sensitivities:										
Allergies and sensitivities:  No known allergies										
1										

1. Completed PSDs should be emailed to <a href="mailto:sirona.psd@nhs.net">sirona.psd@nhs.net</a>