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

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

Patient Name:					Address:	<u> </u>	,		North Somerset and South Gloucestershire		
NHS number:											
Date of birth:					GP Practice:						
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Date Authorised	NAME OF DRUG (Formulation, strength)		DOSE	ROUTE	FREQU- ENCY	Indication / Additional information	Start Date	Review Date (max 1month)	End Date (max 1month)	Prescriber Authorisation (appropriate NMP/Dr F2 or above)	
										Sign	
										PRINT	
										GMC/PIN no.	
										Sign	
										PRINT	
										GMC/PIN no.	
										Sign	
										PRINT	
										GMC/PIN no.	
Codes for R	<b>Dute:</b> SC - Subcutaneous ID -			D - Intradermal		IV – Intravenous	Eye - Eye drops		PR - Rectal	INH – Inhaled	
O - Oral TD – Transdermal Ear - Ear drops IM - intramuscular				Nasal - Nasal drops/spray	SL – Sublingual		PV – Vaginal	Top – Topical			
· · · ·											
Allergies and sensitivities:  No known allergies											

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