

**Authorisation to Administer Medicines in the Community
NHS CONFIDENTIAL**

This authorisation to administer can be used to facilitate discharge from the hospital: use for routine medications (Side A)

Each line must be signed. Alterations should only be done by crossing out completely and rewriting

Patient Name/ address and NHS No (label)					Consultant on Discharge (Print) _____ Secretary Contact Tel No:- _____ Discharging Ward _____ Ward Contact Tel No:- _____				
Date	Medication (Including IV/SC/IM, rectal, topical, transdermal and inhalation preparations)	Indication	Diluent (where necessary)	Dose/Range	Frequency and duration of treatment	Route	Signature Dr/NMP Authorising administration	Review Date	Stop Date

**Authorisation to Administer Medicines in the Community
NHS CONFIDENTIAL**

This authorisation to administer can be used to facilitate discharge from the hospital: for palliative care use (Side B)

Each line must be signed. Alterations should only be done by crossing out completely and rewriting

Patient Name/ address and NHS No (label)	Consultant on Discharge (Print) _____ Secretary Contact Tel No:- _____ Discharging Ward _____ Ward Contact Tel No:- _____
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Medication As Required (PRN)								
Date	Medication	Indication	Dose/Range	Frequency and duration of treatment	Route	Signature Dr/NMP Authorising administration	Review Date	Stop Date

Syringe Driver									
Date	Medication	Indication	Diluent (where necessary)	Dose/Range	Frequency eg if daily	Route and duration	Signature Dr/NMP Authorising administration	Review Date	Stop Date
						SC infusion over hours			
						SC infusion over hours			
						SC infusion over hours			
						SC infusion over hours			