## LOCAL HEALTHCARE TEAM RECORD OF DRUGS TO BE ADMINISTERED BY DISTRICT NURSING SERVICE



Email: suffolk.ccc@esneft.nhs.uk

| Patient/Client's Name: |          |                    |          |           | DOB:  |              |                |                        |                                      |  |  |
|------------------------|----------|--------------------|----------|-----------|-------|--------------|----------------|------------------------|--------------------------------------|--|--|
| Addre                  | Address: |                    |          |           |       |              | NHS No:        |                        |                                      |  |  |
|                        |          |                    |          |           |       | GP:          |                |                        |                                      |  |  |
| Postcode:              |          |                    |          |           |       | Form: of     |                |                        |                                      |  |  |
| PRES                   | SCRIP    | TION INFORMATION - | one item | pers      | sheet |              |                |                        |                                      |  |  |
| Date                   | )        | Drug               | Dose     |           | Route | Frequency    |                | Prescriber's Signature |                                      |  |  |
|                        |          |                    |          |           |       |              |                |                        |                                      |  |  |
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| ADM                    | INISTE   | RATION INFORMATION | 1        |           | •     |              |                |                        |                                      |  |  |
| Date                   | Time     | Drug               | Dose     | Route Sit |       | Batch<br>No. | Expiry<br>Date | Stock                  | Nurse's<br>Signature/<br>Designation |  |  |
|                        |          |                    |          |           |       |              |                |                        |                                      |  |  |
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A service delivered on behalf of the NHS by Serco, South Essex Partnership University NHS Foundation Trust and Community Dental Services CIC.

| Patient / Client Name: | NHS No: |
|------------------------|---------|
|                        | DOB:    |

## **ADMINISTRATION INFORMATION**

| Date | Time | Drug | Dose | Route | Site | Batch<br>No. | Expiry<br>Date | Stock | Nurse's<br>Signature/<br>Designation |
|------|------|------|------|-------|------|--------------|----------------|-------|--------------------------------------|
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