Waikato District Health Board

Living Every Moment hospice waikato

Patient Label

Name: _____

NHI: _____ DOB: _____

Address: _____

Authority for subcutaneous administration

Surname: _____ First Name: _____

Date of Birth: _____ NHI Number: _____ Allergies: _____

Address: _____

Infuse the following medications subcutaneously over 24 hours:

Drug	Dosage	Route
Water or 0.9% sodium chloride to volume.		

Increments:

Drug	Increment increase / decrease amount	To a maximum dose of…	Frequency

Subcutaneous Boluses:

Drug	Dosage	Frequency

Last given in hospital: _____

Other instructions: _____

_____

Doctor's Name: _____ Date: _____

dd/mm/yy

Doctor's Signature: _____