**Supplementary Information about ‛When Required’ or ‛Variable Dose’ Medication**

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| --- | --- | --- |
| Name: | | D.O.B: |
| Name, strength, form and dose of the ‘when required’ or ‘variable dose’ medicine  (information should be transcribed from the pharmacy label on the dispensed medicine) | | |
| Maximum dose in 24 hours | Minimum time between doses. | |
| Special Instructions | | |
| Reason the medication has been prescribed and expected effects | | |
| When (or at what dose for ‘variable dose’ medication) should the medicine be given  Describe in as much detail as possible what signs you should look out for, e.g. what symptoms, indicators, behaviours, triggers, types of pain etc. This is particularly important if the person is not able to verbally express their wishes. Include information on when referral to a healthcare professional should be made. | | |

Information prepared by:

Information checked by:

Date:(To be reviewed at regular intervals)

**Important Information**

Information on why the medication has been prescribed and how to give it should be sought from the prescriber, the supplying pharmacist or other relevant healthcare professionals involved in the treatment of the person if needed.