NHS GREATER GLASGOW AND CLYDE

ADULTS AND OLDER ADULT SYMPTOMATIC RELIEF POLICY (ACUTE)

Seventh Edition
October 2025

DOCUMENT PRODUCED BY:	**Elaine Paton, Senior Prescribing Adviser**
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DOCUMENT APPROVED BY:	ADTC Safer Use of Medicines Sub-Committee
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INTRODUCTION

The NHSGGC Symptomatic Relief Policy for Nurses and Midwives allows nurses and midwives to administer medicines to inpatients age 16 years and over for common minor ailments and complaints without the need for each product to be prescribed on the patient's medicine record by a qualified prescriber.

For NHS GG&C Mental Health Services Adult Symptomatic Relief Policy, please refer to the relevant document on MyPsych Medicines companion of the Right Decision Scotland platform, available here.

This policy is held and reviewed by the ADTC Safer Use of Medicines; however responsibility and accountability rests with local areas using the policy to ensure clinicians are assessed to be competent and records are kept up to date.

The policy contains a series of monographs which provide information on medicines. Each monograph contains information on the dose, indications, contra-indications, side effects and any other relevant information which the nurse may require to safely administer the medicine.

Administration can be delegated by the nurse if satisfied, the person they are delegating to, is competent to administer. The nurse remains accountable for the administration. Student nurses and midwives can participate in the administration of medicines outlined in the SRP under direct supervision of the registered nurse/midwife. All administrations should be documented when administered on HEPMA and countersigned/witnessed by the registered nurse.

Instructions on how to use any medication administered using this policy on HEPMA can be found in Appendix 1.

It is the responsibility of local areas to retain an accurate list of named nurses and midwives on the form provided. (Appendix 2). Staff should sign to confirm they are competent to administer the medicinal product, acknowledging they will be accountable for their actions. (Appendix 3). Both documents should be retained by the senior nurse for the clinical area and available for governance, reference and audit purposes (similar to PGD sign in sheets).
New additions to this policy can be requested using the pro-forma provided. (Appendix 4) and returned to the Lead for Non-Medical Prescribing for consideration (ggc.nonmedical.prescribing@nhs.scot)

The Symptomatic Relief Policy does not contain complete information about the medicinal products listed. Staff should refer to the BNF and Summary of Product Characteristics (SmPC) for further information.

The following criteria must be adhered to at all times:

1. Patients must have been admitted/clerked in before any medicine in the Symptomatic Relief Policy can be administered.
2. If a medication within the Policy is known to be inappropriate for administration to a patient due to sensitivity reasons (e.g. paracetamol causes vomiting) this should be documented as a “Sensitivity” on HEPMA during the inpatient period by a prescriber.
   If there are any other reasons for a medicine from the policy to be excluded for a particular patient that is not a sensitivity, then a patient note (“note to appear when charting”) on HEPMA by the prescriber should be added at any point during the patient stay. (This must clearly state which medicine(s) within SRP are not suitable for the individual patient).
3. Nurses will record each medication to be administered using SRP on HEPMA as detailed above.
4. Any conflicts e.g. drug interactions must not be bypassed by nursing staff. Any staff member who is unsure if it is appropriate to proceed with administration under SRP MUST seek input from medical staff.
5. Nursing staff should not attempt to overwrite or change the number of doses allowed under the SRP when adding medication to the record on HEPMA.
6. Laxatives should only be used for acute constipation where the nurse is certain of the diagnosis. Long term laxative use can be counterproductive leading to hypokalaemia and an atonic, non functioning colon. If constipation persists, or presents more than once for longer term admission, the patient must be reviewed by a doctor.
7. Medication may only be administered under the circumstances described within the Policy, noting the frequency and maximum number of doses.
8. The administering nurse must be competent in use of policy medication as per completion of Medicines Administration Competency Achievement Record.
9. The administering nurse must be fully aware of the patient’s diagnosis, recent medical history, current health status, any medical alerts and check drug interactions before administering medication.
10. The nurse must record on the patient’s notes rationale for use of medication, noting the symptom experienced and effectiveness of the product administered.

NB: Any symptoms experienced by patients, which are not relieved by the Product/preparation administered from the Symptomatic Relief Policy, must be further assessed.

The nurse must be aware of the appropriateness of the product for the condition being treated.

The BNF should be consulted for further information required on the listed medicines.

Medication

Clinical conditions covered within the policy:

Condition/Need	Medicinal Product	Policy section
Pain/Fever	Analgesics: paracetamol tablets/liquid paracetamol suppositories	1. 1.1.1 1.1.2
Local anaesthetic – catheterisation/ cystoscopies/ canula insertion/ injection	Local anaesthetic Chlorhexidine with lidocaine (Instillagel®) Lidocaine with prilocaine (Emla®)	1.2 1.2.1 1.2.2
Dyspepsia/ Gastro-oesophageal reflux/ Heartburn/ flatulence	GI/Antacids Co-magaldrox Suspension Peptac Liquid® Peppermint Oil Capsules	2 2.1.1 2.1.2 2.1.3
Constipation/ Hepatic encephalopathy	Laxatives/Enemas Senna Glycerin Suppositories Lactulose Sodium Citrate micro enema Phosphate Enema	2.2 2.2.1 2.2.2 2.2.3 2.2.4 2.2.5
Haemorrhoids	Haemorrhoid Preparations Anusol® Suppositories Anusol® Cream	2.3 2.3.1 2.3.2
Angina/Anginal Pain	Cardiovascular Nitrates Glyceryl Trinitrate Spray	3 3.1 3.1.1
Acute nicotine withdrawal	Nicotine Replacement Therapy Nicotinell® patches	4 4.1.1

Before any medicines in this policy are administered, HEPMA must be checked to ensure that:

- a similar medicine has not already been prescribed;
- there is no recorded contra-indication e.g. allergy to the medicine to be administered;
- there is no potential drug interaction and
- the medicine itself has not already been prescribed.

1. Analgesics

1.1.1 Paracetamol Tablets 500mg/Liquid 250mg/5ml (**Preferred choice)**

Indications:	Mild to moderate pain or fever
Contra-indications:	Hepatic or renal impairment, alcoholism or glutathione deficiency (chronic malnourishment, chronic alcoholism, alcohol dependence), hypersensitivity to paracetamol (rare). History of paracetamol overdose
Cautions:	Ensure patient has not received other paracetamol containing preparations before administration, if uncertain what medicines contain paracetamol please check with pharmacist and do not administer until determined.
Side effects:	Rare – blood disorders, acute pancreatitis, rashes
Route:	Oral
Dose:	500mg to 1g. **Dose reduction required in patients with low weight (≤ 50kg) to 15mg/kg up to four times daily (max 60mg/kg/day)**
Frequency:	One off dose, at least 4 hours after any previous paracetamol containing administrations.
Maximum number of doses without prescription:	Maximum: One dose. If patient below 50kg maximum dose should not exceed 500mg per dose. **NB there is a maximum of 4 doses allowed in 24 hours in total. Staff should check any previous administration either prescribed or self-administered to ensure 4 doses in 24 hour period has not been exceeded.**
Active Ingredients:	Paracetamol

1.1.2 Paracetamol Suppositories 500mg

Indications:	Mild to moderate pain or fever
Contra-indications:	Hepatic or renal impairment, or glutathione deficiency (chronic malnourishment, chronic alcoholism, alcohol dependence), hypersensitivity to paracetamol (rare). History of paracetamol overdose
Cautions:	Ensure patient has not received other paracetamol containing preparations before administration. If uncertain what medicines contain paracetamol please check with pharmacist and do not administer until determined.
Side effects:	Rarely – rashes, blood disorders, acute pancreatitis

Route:	Rectal
Dose:	500mg to 1g (1-2 suppositories)
Frequency:	One dose, at least 4 hours after any previous paracetamol. **NB there is a maximum of 4 doses allowed in 24 hours in total. Staff should check any previous administration either prescribed or self-administered to ensure 4 doses in 24 hour period has not been exceeded.**
Maximum number of doses without prescription:	One dose. If patient below 50kg maximum dose should not exceed 500mg of paractamol.
Active Ingredients:	Paracetamol

1.2 Local Anaesthetic

1.2.1 Chlorhexidine with lidocaine (Instillagel®)

Sterile syringe (6mg/11ml) for instillation (single use only)

Indications:	Lubricant with anaesthetic and antiseptic properties, prevention of pain prior to catheterisation (urethral and suprapubic) and cystoscopies
Contra-indications:	Previous reaction to a local anaesthetic. Allergy/hypersenstivity to any ingredients. Not to be used if severe bleeding of urethra.
Cautions:	In patients with epilepsy, liver or cardiac disease
Side effects:	Slight stinging after use. Undesirable effects of lidocaine are possible in cases of severe injury to the urethra – hypotension, bradycardia or convulsions
Route:	Intraurethral/Suprapubic catheter sites
Dose:	1 syringe
Frequency:	Once only
Maximum number of doses without prescription:	One per procedure.
Further information:	The anaesthetic takes about 5 minutes to work after the gel has been inserted
Active Ingredients:	Lidocaine hydrochloride 2% Chlorhexidine gluconate 0.25% Methyl hydroxybenzoate Propyl hydroxybenzoate In a gel made with hydroxyethylcellulose, propylene glycol and water

1.2.2 Lidocaine with Prilocaine Cream (Emla Cream®)

(Total Formulary)

Indications:	Local anaesthetic for topical use to produce surface anaesthesia of the skin for prevention of pain prior to injection or insertion of cannula. (May be used for patients with a needle phobia).
Contra-indications:	Previous reaction to a local anaesthetic, Allergy/hypersensitivity to any ingredients. Not to be used on wounds, mucous membranes, atopic dermatitis.
Cautions:	Should not be used near eyes or middle ear
Side effects:	Transient paleness, redness and oedema
Route:	Topical
Dose:	5g tube (1-2 grams on each site with occlusive dressing)
Frequency:	Single dose, multiple area
Maximum number of doses without prescription:	One dose over multiple areas
Further information:	The cream should be applied thickly to one or more sites for venepuncture and an occlusive transparent dressing applied for a minimum 60 minutes and maximum of 5 hours prior to procedure. Procedure should begin soon after dressing has been removed.
Active Ingredients:	Lidocaine hydrochloride 2.5% Prilocaine 2.5%

2. Gastro-Intestinal

2.1 Antacids

2.1.1. Co-magaldrox Suspension (Mucogel)

(Preferred list)

Indications:	Dyspepsia and Gastro-oesophageal reflux (Preferred List)
Contra-indications:	Hypophosphataemia, patients taking quinolone or tetracycline antibiotics (see here)
Cautions:	Antacids should not be taken at the same time as other drugs since it may impair absorption. See BNF for full information.
Side effects:	May cause constipation
Route:	Oral
Dose:	10-20ml
Frequency:	Three times daily, after meals and at bedtime
Maximum number of doses without prescription:	Two
Further information:	Shake the bottle well before use Use 20-60 mins after meals and at bedtime.
Active ingredients:	Co-magaldrox 195/220 Each 5ml contains: Magnesium hydroxide 195mg Dried aluminium hydroxide 220mgl

2.1.2. Peptac Liquid®

(Preferred list)

Indications:	Heartburn Gastro-oesophageal reflux
Contra-indications:	Salt restriction, patients taking quinolone or tetracycline antibiotics (see here)
Cautions:	Antacids should not be taken at the same time as other drugs since it may impair absorption. See BNF for full details
Side effects:	Very rare: allergic manifestations – urticaria or bronchospasm. Overdosage may lead to abdominal distension.
Route:	Oral
Dose:	10–20ml
Frequency:	After meals and at bedtime
Maximum number of doses without prescription:	Two
Further information:	Shake bottle well before use

Active Ingredients:	Each 5ml contains: Sodium Alginate 250mg, Sodium Bicarbonate 133.5mg, Calcium Carbonate 80mg. Each 5ml contains 3.1mmol sodium

2.1.3. Peppermint Oil Capsules 0.2ml
(Total Formulary)

Indications:	Flatulence
Contra-indications:	None
Cautions:	Sensitivity to menthol Note: Colpermin® brand contains arachis (peanut) oil
Side effects:	May cause heartburn
Route:	Oral
Dose:	One capsule before meals
Frequency:	Two daily before meals
Maximum number of doses without prescription:	Two
Further information:	Swallow whole. Capsules must not be broken or chewed. Take with small amount of water before meals, but <u>not</u> immediately after food. Do not take indigestion remedies at the same time of day as this medicine.
Active Ingredients:	Peppermint Oil BP 0.2ml

2.2. Laxatives

2.2.1. Senna 7.5 mg tablets
(Preferred list)

Indications:	Constipation (short-term use)
Contra-indications:	Bowel obstruction Recent gastrointestinal surgery, abdominal pain
Cautions:	Ensure patient is not receiving other stimulant laxatives e.g. bisacodyl, co-danthramer, docusate sodium, sodium picosulphate
Side effects:	Abdominal cramp
Route:	Oral
Dose:	1-2 tablets
Frequency:	Once daily (usually at bedtime)
Maximum number of doses without prescription:	Once
Further information:	Prolonged usage can result in loss of muscle tone and chronic constipation Time to effect: 8-12 hours

Active Ingredients:	Sennosides from de-seeded senna fruit (Calculated as sennoside B) 7.5mg

2.2.2 Glycerin Suppositories 4 grams
(Total Formulary)

Indications:	Rectal use for constipation
Contra-indications:	Recent gastro-intestinal surgery
Cautions:	
Side effects:	Local irritation
Route:	Rectal
Dose:	One 4 gram suppository
Frequency:	Once only
Maximum number of doses without prescription:	One
Further information:	Time to effect: 15–30 minutes Moisten suppository with water prior to use.
Active Ingredients:	Gelatine 140mg Glycerol 700mg Purified water to 1g

2.2.3. Lactulose
(Preferred list)

Indications:	Constipation/Hepatic encephalopathy
Contra-indications:	Galactosaemia/intestinal obstruction
Cautions:	Lactose intolerance
Side effects:	Nausea, vomiting, flatulence, cramps
Route:	Oral
Dose:	15ml
Frequency:	Twice daily
Maximum number of doses without prescription:	Two
Further information:	Nausea can be reduced by administration with water, fruit juice or meals.
Active Ingredients:	Lactulose either 666.667mg/ml or 680mg/ml depending on preparation

2.2. Enemas

2.2.4. Sodium Citrate Micro-enema (e.g. Micralax®) (Total Formulary)

Indications:	To relieve constipation or in preparation for examination
Contra-indications:	Inflammatory bowel disease, recent gastro-intestinal surgery Known allergy to any of the ingredients.
Cautions:	Elderly and debilitated patients
Side effects:	Local irritation
Route:	Rectal
Dose:	1 dose
Frequency:	Once
Maximum number of doses without prescription:	1
Further information:	Time to effect 5-15 mins. Patient should have immediate access to toilet. Administer the contents of one micro-enema rectally, inserting the full length of the nozzle. No lubricant is needed as a drop of the mixture is sufficient.
Active Ingredients:	Sodium alkysulphoacetate 0.90% w/v Sodium citrate BP 9.0% w/v Excipients: Sorbitol solution 70% w/v Glycerine PhEur, Sorbic Acid BP and Purified Water PhEur

2.2.5. Phosphate Enema

(**Total formulary)**

Indications:	Rectal use in constipation
Contra-indications:	Acute gastro intestinal conditions, undiagnosed GI pathology, congestive heart failure, dehydration, clinically significant renal impairment, hypersensitivity to ingredients or excipients
Cautions:	Renal impairment
Side effects:	Local irritation, electrolyte disturbances
Route:	PR
Dose:	1 enema in the morning
Frequency:	Repeated once within 24 hours.
Maximum number of doses without prescription:	2 enemas
Further information:	
Active Ingredients:	Sodium acid phosphate/sodium phosphate

2.3. Haemorrhoid Preparations

2.3.1. Anusol® Suppositories

(Preferred list)

Indications:	Painful haemorrhoids
Contra-indications:	Known sensitivity to any of the constituents.
Side effects:	Transient local burning
Cautions:	
Route:	Rectal
Dose:	1
Frequency:	Twice daily or after a bowel movement
Maximum number of doses without prescription:	Two
Further information:	
Active Ingredients:	Bismuth oxide 24mg Bismuth subgallate 59mg Peru balsam 49mg Zinc oxide 296mg

2.3.2. Anusol® Cream

(Preferred list)

Indications:	Painful haemorrhoids
Contra-indications:	Known sensitivity to any of the constituents
Cautions:	
Side effects:	Transient local burning
Route:	Topical
Dose:	Apply thinly
Frequency:	Twice daily or after a bowel movement
Maximum number of doses without prescription:	Two
Further information:	
Active Ingredients:	Bismuth oxide 2.14 grams Balsam Peru Ph Eur 1.8 grams Zinc oxide 10.75 grams

3. Cardiovascular

3.1.Nitrates

3.1.1. Glyceryl Trinitrate Spray 400 micrograms per metered dose

Indications:	Anginal pain or before activity which may cause angina
Contra-indications:	Hypersensitivity to nitrates: severe hypotension, haemorrhage or head injury; stroke; pregnancy; closed angle glaucoma; mitral stenosis or obstructive cardiomyopathy
Cautions:	Interactions: Sildenafil, Tadalafil, Vardenafil (avoid concomitant use) Sublingual apomorphine lozenges
Side effects:	Throbbing headache, flushing, dizziness, postural hypotension, tachycardia, bradycardia
Route:	Sublingual
Dose:	One or two puffs under the tongue then close mouth
Frequency:	There should be a gap of at least 5 minutes before the spray is used again
Maximum number of doses without prescription:	Two
Further information:	Medical staff should be informed following administration. If first dose ineffective seek medical staff immediately.
Active Ingredients:	See product information for excipients

4. Nicotine Replacement Therapy

4.1.1. Nicotinell® patch

Indications:	Symptomatic relief of acute nicotine withdrawal
Contra-indications:	Patches should not be placed on broken skin
Side effects:	Skin irritation, bloating, blurred vision, constipation, coughing, diarrhoea, dry mouth
Cautions:	Warnings for NRT also apply to continued smoking but the risk of continued smoking outweighs any risks of using NRT. Diabetes mellitus – Blood glucose should be monitored when initiating treatment.
Route:	Transdermal
Dose:	If >20 cigarettes/day smoked – 21mg patch If <20 cigarettes/day smoked – 14mg patch
Frequency:	Once daily
Maximum number of doses without prescription:	One
Further information:	See Appendix 1 – NRT in the NHS GGC Therapeutics Handbook Link
Active Ingredients:	Nicotine

Appendix 1 – Recording and administration of drugs on SRP on HEPMA

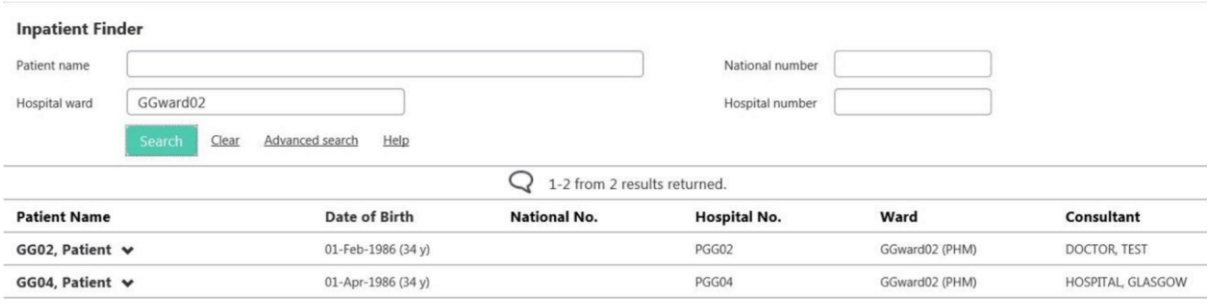
Title:	**Symptomatic Relief Policy (SRP)_ - Administration**
Target audience:	Nurses authorised to use SRP
Summary:	This guide outlines the process of recording and administering drugs included in the SRP by nurses authorised to do so.

1. Navigating to Patient

1. If not navigating to the patient straight from their TrakCare or Clinical Portal record, then login to **HEPMA** and click on **Inpatient Finder**

2. Search for the patient using their name or CHI number or by Ward. In the example show below, we have searched by Ward.

Select the required patient from the list:



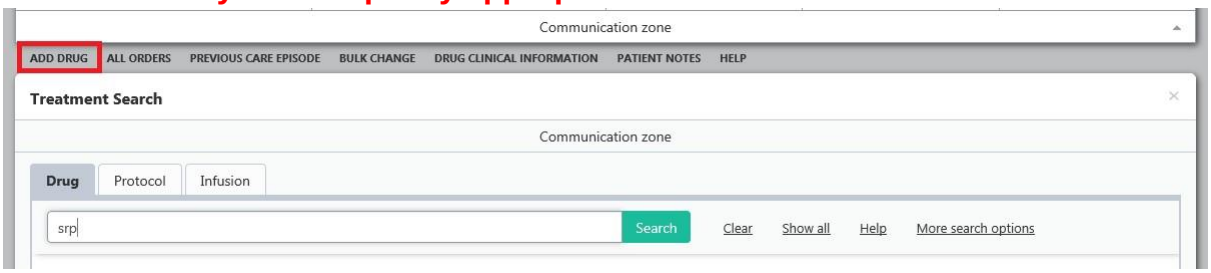
2. Drug Conflicts and Order Entry Screen

1. Once allergies have been recorded and all other mandatory tasks completed (see the **Monitoring and Assessment** QRG for guidance) it is possible to select and administer medication included in the SRP.

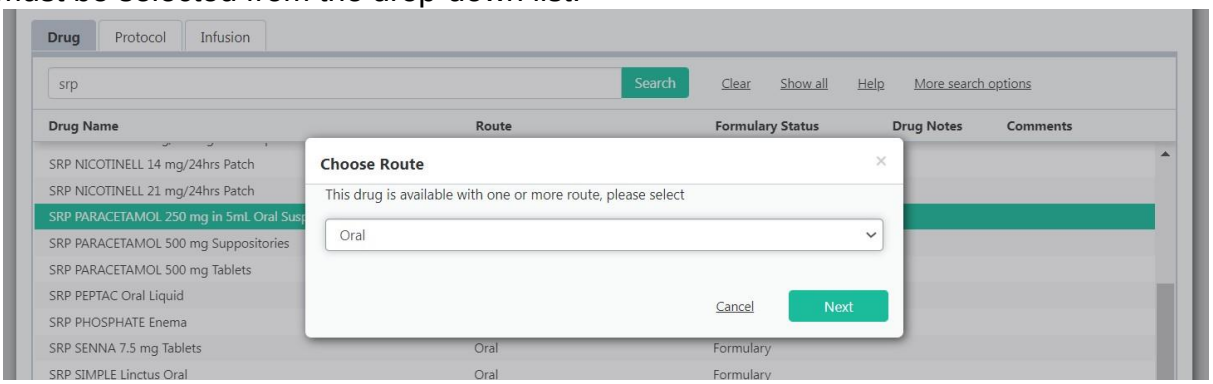
To begin the process - select the **Inpatient Rx** tab and click **Add Drug** to open the Treatment Search screen.
All available drugs within the SRP are prefaced with **a code : see below** ' e.g. 'SRP Paracetamol 500mg Tablets'. Type what you are looking for (or a portion of it, SRP will show the whole list) into the search box and hit **Search**, and then select from the results.
Acute Symptomatic Relief Policy – Prefixed SRP

Mental Health Symptomatic Relief Policy – Prefixed MHSRP

Staff must only use the policy appropriate for their clinical area.



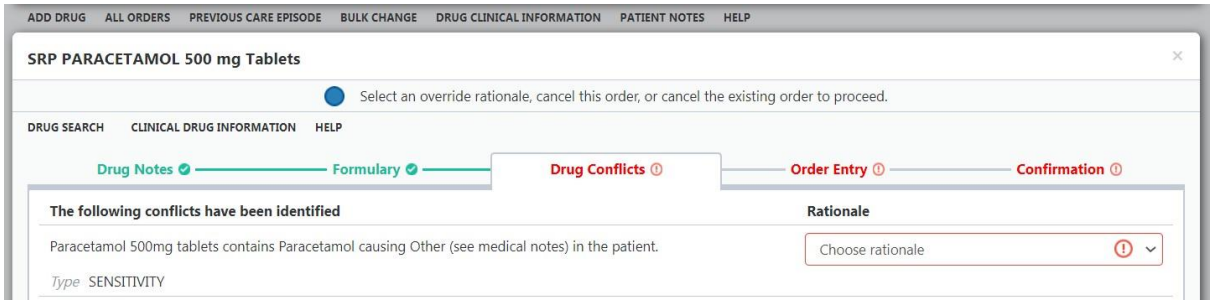
2. The system may require more information to be entered at this point. In example shown below we have selected a drug with more than one possible **Route**, so a **Route** must be selected from the drop-down list:



3. Below the **Communication Zone** the following tabs will be displayed: **Drug Notes**, **Formulary**, **Drug Conflicts**, **Order Entry** and **Confirmation**.
If action is required the tab will be highlighted in **red**. Some tabs may not require action. If the **Drug Conflict** tab is highlighted **red**, this could be due to one or more of the following reasons:

- Drug Interaction
- Drug Duplicate (exact duplicate)
- Therapeutic Duplicate
- Allergy/Sensitivity Conflict

THESE CONFLICTS MUST NOT BE BYPASSED BY NURSING STAFF. Any staff member who is unsure if it is appropriate to proceed with administration under SRP MUST seek input from medical staff.

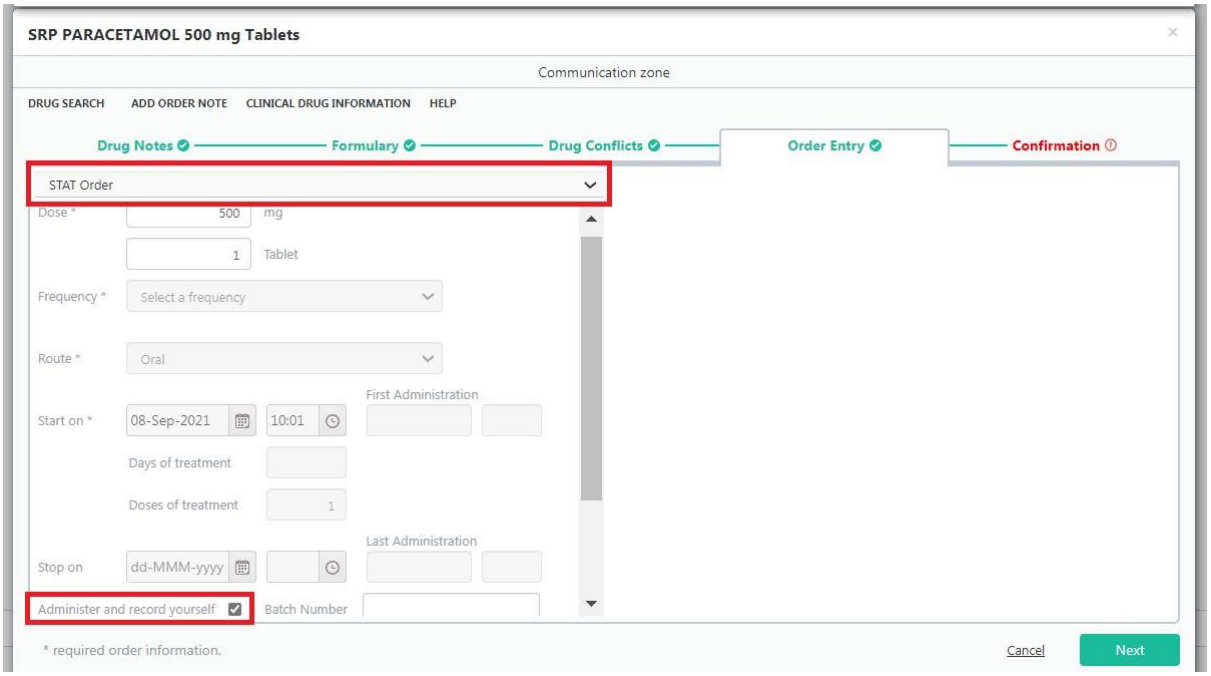


4. In the **Order Entry** screen, select required **Order Type** (PRN, STAT, Regular etc.) from the drop-down.

5. The **Dose** and **Frequency** will be prepopulated with default values except paracetamol which will require the dose to be entered (Reduced dose for low weight)

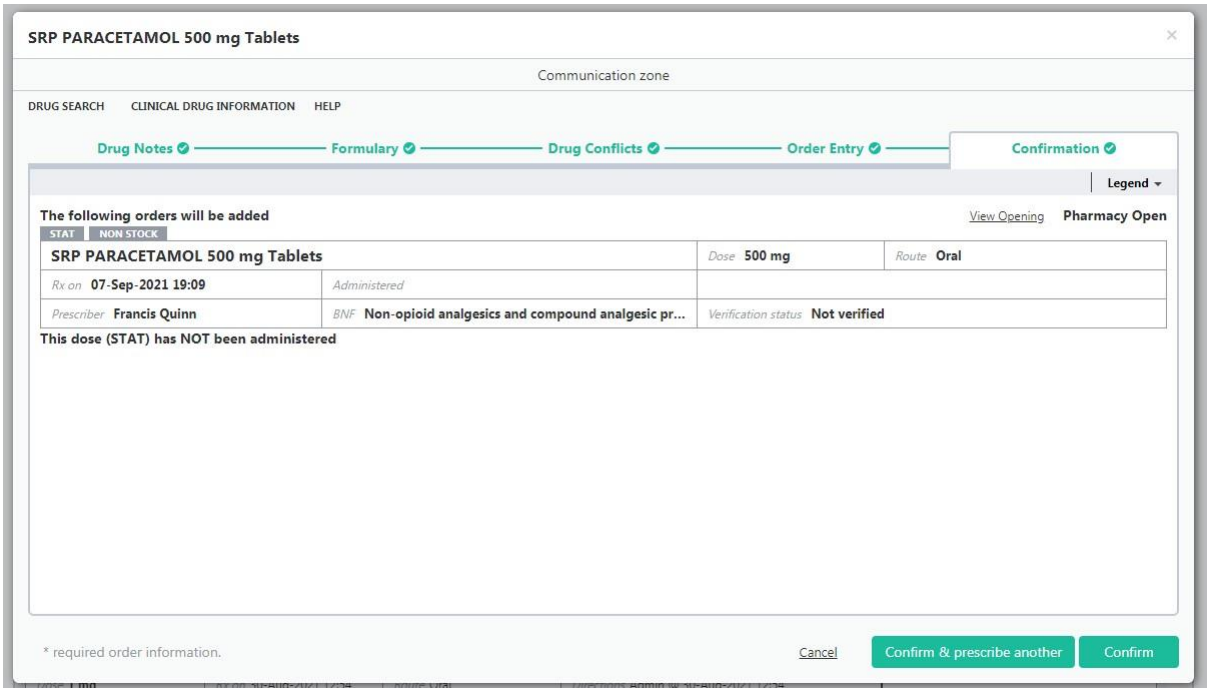
6. If a **PRN Order** type has been selected, the **PRN Note** field(s) must be completed with the indication. The fields that need completed will be highlighted in **red**. Once all the necessary fields are completed click **Next** button.

7. If **STAT Order** is selected, the option to **Administer and record yourself** will become available which if ticked, will remove the need to complete the administration process for the selected drug/dose.



3. Confirmation Screen

The **Confirmation** screen allows you to view the record before committing it to the **Kardex**. Click **Confirm** then proceed to the administration page to chart the dose as per the normal process.


SRP PARACETAMOL 500 mg Tablets
Communication zone
DRUG SEARCH
CLINICAL DRUG INFORMATION
HELP
Drug Notes
Formulary
Drug Conflicts
Order Entry
Confirmation
Legend
The following orders will be added
View Opening
Pharmacy Open
STAT
NON STOCK
SRP PARACETAMOL 500 mg Tablets
Dose 500 mg
Route Oral
Rx on 07-Sep-2021 19:09
Administered
Prescriber Francis Quinn
BNF Non-opioid analgesics and compound analgesic pr...
Verification status Not verified
This dose (STAT) has NOT been administered
* required order information.
Cancel
Confirm & prescribe another
Confirm


STAT
STAT
SRP PARACETAMOL 500 mg Tablets
05-SEP-2021
06-SEP-2021
07-SEP-2021
08-SEP-2021
09-SEP-2021
10-SEP-2021
11-SEP-2021
Dose 500 mg
Rx on 08-Sep-2021 11:40
Route Oral
Directions Admin @ 08-Sep-2021 11:40

(see below)


STAT
STAT
SRP PARACETAMOL 500 mg Tablets
05-SEP-2021
06-SEP-2021
07-SEP-2021
08-SEP-2021
09-SEP-2021
10-SEP-2021
11-SEP-2021
Dose 500 mg
Rx on 08-Sep-2021 11:12
Route Oral
Directions Administered @ 08-Sep-2021 11:12

Appendix 2 NHS GGC Symptomatic Relief Policy Authorisation Form

To be retained/filed within the Ward or Clinical area of responsibility by nurse in charge/ward manager for reference and governance purposes.

Name of Nurse	Grade/Band	I confirm that I understand the policy and procedure for the administration of SRP (Signature)	Approved by line manager (Name)	Signature of line manager (Signature)	Date

DOCUMENT PRODUCED BY: **Elaine Paton, Senior Prescribing Adviser**
DATE OF LAST REVISION: **October 2025**
DOCUMENT APPROVED BY: ADTC Safer Use of Medicines Sub-Committee
DATE APPROVED: 5th November 2025
PLANNED REVIEW DATE: September 2028

Appendix 3. NHS Greater Glasgow and Clyde Symptomatic Relief Policy

Assessment competency criteria and record

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

The registered nurse should demonstrate appropriate knowledge and/or skills in relation to:

Competency Criteria	Date achieved
Explain the medico-legal aspects of the registered nurses role in relation to the: • Symptomatic Relief Policy • Medicines Management and GGC Policy • Medicines administration guideline • Safe and Secure Handling of Medicines in Hospital Wards, Theatres and Departments	
Conducts a comprehensive assessment of the patient prior to administering drugs from the Symptomatic Relief Policy.	
Identifies and utilises a range of appropriate sources of information in administering symptomatic relief.	
Demonstrates knowledge of the drugs being administered through effective monitoring of the patient by describing functions, actions and possible side effects.	

The undersigned has achieved competency in administering drugs from the symptomatic relief policy. Please retain in individual's file.

Name: ……

Signature of assessor:……
Designation of assessor: ……

Date: ……..

I acknowledge my competence in administration according to the NHS GGC symptomatic relief policy.

(Signature of candidate)…….

Pro-Forma Request

(Appendix 4)

Drug Name:	
Indications:	
Contra-indications:	
Side effects:	
Route:	
Dose:	
Frequency:	
Maximum number of doses without prescription:	
Further information:	
Cautions:	
Active Ingredients:	

Reason for Request:	
Requested By:	
Contact Details:	

Signature ……

Date ……

Once completed, please return to Lead, Non Medical Prescribing, NHS Greater Glasgow and Clyde, Pharmacy Services, Clarkston Court, 56 Busby Road, Clarkston, Glasgow, G76 7AT or ggc.nonmedical.prescribing@nhs.scot