

"Alert Medicines" Monitoring Form

LIDOCAINE 5% MEDICATED PLASTER

****** Completion of this form is MANDATORY for all lidocaine 5% medicated plaster requests ******
The ONLY EXCEPTION is use in palliative care

When starting new patients, the patient's consultant must complete this form when the "alert medicine" is first prescribed.
 For patients continuing on existing treatment, an ST1 or higher grade can complete the form.
 The completed form should be sent to pharmacy to allow supplies to be released for the patient named below. Failure to do so will delay supply and patient treatment.

PART A: Patient Details (complete fully in ALL cases)

Full name	<input type="text"/>	Unit/CHI No	<input type="text"/>	Ward	<input type="text"/>
Hospital	<input type="text"/>	Directorate/ Sector	<input type="text"/>	Consultant	<input type="text"/>

PART B: Alert Medicine Details (complete fully in ALL cases)

New treatment Continuation of existing treatment

Dose* Start date

*Include amount and frequency

PART C: Permitted Indication

Restricted to patients who are intolerant of first-line therapies for post-herpetic neuralgia or where these therapies have been ineffective. All other indications are non-formulary.

Permitted indication? Yes **complete Part E below**

No **discuss use with a consultant or appropriate specialist (eg pain) and complete Parts D and E**

PART D: Other Indication

(complete ONLY if used for an indication NOT listed as permitted in the GGC Formulary or relevant clinical guidelines)

Details of Indication

Reason for request

Name/designation of specialist physician who approved use Consultant
 Senior Specialist

PART E: Details of the person completing this form (complete fully in ALL cases)

Form completed by (print name)	<input type="text"/>	Date	<input type="text"/>
Designation	Consultant <input type="checkbox"/> Other <input type="checkbox"/> (specify)	Contact details	Page <input type="text"/> Extn. <input type="text"/>

For pharmacy use only

Quantity supplied	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entered/checked by	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>