**Appendix 3 Quarterly Date Checking**

**POM’s (Non CD’s)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug**  | **Form** | **Strength** | **QTY** | **Date**  | **Date** | **Date**  | **Date**  | **Date**  | **Date**  |
| Cirpofloxacin  | Suspension | 250mg/5ml | 2 X 100mls |   |   |   |   |   |   |
| Cyclizine | Injection | 50mg/1ml | 2 x 5 |   |   |   |   |   |   |
| Dexamethasone  | Injection | 3.3mg/1ml | 1 x 5 |   |   |   |   |   |   |
| Diazepam | Rectal Tubes | 5mg/2.5ml | 1 x 5 |   |   |   |   |   |   |
| Diclofenac | Injection | 75mg/3ml | 1 x 10 |   |   |   |   |   |   |
| Diclofenac | Suppositories | 100mg | 1 x 10 |   |   |   |   |   |   |
| Glycopyrronium  | Injection | 200mcg/1ml | 2 X 5 |   |   |   |   |   |   |
| Haloperidol  | Injection | 5mg/1ml | 1 x 5 |   |   |   |   |   |   |
| Hyoscine Butylbromide (Buscopan) | Injection | 20mg/1ml | 2 X 10 |   |   |   |   |   |   |
| Levomepromazine  | Injection | 25mg/1ml | 1 x 10 |   |   |   |   |   |   |
| Lorazepam (GENUS brand)\* | Tablets | 1mg | 1 x 28 |   |   |   |   |   |   |
| Metoclopramide  | Tablets | 10mg | 1 x 28 |   |   |   |   |   |   |
| Metoclopramide  | Injection | 10mg/2ml | 2 x 10 |   |   |   |   |   |   |
| Morphine Sulphate (Oramorph) | Solution | 10mg/5ml | 4 x 100mls |   |   |   |   |   |   |
| Water for injection | Injection | 10ml | 4 x 10 |   |   |   |   |   |   |
| Sodium chloride solution | Injection | 0.90% | 4 x 10ml |   |   |   |   |   |   |
| Signature of person undertaking stock check and date |   |   |   |   |   |   |
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| **CDs** |  |  |  |  |  |  |  |  |  |
| **Drug**  | **Form** | **Strength** | **QTY** | **Date**  | **Date**  | **Date**  | **Date**  | **Date**  | **Date**  |
| Diamorphine  | Injection | 10mg/1ml | 4 x 5 |   |   |   |   |   |   |
| Diamorphine  | Injection | 30mg/1ml | 4 x 5 |   |   |   |   |   |   |
| Midazolam  | Injection | 10mg/2ml | 2 x 5 |   |   |   |   |   |   |
| Morphine Sulphate | Concentrated Solution | 100mg/5ml | 2 x 30mls |   |   |   |   |   |   |
| Oxycodone (OxyNorm) | Capsules | 5mg | 1 x 56 |   |   |   |   |   |   |
| Oxycodone | Injection | 10mg/1ml | 1 x 5 |   |   |   |   |   |   |
| Signature of person undertaking stock check and date |   |   |   |   |   |   |

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| **Please use this form quarterly to check that medicines are in stock and in date.****Any missing items should be reordered immediately.****OUT OF DATE STOCK MUST BE REPLACED.** |