**Appendix 3 Quarterly Date Checking**

**POM’s (Non CD’s)**

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to check that medicines are in stock and in date.**  **Any missing items should be reordered immediately.**  **OUT OF DATE STOCK MUST BE REPLACED.** |