Form RS1415

June 2024

HOSPITAL MEDICINES LIST
RESTRICTIONS CHECKLIST

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER

Name: ....

Ward: ....

PATIENT:

Name: ....

NHI: ....

Preoperative carbohydrate feed 0.5 kcal/ml

INITIATION

Prerequisites (tick box where appropriate)

❍ Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery

HOSPITAL

I confirm that the above details are correct:

Signed: .... Date: ....