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

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Carbohydrate	
INITIATION – Use as an additive Prerequisites (tick boxes where appropriate)	
O Cystic fibrosis	
Or Chronic kidney disease	
O Cancer in children	
· ·	re malabsorption problems in patients over the age of 20 years
or  Faltering growth in an infant/child	
O Bronchopulmonary dysplasia	
O Premature and post premature infant	
O Inborn errors of metabolism	
INITIATION – Use as a module Prerequisites (tick box where appropriate)	
For use as a component in a modular formula made from the Pharmaceutical Schedule or breast milk  Note: Patients are required to meet any Special Authority criteria	om at least one nutrient module and at least one further product listed in Section D of a associated with all of the products used in the modular formula.

0:	D - 1 - 1	
Zigneg.	i jate:	
Oigilica.	 Duic.	