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	PATIENT:
Name:	Name:
Ward:	NHI:
Adrenaline	
INITIATION – anaphylaxis Prerequisites (tick boxes where appropriate)	
O Patient has experienced a previous anaphylactic reaction which has resulted in presentation to a hospital or emergency department	
O Patient has been assessed to be at significant risk of anaphy	laxis by a relevant practitioner