

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: Name:

Ward: NHI:

Nicardipine hydrochloride

INITIATION

Prerequisites (tick boxes where appropriate)

Prescribed by, or recommended by an anaesthetist, intensivist, cardiologist or paediatric cardiologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

Patient has hypertension requiring urgent treatment with an intravenous agent
or
 Patient has excessive ventricular afterload
or
 Patient is awaiting or undergoing cardiac surgery using cardiopulmonary bypass

I confirm that the above details are correct:

Signed: Date: