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| Prescribing Protocol Template for New Drugs | |
| **Title** | (to be included on each page as a header) |
| Areas where Protocol/Guideline applicable e.g. District, Hospital, ITU, Ward |  |
| Areas where Protocol/Guideline  **not applicable** |  |
| **Authorised Prescribers** |  |
| Indication for use |  |
| Clinical condition |  |
| Patient selection: Inclusion criteria  (list investigations necessary and relevant results) |  |
| Contra-indications |  |
| Precautions |  |
| Place in Therapy |  |
| State whether drug to be used as first, second or third line. When not first line, describe therapies to be used first. (Consider using algorithm) |  |
| If part of combination therapy, list other drugs |  |
| Dosage  (Include dosage adjustment for specific patient groups) |  |
| **Duration of therapy** |  |
| **Important Drug Interactions** |  |
| **Administration instructions** |  |
| Monitoring requirements |  |
| Safety |  |
| Effectiveness (state objective criteria) |  |
| **Management of complications** |  |
| **Basis of Protocol/Guideline**  (including sources of evidence, references) |  |
| Groups consulted in development of  **this protocol** |  |

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| AUTHORISATION | |
| Author (Name) |  |
| Position |  |
| Department |  |
| Department Contact  (for ongoing maintenance of  Protocol/Guideline) |  |
| GOVERNANCE | |
| Enactment date/  Renewal date  (NB delete as appropriate) |  |
| Expiry date: (maximum 36 months from date of original approval) |  |
| Ratification date by SESLHD QUM Committee |  |
| Chairperson, QUM Committee |  |
| Approved Protocol/Guideline distributed |  |
| Version Number |  |