



**BUPRENORPHINE**

PROLONGED-RELEASE  
 SOLUTION FOR INJECTION

**Patient administration checklist**

For Pharmacist use only- not to be given to the patient.

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**NHS Number:** \_\_\_\_\_

Criteria	Tick when complete
Confirm prescription for Buvidal is correct and complies with schedule 3 regulations	
Confirm patient specific direction is correct	
Confirm identity of patient	
Confirm with the patient the strength of Buvidal they have been prescribed	
Patient Administration Record discussed and filled out with patient	
Assessment of previous Buvidal administration sites carried out	
Confirm patient has had the opportunity to read the patient information booklet	
Buvidal dose and prescription checked by 2nd dispenser	
Confirm with the patient which site injection should be given (e.g. abdomen, thigh, buttock, upper arm) and record on the body map	
Buvidal administered according to the guidance in the Summary of Product Characteristics	
Information regarding side-effects including injection site reactions provided	
Patient aware of the process to report any side effects or problems to pharmacy, keyworker or prescriber	
Follow-up appointment agreed and appointment card provided to patient	
Relevant documentation completed	

**Pharmacist Name:** \_\_\_\_\_

**Pharmacist GPhC number and signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_