

**Patient Specific Direction (PSD) for the administration of COVID-19 Vaccine AstraZeneca to Adults by Non prescribers suitably trained in vaccination**

**The patient(s) named below are eligible to receive COVID-19 Vaccine AstraZeneca in accordance with Immunisation against infectious disease (Green Book) and JCVI recommendations for the purpose of protection against COVID-19.**

Prescriber details			
<ol style="list-style-type: none"> <li>1. I confirm that each named patient on this list has been considered individually.</li> <li>2. I am satisfied that prescription / administration of the COVID-19 vaccine serves the individual needs of each patient on this list and is in their best interests.</li> <li>3. In cases where I believe that the patient lacks capacity to give or withhold consent, details have been included.</li> <li>4. Where possible and appropriate I or colleagues have consulted with those close to each of the named patients above and have taken their knowledge of his/her views into account.</li> <li>5. I accept I am responsible for this instruction, including delegating this task to others, who I am satisfied have the knowledge and skills to provide the care involved.</li> </ol>			
Name of Prescriber	Signature of Prescriber	Practice address (print) and telephone number	Registration Number
<b>PSD valid from:</b>		<b>PSD expires*:</b> ( *7 days after signature)	

Vaccination details	
<b>Name:</b>	COVID-19 Vaccine AstraZeneca, (ChAdOx1-S [recombinant])
<b>Dose:</b>	0.5ml
<b>Frequency:</b>	Second dose of 0.5ml to be administered between 4 to 12 weeks after the first dose.
<b>Route:</b>	Intramuscular injection only, preferably into deltoid region of the upper arm.

Patient details				
Patient's name	H&C number	DOB	Address / Postcode	Allergy status
1				
<b>Capacity Assessment:</b>				
<b>Best Interests – reasons:</b>				

Administration details:			
Anatomical site of vaccination:	Date vaccine administered:	Batch number and expiry date:	Date of next dose (if applicable):

Vaccine administrator details	
Name of vaccine administrator (i.e. person giving the vaccine)	Signature of administrator

Notes for Prescriber / Clinician
<p>The prescriber should be aware of the <a href="#">MHRA Conditions of authorisation</a> and the vaccine's contraindications in the <a href="#">Information for Healthcare Professionals on COVID-19 Vaccine AstraZeneca</a>.</p> <p>Any person who has been involved in a COVID-19 vaccine trial should be advised to contact the trial organisers to seek written advice that they can be safely vaccinated before routine COVID-19 vaccination can take place.</p> <p>Taking anticoagulants or a bleeding disorder is not a contraindication to intramuscular injections, but the recipient needs to be aware that they may have increased bruising and be advised to apply pressure. Those with bleeding disorders may wish to time vaccination to occur</p>

shortly after appropriate therapies. Please also refer to the relevant chapter in the <a href="#">Green Book – Chapter 14a</a> .				
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<b>Best Interests – reasons:</b>				

Administration details:			
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[Healthcare Professionals on COVID-19 Vaccine AstraZeneca.](#)

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