

# Just In Case Box

The contents of this box are for professional use except where indicated on the enclosed leaflet

Patient's Name

DN Team Tel No

Next Content Check Due (DN to complete)

## Destruction Audit Form

	Strength	
	No. Dispensed	No. Remaining
Diamorphine 10/30/100mg amps	No. Dispensed	No. Remaining
Levomepromazine 25mg/1ml amps	No. Dispensed	No. Remaining
Midazolam 10mg/2ml amps	No. Dispensed	No. Remaining
Glycopyrronium 200mcg/1ml amps	No. Dispensed	No. Remaining
Lorazepam 1mg Tabs	No. Dispensed	No. Remaining
Water for Injections 2ml amps	No. Dispensed	No. Remaining

Please fax to 533742 (Hospice) when complete then inform the DN team that the Just In Case box is ready to collect