

Standard Operating Procedure

Title: Administration of Pneumococcal Polysaccharide Vaccine to housebound adult patients registered with Torbay and Southern Devon GPs by Torbay and Southern Devon Health and Care NHS Trust Community Nursing teams

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Presented to: Care & Clinical Policies Sub Group Committee

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Date: 10th September 2015

Review date:

10th September 2016

Links to Policies:

- Provider Community Services Medicine Policy for Registered Professionals May 2012 v 1.0
- The Pneumococcal Polysaccharide Immunisation programme and Green Book 2013 (updated)
- TSDHCT Cold Chain Storage for Vaccines – Standard Operating Procedure July 2012
- TSDHCT policies (Consent Policy, Anaphylaxis and Anaphylactic shock Policy)
- Mental Capacity Act 2005 and amendments 2009

Scope of this SOP

Applicable to Registered Nursing staff employed by Torbay and Southern Devon Health and Care NHS Trust

Competencies required

Registered Nurses employed by Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) within the community setting, are required and should be able to show evidence of attendance at annual immunisation training, annual basic life support training and yearly anaphylaxis training/update along with the Trust's mandatory training

Patients covered

Adult clients (aged 16yrs and over) within a residential care home setting or those who are 'housebound' due to ill health or disability and who are eligible for pneumococcal vaccination.

The broad risk groups are listed in Appendix 2.

Housebound - *"A housebound patient is defined as a patient to whom the contractor (primary care) would normally offer home visits as this is the only practical means of enabling the patient to*

consult a general practitioner face to face. This includes patients living in a care home, who are registered with a GP practice and who meet the definition of a housebound patient."

Procedure

1. Names and signatures of all appropriately registered nurses authorised to use the Patient Specific Direction (PSD) for the administration of pneumococcal vaccine (Prevenar 13) must be completed. A copy of the original list must be held by the authorising manager. A scanned copy will be sent to each practice manager as a separate document to the PSD.
2. The General Practitioner (GP) should forward to the relevant nursing teams, a completed and signed PSD for each client eligible for pneumococcal vaccination using 2015/16 forms provided. This acts as the authorised administration list for the nursing teams to work from.
3. Delivery of pneumococcal vaccines should be made directly to an appropriate drug storage fridge in order to maintain the 'cold chain'. Vaccines **MUST** be stored in a refrigerator used solely for medicinal products and with temperatures maintained at 2-8 °C. Refrigerator temperatures should be monitored and recorded daily. These records need to be archived and stored for a minimum of 8 years. Vaccines must be left in the original packaging.
4. Required vaccines should be collected and removed from the drug fridge on the day of administration, just before use and transferred to an appropriate validated cool box (as supplied by a medical company) for transportation. Domestic cool boxes **MUST NOT** be used to store, distribute or transport vaccines as these have not been validated and the internal box temperature over several hours cannot be guaranteed. Vaccines must be kept in the original packaging, wrapped in bubble wrap or similar insulation material and placed into the cool box with ice/cool packs as recommended in manufacturers' instructions. This will prevent direct contact between the vaccines and the cool packs which may cause the product to freeze. It will also protect the product from damage.

Vaccines transferred to centrally located drug refrigerators for collection by the FLU's-ease team (Torbay part of organisation only) must also be transported in accordance with TSDHCT's cold chain SOP.

Nurses must ensure that they only use manufacturer's instructions for packing and storage of the cool boxes. A record of the batch number and which surgery the vaccine was obtained from should be taken. The vaccine box should be marked with the surgery's sticker before removal from the practice to ensure an audit trail. The stock proforma in Appendix 4 should be completed to ensure accurate numbers of vaccines are recorded for each practice. These measures will maintain cold chain storage, ensure that batches of vaccine can be tracked and help minimise the risk to quality and stability of vaccine.

Community & District nurses will collect the required quantity of vaccine from the relevant surgery refrigerator in a validated cool bag for their rounds all vaccine boxes should have the appropriate surgery sticker applied on removal, i.e. one per patient.

5. **NURSES MUST CHECK** that an equal number of patient information leaflets is supplied with the vaccines.
6. **For clients vaccinated in their own home:** Prior to the visit the client's name, address and date of birth details should be completed on the 'Vaccination Assessment Form – Domestic Setting' (Appendix 1). The nurse must check these details against the PSD form to ensure only named clients appearing on the PSD receive vaccination.

Individual client assessment must be undertaken prior to administration and should include discussion with the client on reason for vaccination. The nurse must document whether informed consent has been obtained. All assessment details must be documented on the 'Vaccination Assessment Form – Domestic Setting' (Appendix 1). If there is any doubt as to the suitability of the patient for vaccination then the GP should be contacted.

7. **For clients vaccinated within the care home setting:** client identification must be undertaken by the nurses with a senior member of care home staff. This includes any clients who are seen in their own room.
Prior to the visit the individual client's name, address and date of birth details should be completed on the 'Vaccination Assessment Form – Domestic Setting' (Appendix 1). The nurse must check these details against the PSD form to ensure only names of client's appearing on the PSD receive vaccination. Nurses must document that all clients (or where necessary, a senior member of care home staff) has been asked all the assessment questions on the form to ensure that vaccination is safe. If there is any doubt as to suitability of the patient for vaccination then the GP should be contacted.

A 'Visit Feedback Form' (Appendix 3) must also be completed and signed by all participating nurses. A copy of this should be provided for the care home to retain.

8. Where informed consent has not been obtained from the client in either setting, the nurse must be able to demonstrate that a multi-disciplinary assessment has been made including an assessment of capacity. Consent form 4 'Form for adults who are unable to consent to investigation or treatment' must be completed to demonstrate that any decision to undertake vaccination has been made in the best interests of the client. (Mental Capacity Act 2005 section 1(5)). As the referrer and clinical decision maker the GP should make the best interest decision and record accordingly on the patient record.
9. Prior to administration, the nurse should check the identity of the vaccine to ensure the correct product is used. The expiry date must be checked. Vaccines must not be used after the expiry date. Administration of vaccine should be undertaken in accordance with manufacturers' instructions.
10. The vaccine must only be given by intramuscular or subcutaneous route only.
11. Vaccination will be carried out in accordance with national and local infection control protocols.
12. The date of administration, site of administration (e.g. left deltoid) brand name of vaccine, batch number, source of vaccine, i.e. surgery obtained from, dose given,

expiry date and nurse signature must be recorded on the individual client's record and also on the PSD authorised administration list.

13. Written and verbal post vaccination advice should be given to the client/carer and should include information on possible side effects, local reactions and high temperature/fever management. **N.B. simple analgesic use for fever prophylaxis prior to vaccination is no longer recommended because there is some evidence that it may reduce the antibody response to the vaccine. (ref, DoH Green Book, chapter 8).** However, paracetamol can be used to treat fever if this develops after vaccination.
14. In the event that a vaccine is not administered, the reasons for this must be clearly documented, including why the client declines or refuses to have the vaccination.
15. Any unused vaccines that have been maintained and stored correctly in a validated cool bag for no longer than recommended by the manufacturer can be returned to the storage fridge. These vaccines should be clearly marked when replaced into the storage fridge. Any vaccines that have **not** been maintained in accordance with manufacturer's instructions should be disposed of as quality and stability of vaccine may have been compromised. This should also be documented at the site of storage.
16. Every patient must be given a patient information leaflet, which should be included in each container, and available for download and printing at: <http://www.medicines.org.uk/emc/PIL.22694.latest.pdf>

References:

- *Department of Health (2013) Storage, distribution and disposal of vaccines; the Green Book; Chapter 3*
- *Mental Capacity Act 2005 (as amended 2009): Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*
- *Immunisation against Infectious Disease" - The Green Book - Pneumococcal chapter 25, updated 4 December 2013, <https://www.gov.uk/search?q=The+Green+Book+-++Pneumococcal+>, accessed 13 July 2015*
- *Royal College of Nursing UK , best practice guidance; accessed 28th July 2015, http://www.rcn.org.uk/development/practice/public_health/topics/immunisation*
- *Torbay and Southern Devon Health and Care Trust Protocol for Anaphylaxis/Anaphylactic Shock Version 6 Accessed 29th July 2015 http://www.sdhs.nhs.uk/dept/Clinaud/02_Guidelines/pdf_docs/G321-340/G0337-n.pdf :*
- *The national flu immunisation programme 2015/16 Accessed 29th July 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418428/Annual_flu_letter_24_03_15_FINALv3_para9.pdf*
- *SPC for Pneumococcal Polysaccharide Vaccine <http://www.medicines.org.uk/emc/medicine/22689> (Accessed 29.7.2015).*
- *Torbay and Southern Devon Health and Care Trust Infection Control Policy*
- *Pneumococcal Polysaccharide Vaccine Patient information leaflet, accessed 29/7/15: <http://www.medicines.org.uk/emc/PIL.22694.latest.pdf>*
- *Nursing and Midwifery Council Standards for Medicine Administration, 2007, Accessed 29th July 2015 <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-management.pdf>*

Appendices

Appendix 1

Pneumococcal Vaccination Assessment Form – Domestic Setting'

Appendix 2

'Pneumococcal polysaccharide vaccine inclusion criteria

Appendix 3

'Visit Feedback Form'

Appendix 4

'Stock Practice and location record'

Appendix 5

List of Authorised Signatures

Appendix 1: Checklist – Ask all questions and document the answer prior to giving the vaccine

Seasonal Influenza / Pneumococcal Vaccination Assessment form - Domestic setting

Name DOB.....

Address

Checklist – Ask all questions and document the answer prior to giving the vaccine.

		Comments
Does the patient fall into any of the stated risk groups (see below)? If the patient does not fall into any risk group consult GP	State risk group	YES/NO
Is the patient on immunosuppressive therapy e.g chemotherapy?	If yes, refer to GP	YES/NO
Does the patient have a coagulation disorder?	Refer to GP if yes	YES/NO
Is the patient taking a new anticoagulant, i.e. Dabigatran (Pradaxa®), Apixaban (Eliquis®) or Rivaroxaban (Xarelto®)?	If patient is known to have renal insufficiency, stage 3, 4 or 5, refer to GP	YES/NO
Is the patient allergic to any component of the vaccine? (see package insert for more info)	Do not administer if answer is yes.	YES/NO
Has the patient ever had a reaction to a drug/injection or insect bite or sting?	If yes, refer to true allergy symptoms below and advise on symptoms of anaphylaxis and action to be taken by patient if anaphylactic symptoms commence	YES/NO
Has the patient any asthma / hay fever?	If yes, refer to true allergy symptoms below and advise on symptoms of anaphylaxis and action to be taken by patient if anaphylactic symptoms commence	YES/NO
Is the patient suffering from any other febrile illness or acute infection/ feeling generally unwell /?	If yes please specify And postpone vaccination	YES/NO
In the case of a woman of child bearing age, is she pregnant or breast feeding?	Do not vaccinate – refer to GP	YES/NO
		Comments
Is the patient currently taking a short course of antibiotics	If yes, advise patient that after receiving the vaccination, they may feel	YES/NO

	slightly unwell but there is no contra-indication to them receiving it.	
Has verbal consent been obtained?	Do not administer if answer is no	YES/NO

NB – If there are any doubts regarding the procedure or the competence of the nurse, they should not proceed and should contact the GP.

Symptoms of a true allergy

Any or all of the following symptoms may be present:

Mild-moderate symptoms	Severe symptoms (Anaphylaxis)
Swelling of face, lips and eyes	Swelling of tongue and/or throat
Skin rash (hives, urticaria)	Difficulty in swallowing or speaking
Tingling mouth	Vocal changes (hoarse voice)
Runny / itchy nose, sneezing	Wheeze or persistent cough
Stomach cramps, vomiting	Difficult or noisy breathing
	Stomach cramps or vomiting after an insect sting
	Dizziness / collapse / loss of consciousness (due to a drop in blood pressure)

(A history of a mild stomach upset or headache does not usually constitute 'allergy')

Only continue to give the vaccine if you are happy to do so – consult the GP if in any doubt

DETAILS OF VACCINATION(S) ADMINISTERED

DATE	Name of nurse	SIGNATURE OF NURSE
SITE ADMINISTERED	Apply sticker from syringe to record: VACCINE NAME MANUFACTURER EXPIRY DATE BATCH NUMBER	
SURGERY VACCINE OBTAINED FROM:		

Post Vaccination advice

Post vaccination advice given	YES/ NO
Localised swelling and redness	YES/ NO
Possible side effects	YES/NO
Fever/high temperature management	YES/ NO
Written information given	YES/ NO

Appendix 2: Pneumococcal vaccine inclusion criteria and information:

Clinical risk groups who should receive the pneumococcal immunisation:

Clinical risk group	Examples (decision based on clinical judgement)
All patients aged 65 years and over	Defined as those aged 65 years and over on 31 March 2014 (i.e. born on or before 31 March 1949)
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Chronic respiratory disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neuromuscular disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below).
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled.
Immunosuppression	Due to disease or treatment, including asplenia or splenic dysfunction and HIV infection at all stages. Patients undergoing chemotherapy leading to immunosuppression. Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day. However, some immunocompromised patients may have a suboptimal immunological response to the vaccine.

Clinical information:

Required prophylactic antibiotic therapy against pneumococcal infection should not be stopped after pneumococcal vaccination.

Although the relevant manufacturers state that pneumococcal vaccines and ZOSTAVAX® should not be given concurrently, national guidance issued by Public Health England and the Department of Health is that the vaccines can be given concurrently, as the evidence against this stance was too weak to be sustained. Thus the Trust's position is in accordance with national guidance from DOH and PHE, i.e. the vaccines can be given concurrently.

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

Immunological responses may be diminished in patients undergoing immunosuppressant treatment.

Delay the use of the vaccine in any significant febrile illness, other active infection or when a systemic reaction would pose a significant risk except when this delay may involve even greater risk.

Pneumococcal Polysaccharide Vaccine can be administered simultaneously with Seasonal Influenza Vaccine as long as different needles and injection sites are used. It is preferable to give vaccinations in a different limb. If given in the same limb, they should be given at least 2.5cm apart (American Academy of Pediatrics,2003)

The vaccine should not be injected intradermally, as injection by that route is associated with increased local reactions.

As with any vaccine, vaccination with Pneumococcal Polysaccharide may not result in complete protection in all recipients.

As with any vaccine, adequate treatment provisions including epinephrine (adrenaline) should be available for immediate use should an acute anaphylactic reaction occur.

Required prophylactic antibiotic therapy against pneumococcal infection should not be stopped after pneumococcal vaccination.

Patients at especially increased risk of serious pneumococcal infection (e.g., asplenic and those who have received immunosuppressive therapy for any reason), should be advised regarding the possible need for early antimicrobial treatment in the event of severe, sudden febrile illness.

Date of visit

Appendix 4: Record of Stock Usage for Torbay Area

Pneumococcal Polysaccharide Vaccine taken in

	SPOILT	REFUSED	GIVEN
Paignton Surgeries			
Bishops Place			
Cherrybrook			
Cornerplace			
Grosvenor Road			
Mayfield			
Old Farm			
Pembroke House			
Withycombe Lodge			
Torquay Surgeries			
Barton Surgery			
Brunel			
Chilcote			
Croft Hall			
Old Mill			
Park Hill			
Abbey Rd			
Southover			
Chelston Hall/ Shiphay Manor			
Brixham Surgeries			
Greenswood			
Compass			
St Lukes			
TOTALS			

STOCK TAKEN OUT

Appendix 5: List of Authorised Signatures

2015/16 Flu season only

List of trained staff on the Community Nursing Teams who are authorised to administer Inactivated Seasonal Influenza Vaccine and Pneumococcal Polysaccharide Vaccine to housebound adult patients using an appropriately completed Patient Specific Direction (PSD)

The list below provides the names and signatures of all appropriately registered members employed by the Torbay and Southern Devon community nursing teams authorised to use the following PSDs for the 2015/16 flu season:

- 1) PSD for the administration of Pneumococcal Polysaccharide Vaccine
- 2) PSD for the administration of Inactivated Influenza Vaccine

I agree to administer INACTIVATED INFLUENZA VACCINE and PNEUMOCOCCAL POLYSACCHARIDE VACCINE in accordance with the relevant SOP:

Name	Title	Signature	Authorising Manager	Date

Original copy should be kept by the authorising manager. Copies to be sent to all GP practices

A Patient Specific Direction (PSD) for the administration of **PNEUMOCOCCAL POLYSACCHARIDE VACCINE by registered nurses employed by the Torbay and Southern Devon Health and Care NHS Trust Community Nursing Teams to patients in a domestic or residential care home setting.**

Aim of this Patient Specific Direction (PSD):

For GPs to authorise registered nurses employed by the Torbay and Southern Devon Health and Care NHS Trust, Community Nursing Team to administer **PNEUMOCOCCAL POLYSACCHARIDE VACCINE (Prevenar 13 brand)** to the patient named on this authorised administration form in domestic or in a residential care home setting.

Clinical Setting in which this PSD Applies:

This Patient Specific Direction should be used by registered nurses employed by Torbay and Southern Devon Health and Care NHS Trust, Community Nursing Teams when administering **PNEUMOCOCCAL POLYSACCHARIDE VACCINE** to the patient named on this authorised administration form. The patient will be housebound and living in domestic or in a residential care home setting who is deemed to be at high risk of pneumococcal infection. The authorisation form must be signed by a GP.

The reason for vaccination should be discussed with the patient, and informed consent should be obtained before commencing the procedure. A patient information leaflet must be provided to each patient, available at:
<http://www.medicines.org.uk/emc/PIL.22694.latest.pdf>

PNEUMOCOCCAL POLYSACCHARIDE VACCINE will only be administered in accordance with the standard operating procedure provided alongside this PSD by authorised nurses, whose name and signature appear on the list provided to the practice. The original list will be held by the authorising manager.

Authorisation Process:

When it is anticipated that a patient will require **PNEUMOCOCCAL POLYSACCHARIDE VACCINE**, the attached authorisation form should be completed to include the following details: patient name, NHS number, address, telephone number and date of birth. The form must be signed by a GP at the relevant practice and returned to the relevant Community Nursing Team. If additional patients present for pneumococcal vaccination, a form must be completed and signed by the patient's GP before any vaccine may be administered.

This patient specific PSD is for use by registered nurses employed within the community nurse Team for patients registered with:									
Enter Practice Name here									
After clinical evaluation which includes assessment of inclusion criteria laid down by the DOH and taking into account the vaccine's cautions and contraindications, I instruct members on the list provided to practices from the TSDHCT Team and other community teams to vaccinate the following patient who is on my list. Within the administration process, I understand that there is an assessment procedure. I recognise that this in no way removes my clinical and legal responsibility from this instruction.									
Print GP name		GP signature		Date		Practice			
The patient named below is eligible to receive PNEUMOCOCCAL POLYSACCHARIDE VACCINE for pneumococcal infection prophylaxis according to the following dosing schedule: PNEUMOCOCCAL POLYSACCHARIDE VACCINE - Adults (patients over 16yrs) - give 0.5ml by intramuscular injection.									
Patient Name/NHS number	Address/Postcode	DOB	Vaccination assessment form completed?	Consent obtained? Who from?	Vaccine dose, brand name, Batch Number and Expiry	Patient Vaccinated? Yes / No (and reason if not)	Date	Nurse Signature	Source of Vaccine / Comments / Patient Category etc.
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
Telephone number									
Extra information re property Access:									

This PSD is applicable for Flu season 2015/2016 only

A Patient Specific Direction (PSD) for the administration of **PNEUMOCOCCAL POLYSACCHARIDE VACCINE** by registered nurses employed by the Torbay and Southern Devon Health and Care NHS Trust Community Nursing Team to patients in a domestic or residential care home setting.

Aim of this Patient Specific Direction (PSD):

For GPs to authorise registered nurses employed by the Torbay and Southern Devon Health and Care NHS Trust, Community Nursing Team to administer **PNEUMOCOCCAL POLYSACCHARIDE VACCINE** to the patient named on this authorised administration form in domestic or in a residential care home setting.

Clinical Setting in which this PSD Applies:

This Patient Specific Direction should be used by registered nurses employed by Torbay and Southern Devon Health and Care NHS Trust, Community Nursing Teams when administering **PNEUMOCOCCAL POLYSACCHARIDE VACCINE (Prevenar 13 brand)** to the patient named on this authorised administration form. The patients will be housebound and living in domestic or in a residential care home setting who are deemed to be at high risk of pneumococcal infection. The authorisation form must be signed by a GP.

The reason for vaccination should be discussed with the patient, and informed consent should be obtained before commencing the procedure. A patient information leaflet must be provided to each patient, available at:
<http://www.medicines.org.uk/emc/PIL.22694.latest.pdf>

PNEUMOCOCCAL POLYSACCHARIDE VACCINE will only be administered in accordance with the standard operating procedure provided alongside this PSD by authorised nurses, whose name and signature appear on the list provided to the practice. The original list will be held by the authorising manager.

Authorisation Process:

When it is anticipated that a patient will require **PNEUMOCOCCAL POLYSACCHARIDE VACCINE**, the attached authorisation form should be completed to include the following details: patient name, NHS number, address, telephone number and date of birth. The form must be signed by a GP at the relevant practice and returned to the relevant Community Nursing Team. If additional patients present for pneumococcal vaccination, a form must be completed and signed by the patient's GP before any vaccine may be administered.

SOP for Administration of Pneumococcal Polysaccharide Vaccine
2015/16 flu season

A Patient Specific Direction (PSD) for the administration of PNEUMOCOCAL POLYSACCHARIDE VACCINE by registered nurses employed by Torbay and Southern Devon Health and Care NHS Trust Community Nursing Team to patients living in a residential care home setting .									
After clinical evaluation which includes assessment of inclusion criteria laid down by the DOH and taking into account the vaccine's cautions and contraindications, I instruct members on the list provided to practices from the TSDHCT and other community teams to vaccinate the following patients who are on my list. Within the administration process, I understand that there is an assessment procedure. I recognise that this in no way removes my clinical and legal responsibility for this instruction.									
Print GP name		GP signature		Date		Practice			
The patients named below are eligible to receive PNEUMOCOCAL POLYSACCHARIDE VACCINE for pneumococcal infection prophylaxis according to the following dosing schedule: PNEUMOCOCAL POLYSACCHARIDE VACCINE - Adults (patients over 16yrs) - give 0.5ml by intramuscular injection									
Patient Name/NHS number	Address/Postcode	DOB	Pneumococcal Vaccination assessment form completed?	Consent obtained? Who from?	Vaccine dose, brand name, Batch Number and Expiry	Patient Vaccinated? Yes / No (and reason if not)	Date	Nurse Signature	Source of Vaccine / Comments / Patient Category etc.
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
			Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete	Nurse to complete
Care Home telephone number:									