

Template letter to carer agency staff

Dear Carer

Following assessment of *insert patient name* on *insert date* I have recommended that *he/she* has a minor condition and treatment is to be purchased by the patient to provide relief of symptoms for a maximum of *insert number of days* from the date above.

If symptoms are not controlled or the patients health deteriorates despite use of the purchased treatment please seek further advice from the practice, a community pharmacist or 111.

Please add this document to the patients' personal care plan and record the date and time of each dose which is actually taken clearly on the table below of this letter with initials of the carer who prompted administration.

**Treatment**

Name of treatment to be purchased (including strength)	Dose and frequency (in words)	Maximum number of doses in 24 hours	When treatment should stop
<i>Example Ibuprofen 400mg</i>	<i>One tablet three times a day</i>	<i>THREE</i>	<i>After Five days</i>

**When is the medicine to be taken**

	Breakfast	Lunchtime	Dinner time	Bed Time	Other times (to be clearly stated)
<i>GP to complete</i>					
	Breakfast	Lunchtime	Dinner time	Bed Time	Other times (to be clearly stated)
<i>Carer to initial to indicate dose taken</i>					
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					

Kind regards

*Add GP name and practice details*