****

**Appendix 8: Drug shortage memo SBAR**

|  |  |
| --- | --- |
| **Patient name** |  |
| **CHI** |  |
| **Item** |  |
| **Does another local pharmacy have (or can obtain) stock?** | If yes, please specify: |
| **Expected return date** |  |
| **Does patient have a supply that will last until item is back in stock?** |  |
| **Suitable and available alternatives**  |  |
| Date |  |
| Pharmacy |  |

Doc. Code: PURCP13

Written by: Lead Pharmacist – Therapeutics & Medicines Utilisation

Approved by: ADTC

Date Issued: June 2024 Version No: 2 Review Date: June 2026

Page 15