



integrated working



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COVID-19 Pandemic Purchase of Paracetamol Over the Counter (OTC) for the Treatment of Care Home Residents

Care Homes: member of staff to print off and complete prior to purchase.

Community pharmacist: form may be retained for pharmacy records.

Name of care home:		
Address of care home:		
Items required:		Tick here ✓
Paracetamol 500mg tablets/caplets <i>Please tick, up to a maximum request of 192 tablets</i>	32 tablets (1 x 32)	
	64 tablets (2 x 32)	
	96 tablets (3 x 32)	
	192 tablets (purchased in two separate transactions of 96)	
Paracetamol 250mg/5ml suspension <i>Please tick</i>	1 x 200ml	
	2 x 200ml	
	3 x 200ml	
I am purchasing these paracetamol products for use as homely remedies in the care home named above. They are for the treatment of residents only and are not for use by anyone else, e.g. staff, visitors or family members.		
Name of person making purchase:		
Job title:		
Signature:		
Date of purchase:	PHARMACY STAMP	