

St. Vincent's Hospital – IPU Declaration for Levosimendan

Patient Details (Place patient label)	MRN: Family name: Given names Address:
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I have spoken with the Chair of the Drug and Therapeutics Committee (Prof Terry Campbell) who has given approval for levosimendan to be used for this patient for the following indication. The patient has not received a dose of levosimendan within the last 7 days

Indication for use (please tick)

- Single dose for the treatment of acute heart failure where the patient has failed on at least 24 hours of dobutamine
- Other indication: Please specify indication for use and details of approval below:

Levosimendan is not registered in Australia, but is available via the special access scheme (SAS). In addition to this form, prescribers must complete the following (available on the Pharmacy and Drug Committee website):

- SAS Category A form
- SAS patient consent form

By signing this form you certify that the above patient meets the SVH approved criteria and/or that the indication has been discussed with a member of the Drug Committee.

Requested by

Name of Applicant			
Position / Appointment			
Signature		Date	

Please now give the completed, signed forms to your ward Pharmacist.