**Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record - Non-standard Furosemide**

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| **Patient details**Name Address NHS number DOB  | **Allergies & Intolerances:****No known allergies** Document nature, details and date of each reaction | **Indication for treatment:** **Acute exacerbation of heart failure****Date furosemide to start in community:****Estimated treatment length in community:** |
|  **eGFR: Creatinine: Date:**  |
| **Medication** | **Dose** | **Frequency** | **Route** | **Instructions for preparation and use** | **Pharmacy screen** |
| Furosemide\* (\*concentration must always be 20mg/2ml) |  |  | IV | The 20mg in 2mL preparation may be given undiluted by IV infusion at a rate of up to 4mg/min. \_\_\_\_\_ml of furosemide 20mg/2ml solution for injection is required for this dose.The \_\_\_\_\_mg (\_\_\_\_ml) infusion should be run over \_\_\_\_\_\_ minutes via an infusion pump at a rate of \_\_\_\_ml/hour. |  |  |
| Sodium Chloride 0.9%***(For Infusion Set Flush)*** | As SOP3 |  | IV | The flush volume is the priming volume of infusion set. At the end of the medicine infusion, disconnect the syringe and connect the infusion flush to the giving-set. Administer via the **infusion pump** at the **same rate as above**. |  |  |
| Sodium Chloride 0.9% | Flush the cannula with 5ml of sodium chloride 0.9% or the PICC line with-10mL sodium chloride 0.9% before and after each administration via IV route. |  |

1. SPC. Furosemide 10 mg/ml Solution for Injection or Infusion. Last updated 19/09/2016. Available from: <https://www.medicines.org.uk/emc/product/7371/smpc> 2. Medusa. Intravenous Furosemide. Last updated: 22/06/22. Available from: <https://medusa.wales.nhs.uk/IVGuideDisplay.asp> 3. SOP for Intravenous Set Flushing – available through NBT LINK/UHBW

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| **Date & time:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Given by:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Prescriber must be F2 or above, or a suitable non-medical prescriber.  |
| **Signed:** |   | **Name:****(Print Name)** |  | **Professional****registration number:** |  | **Bleep/****Telephone:** |  | **Date:** |  |