**Adult Community Authorisation to Administer and Administration Record – Sodium Chloride 0.9% Drain Flush**

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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 (specify type of drain):**  **Date to start in community:**  **Planned treatment length in community or end date:** | |
| **eGFR: Creatinine: Date: Weight (kg): Date:** | | | | | | |
| **Medication** | **Volume** | | **Frequency** | **Instructions for preparation and use** | | **Pharmacy check** | |
| Sodium Chloride 0.9% | \_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_ | Flush the drain with \_\_\_\_\_\_\_ mL of sodium chloride 0.9%, as directed. | |  | |

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

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

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