**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:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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