







Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record CO-AMOXICLAV 1.2g TDS

Patient details					Allerg	Allergies & Intolerances:					Indication for treatment:												
Name																							
Address																							
										Date antibiotic to start in community:													
NHS number																							
DOB					No known allergies					Planned treatment length in community or end date:													
					Document nature, details and date of																		
					each reaction																		
eGFR:			С	reatinine	•	Date:				Weight (kg): Date:													
Medication				Dose		Frequency		Route		Instructions for preparation and use						Pharmacy check							
Co-amoxiclav			1.2	g.	TDS	5	IV	Reco	Reconstitute ONE 1000mg/200mg vial (1.2g vial) with 20mL of water for injections.														
				J						The reconstituted solution must be administered within 20 minutes of reconstitution													
Water for injections			20mL		TDS		IV A		Administration: Give the 1.2g by slow IV injection over 3-4 minutes														
Flu				Flush can	nula foll	owing ins	sertion o	of device	to confir	firm patency. Flush cannula with 5-10mL sodium chloride 0.9% before and after each dose													
Sodium Chloride 0.9%			OR flush	PICC line	de 0.9%	% before and 20mL after each dose.																	
1 CDC Co American 1000 and 200 and Decider for C					plution for Injection /Infusion Last undated: 25 Avr. 2020						wailable from Co-amoxiclav 500/100 mg Powder for Solution for Injection/Infusion - Summary of Product Characterist												
emc) (medicine																<u>jection/in</u>	rusion - Sur	ımary ot i	Product Cn	<u>aracteristi</u>	cs (SMPC) -		
emc/ (medicine	<u>5.01g.uk)</u> 2	.ivieuusa. Ci	o-arrioxici	av. IIIti avein	ous injectio	ii. iiijectab	ile ivieuicii	ies Guide. I	ast upuati	cu. Aprii 20	23 Available	e iroin. nc	tps.//illeu	usa.waies.	IIIIS.UK								
Date & time:																							
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Given by:																							
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Prescriber	nust be F	2 or abov	e, or a s	suitable no	on-medic	al prescr	riber.																
Signed:					Name:				Р	Professional				Bleep/			Date:						
					(Print N						egistration				Telepho	ne:							
											umber:				•								

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