

## Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record

<b>Patient details</b> Name Address  NHS number DOB	<b>Allergies &amp; Intolerances:</b>  No known allergies <input type="checkbox"/> Document nature, details and date of each reaction	<b>Indication for treatment:</b>  Date antibiotic to start in community:  Planned treatment length in community or end date:
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<b>eGFR:</b>	<b>Creatinine:</b>	<b>Date:</b>	<b>Weight (kg):</b>	<b>Date:</b>	
Medication	Dose	Frequency	Route	Instructions for preparation and use	Pharmacy check
Sodium Chloride 0.9% <i>(For Infusion Set Flush)</i>	As SOP <sup>3</sup>		IV	1) <b>Agilia Volumetric Pump:</b> Administer 25 mL at the <b>same rate as the infusion above.</b> 2) <b>Gravity Infusion:</b> The flush volume is the priming volume of infusion set. Withdraw excess sodium chloride 0.9% from the bag to leave flush volume and administer at the <b>same rate as the infusion above.</b>	
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.				

<b>Date &amp; time:</b>	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
<b>Given by:</b>																			

Prescriber must be F2 or above, or a suitable non-medical prescriber.

<b>Signed:</b>		<b>Name: (Print Name)</b>		<b>Professional registration number:</b>		<b>Bleep/ Telephone:</b>		<b>Date:</b>	
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