







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

					Cas	pofungir	50mg	OD									
Patient details	Allergies & Intolerances:			Indication for treatment:													
Name																	
Address																	
			No known allergies			Date antibiotic to start in community:											
NHS number			Document nature, details and date of														
DOB			each reac		Planned treatment length in community or end date:												
eGFR: Creatinine:				Date: Weight (kg): Date:													
Medication		Dose	Frequenc	xy Route	Instructions for preparation and use							armacy check					
Caspofungin		50mg	OD	IV	Bring the Caspofungin vial to room temperature. Reconstitute the 50mg vial with 10.5mL of water for injections. Mix gently until a clear solution is obtained. Withdraw 10mL from the vial and add to the												
Water for injections		10.5mL	OD	IV	100mL of sodium chloride 0.9% infusion bag.												
Sodium Chloride 0.9%		100mL	OD	IV	Give by slow IV infusion over 1 hour, using an infusion pump.												
Sodium Chloride 0.9%		As SOP ³	OD	IV	Agilia Volume	tric Dump	Adminic	tor 25 m	L at the	camo rat	o os tho	infusion	ahovo				
(For Infusion Set Flush)						enc Pump	. Auminis		Latine	Samerau	e as the	iniusion	above.				
Sodium Chloride 0.9% Flush the via IV rou			e cannula with 5ml of sodium chloride 0.9% or the PICC line with-10mL sodium chloride 0.9% before and after each administration oute.											on			
1. SPC. Caspofungin 5	0 mg Powder for c	oncentrate for solu	ution for infus	sion. Last update	d 22/02/23. Availab	le from: www	v.medicine	.org.uk/en	nc/produc	t/726/pil#g	ref 2. Me	dusa. Casp	ofungin. In	travenous	injection. Ir	njectable N	/ledicines
Guide. Last update	d 06/08/22. Availa	ble from: <u>https://n</u>	nedusa.wales.	<u>.nhs.uk/</u> 3. SOP f	or Intravenous Infu	sion Set Flush	ing – availa	ble throug	h NBT LIN	K/UHBW							
Date & time:																	

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