







## Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record Caspofungin 70mg OD

Patient deta	ils				Allerg	Allergies & Intolerances:					Indication for treatment:												
Name																							
Address																							
							_		D	ate antil	oiotic to	start in (	commun	ity:									
NHS number			No kn	No known allergies																			
DOB	Document nature, details and date of					Planned treatment length in community or end date:																	
		each reaction																					
eGFR:	Date:					Weight (kg): Date:																	
Medication				Dose		Freque	Frequency Route			Instructions for preparation and use											rmacy neck		
Caspofungin				70mg		OD		IV	Brin	ng the Caspofungin vial to room temperature. Reconstitute the 70mg vial with 10.						10.5mL o	:						
										water for injections. Mix gently until a clear solution is obtained. Withdraw 10mL from the													
				40.5					vial	vial and add to the 250mL of sodium chloride 0.9% infusion bag.													
Water for injections				10.5mL		OD		IV															
Cadima Chlavida 0 00/				2501				IV	Adm	ninister b	nister by slow IV infusion over 1 hour, using an infusion pump.												
Sodium Chloride 0.9%				250mL		OD		IV															
Sodium Chloride 0.9%				As SC	)P <sup>3</sup>	OD		IV															
									1)	1) Agilia Volumetric Pump: Administer 25 mL at the same rate as the infusion above.													
(For Infusion Set Flush)																							
Sodium Chloride 0.9%					cannula	with 5m	l of sod	ium chlori	de 0.9%	0.9% or the PICC line with 10mL sodium chloride 0.9% before and after each administration													
via					oute. e for solution for infusion. Last updated 16/04/21. Available from: Caspofungin 70 mg powder for concentrate for solution for infusion - Summary of Product Charact																		
(emc) (medicines.org.uk) 2. Medusa. Caspofungin. Intravenous injection. Injectable Medicines Guide. Last updated 06/08/22. Available from: https://medusa.wales.nhs.uk/ 3. SOP for Intravenous Infusion Set Flushing – available													ailable										
through NBT LINK/UHBW																							
Date &		1 /	1 /	1 /			/	1 /		1		/	1 /	1 /	1 /	1 /			/				
time:																							
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Cirran hrr	/		/		/	/		<del>/</del> /		/		/		/		/			/ /		/		
Given by:																							
Prescriber m	ust be F2	2 or abov	e, or a s	suitable no	on-medic	al prescr	iber.																
Signed:					Nam	_				Professional				Bleep/ Date:			te:						
				(Print N	nt Name)				registration					Telephone:									
										n	umber:												







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Version 01

Approval date: June 2023