

Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record Ceftriaxone 2g

Patient details Name Address NHS number DOB	Allergies & Intolerances: No known allergies <input type="checkbox"/> Document nature, details and date of each reaction	Indication for treatment: Date antibiotic to start in community: Planned treatment length in community or end date:
--	---	--

eGFR:	Creatinine:	Date:	Weight (kg):	Date:
-------	-------------	-------	--------------	-------

Medication	Dose	Frequency	Route	Instructions for preparation and use	Pharmacy check
Ceftriaxone	2g	-----	IV	Withdraw 20mL of sodium chloride 0.9% from a 100mL bag and use to reconstitute the 2g ceftriaxone vial. Shake well until the solution is clear and particulate-free. Return the reconstituted dose to the infusion bag and mix thoroughly prior to administration. Give the 2g by infusion over 30 minutes, preferably into a large vein.	
Sodium Chloride 0.9%	100mL		IV		
Sodium Chloride 0.9% <i>(For Infusion Set Flush)</i>	As SOP ³		IV	1) Agilia Volumetric Pump: Administer 25 mL at the same rate as the infusion above. 2) Gravity Infusion: 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 same rate as the infusion above.	
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.				

1. SPC. Ceftriaxone 2g Powder for solution for injection/infusion. Last updated 19th January 2022. Available from: <https://www.medicines.org.uk/emc/product/1362/smpc#> 2. Medusa. Ceftriaxone. Injectable Medicines Guide. Last updated 25th November 2020. Available from: <https://medusa.wales.nhs.uk/> 3. SOP for Intravenous Infusion Set Flushing – available through NBT LINK/UHBW

Date & time:																				
Given by:																				

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

Signed:		Name: (Print Name)		Professional registration number:		Bleep/ Telephone:		Date:	
----------------	--	-------------------------------	--	--	--	------------------------------	--	--------------	--

