







Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record: Flucloxacillin 12g elastomeric pump

Patient details	A	Allergies & Intoleran	ices:	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:	
	D	Document nature, deta			
eGFR:	Creatinine:	Da	ate:	Weight (kg): Date:	
Medication	Dose	Frequency	Route	Instructions for preparation and use	Pharmacy check
	Dose 12g	Frequency Continuous		Instructions for preparation and use Administration:	-
Flucloxacillin			IV		-
	12g	Continuous	IV	Administration:	-
Flucloxacillin	12g (in 230mL Baxter	Continuous infusion over	IV	Administration: Connect the elastomeric device as per guidelines.	-

Date & time:														
Given by:	<u>.</u>	/			c	 ~	<i>.</i>	~	<i>.</i>	<u> </u>	/	c	~	

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







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