

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

Ertapenem 1g OD

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:
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eGFR:	Creatinine:	Date:	Weight (kg):	Date:
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Medication	Dose	Frequency	Route	Instructions for preparation and use	Pharmacy check
Ertapenem	1g	OD	IV	Reconstitute the contents of a 1g vial of ERTAPENEM with 10 mL of sodium chloride 0.9%. Shake well to dissolve. Immediately transfer contents of the reconstituted vial to a 50 mL bag of sodium chloride 0.9 % solution Administration: give via IV Infusion over 30 minutes via an infusion pump	
Sodium Chloride 0.9%	10 mL	OD	IV		
Sodium Chloride 0.9%	50 mL	OD	IV		
Sodium Chloride 0.9%	As SOP ³	OD	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. Ertapenem 1g powder for concentrate for solution for infusion. Last updated: 06/01/21. Available from [Ertapenem 1g Powder for Concentrate for Solution for Infusion - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#). 2. Medusa. Last updated 25/05/21 Available from [Injectable Medicines Guide - Display - Ertapenem - Intravenous - Version 7 - IVGuideDisplayMain.asp \(wales.nhs.uk\)](#) 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:
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