

Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record – Meropenem 2g BD

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
Meropenem	2g	BD	IV	Remove 40 mL of 0.9% sodium chloride from the 100mL infusion bag and use 20mL to reconstitute each 1g meropenem vial. Shake the vial to dissolve the contents. Reconstituted solutions are clear, colourless to yellow, and are free of particles. Transfer the reconstituted doses to the infusion bag. Administration: Give via intravenous infusion over 30 minutes	
Sodium Chloride 0.9%	100mL	BD	IV		
Sodium Chloride 0.9% <i>(For Infusion Set Flush)</i>	As SOP ³	BD	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. Meropenem 1g powder for solution for injection or infusion. Last updated: May 23. Available from [Meropenem 1 g powder for solution for injection or infusion - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) Medusa.. Meropenem - Injectable Medicines Guide. Last updated: August 18. Available from: <https://inimed.wales.nhs.uk/IVGuideDisplayNewFormat.asp.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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