

Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record – PIPERACILLIN/TAZOBACTAM *Variable dosing*

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	
Piperacillin/Tazobactam	4.5g	-----	IV	Reconstitute a 4.5g Piperacillin/Tazobactam vial with 20mL sodium chloride 0.9%. Swirl until dissolved. This usually takes 5-10 minutes. Dilute the reconstituted solution in 100mL sodium chloride 0.9%. Administration: Infuse over 30 minutes via an infusion pump.					
Sodium chloride 0.9%	20mL	-----	IV						
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. Medusa Injectable medicines guide (Piperacillin with tazobactam) Last updated: 14/7/22 <https://inimed.wales.nhs.uk/IVGuideDisplay.asp> 2. SPC. Piperacillin/tazobactam 4g/0.5g powder for solution for infusion. Last updated: 10/02/22. <https://www.medicines.org.uk/emc/product/4726/smpc> 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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