







## Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record TEICOPLANIN 400mg OD POST LOADING

Patient details Name Address						Allerg	Allergies & Intolerances:				Indication for treatment:													
Address											Date antibiotic to start in community:													
NHS number																								
DOB						Docun	No known allergies  Document nature, details and date of each reaction				Planned treatment length in community or end date:													
eGFR: Creatinine:					Date:					Weight (kg): Date:														
Medication					Dos	se	e Frequenc		Route		Instructions for preparation and use									armacy heck				
Teicoplanin					400	mg	OD	•	IV	supp	Reconstitute the 400mg vial (or alternatively 2 x 200mg vials) with the water for injection supplied with each teicoplanin vial. Avoid foam formation, do not shake vial but gently roll. If foam develops allow to stand for 15 minutes. The resultant 3mL solution contains the								I.					
Water for injections (Supplied with teicoplanin vial)				3.14mL		OD	)	IV	tota <b>Adm</b>	total stated dose of teicoplanin in the vial. Only clear, yellowish solutions should be used.  Administration: Give 3mL If using the 400mg vial (or 6 mL if using 2x200mg) intravenously as a slow bolus over 3-5 minutes.						ily								
Sodium Chloride 0.9% Flush the c via IV route							cannula with 5ml of sodium chloride 0.9% or the PICC line with-10mL sodium chloride 0.9% before and after each administration e.										on							
1. SPC Teicoplanin powder for solution for injection/infusion or oral solution. Available from Teicoplanin 400mg powder for solution for injection/infusion or oral solution - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk). Last updated 22 Feb 23. 2. Medusa. Teicoplanin. Available from Injectable Medicines Guide - Display - Teicoplanin - Intravenous - Version 14 - IVGuideDisplayMain.asp (wales.nhs.uk). Last updated 04 Oct 2022																								
Date & time:																								
Given by:																								
Prescriber n	nust be	e F2	or abov	e, or a	suitable no	on-medic	cal prescr	iber.																
Signed:						Nan (Print N	_				re	rofession egistratio umber:				Bleep/ Telephor	ne:		Da	te:				

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Authorised by Medicine Governance Group

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