







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

				C	aspofungin 70mg OD					
Patient details		Allergies	& Intolerar	nces:	Indication for treatment:					
Name										
Address										
				_	Date antibiotic to start in community:					
NHS number		No know	n allergies							
DOB		Document each react	,	ails and date of	Planned treatment length in community or end date:					
eGFR:	Creatinine:		D	ate:	Weight (kg): Date:					
Medication	Dose	e Fr	requency	Route	Instructions for preparation and use					
Caspofungin	70mg	B	OD	IV	Bring the Caspofungin vial to room temperature. Reconstitute the 70mg vial with 10.5mL o water for injections. Mix gently until a clear solution is obtained. Withdraw 10mL from the vial and add to the 250mL of sodium chloride 0.9% infusion bag.					
Water for injections	10.5m	۱L	OD	IV						
Sodium Chloride 0.9%	250m	L	OD	IV	Administer by slow IV infusion over 1 hour, using an infusion pump.					
					NB. An infusion set flush is NOT required as volume ≥250mL ³ .					
Sodium Chloride 0.9%	Flush the c via IV route		th 5ml of sc	dium chloride	0.9% or the PICC line with 10mL sodium chloride 0.9% before and after each administration					
					Available from: Caspofungin 70 mg powder for concentrate for solution for infusion - Summary of Product Character uide. Last updated 06/08/22. Available from: <u>https://medusa.wales.nhs.uk/</u> 3. SOP for Intravenous Infusion Set Flush					
Date &										

time:													
Given by:													
										1 1	i	1	

Prescriber must be F2 or above, or a suitable non-medical prescriber.												
Signed:	Name: (Print Nam	Profess registra numbe	ation	Bleep/ Telephone:	Date:							