







Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record TEICOPLANIN 600mg OD POST LOADING

Patient details		Allergies & Intolerances:		Indication for treatment:						
Name										
Address										
				Date antibiotic to sta	rt in community:					
NHS number										
DOB		سماله سينمسا ما	П	Planned treatment le	ngth in community o	or end date:				
		lo known aller	, details and date of							
		ach reaction	, details and date of							
eGFR: Creatinine:		Date:		Weight	(kg):	Date:				
Medication Dos		Frequency Route		Instructions for preparation and use					Pharmacy	
		· ·			·	·			check	
				Reconstitute 1x 400mg a	nd 1x200mg vial (or	alternatively 3	x 200mg vials) wit	h the water		
Teicoplanin	600mg	OD		for injections supplied with each teicoplanin vial. Avoid foam formation, do not shake vial						
				but gently roll. If foam de	·		•			
Water for injections				9 ,	contains the total stated dose of teicoplanin in the vial. Only clear, yellowish solutions					
Water for injections	3.14mL	OD		should be used.						
(Supplied with teicoplanin vial)				Administration: Give 6m	nL If using the 400m	ng + 200mg via	ls (or 9 mL if us	ing 3x200mg)		
				intravenously as a slow b	_			0,		
	Flush the can	nula with 5ml		0.9% or the PICC line with			e and after each a	dministration		
Sodium Chloride 0.9% via IV route.										
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 &	1 /1 /	/ /		/ / / /	/ / /				/ ,	
time:	/ /		/ / /			/ /			/ /	
						/ <i>/</i> ,	/	/ /		
Given by:	 					T Y				
Prescriber must be F2 or above, or a suitable non-medical prescriber.										
Signed:		Name:		Professional		Bleep/		Date:		
	(Pi	rint Name)		registration		Telephone:				
				number:						

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Authorised by Medicine Governance Group

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