







## Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record – Ceftazidime pre-filled syringes (BAXTER)

Patient details Name		Allergie	s & Intolerar	nces:	Indication for treatment:		
Address					Date antibiotic to start in community:		
NHS number DOB				ails and date of	Planned treatment length in community or end date:		
eGFR:	Date:			Weight (kg): Date:			
Medication	Dose		Frequenc y	Route	Instructions for preparation and use	Phar che	macy eck
Ceftazidime	2g (In Baxter 3 sodium chlorid pre-filled syr	le 0.9%		IV	Administration: Give by slow intravenous injection over 10 to 15 minutes, preferably in larger veins.		
Sodium Chloride 0.9%	Flush the cannu route.	ıla with 5ı	ml of sodium	chloride 0.9%	or the PICC line with-10mL sodium chloride 0.9% before and after each administration via IV		

	Date & time:																
Ī	Given by:				<u>,</u>	¢	4	/	/	¢	<u> </u>	/	/	2	¢	¢	ĺ

Prescriber must be F2 or above, or a suitable non-medical prescriber.													
Signed:		Name: Print Name)	Professiona registration number:		Bleep/ Telephone:		Date:						