

## Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record – PIPERACILLIN/TAZOBACTAM 18g B Braun Easypump® II Elastomeric Device

<b>Patient details</b> Name Address  NHS number DOB	<b>Allergies &amp; Intolerances:</b>  <b>No known allergies</b> <input type="checkbox"/> Document nature, details and date of each reaction	<b>Indication for treatment:</b>  <b>Date antibiotic to start in community:</b>  <b>Planned treatment length in community or end date:</b>
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<b>eGFR:</b>	<b>Creatinine:</b>	<b>Date:</b>	<b>Weight (kg):</b>	<b>Date:</b>
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Medication	Dose	Frequency	Route	Instructions for preparation and use				Pharmacy check		
Piperacillin/Tazobactam	18g	Continuous infusion over 24 hours	IV	Reconstitution of vials	Using 30mL luer lock syringes, reconstitute each 4.5g Piperacillin/Tazobactam vial (x4 vials) with 20mL Sodium Chloride 0.9%. Swirl until dissolved. This usually takes 5-10 minutes per vial. The total drug with displacement volume = 92ml					
Sodium Chloride 0.9%	20mL x4			Order of Additions	Prepare the Easypump® as per guidelines.		<b>Order of additions</b>			
				1	Prime	0.3% Citrate Buffered Sodium Chloride 0.9%	10mL			
				2	1 <sup>st</sup> Diluent	0.3% Citrate Buffered Sodium Chloride 0.9%	80mL			
				3	Drug	18g Piperacillin/Tazobactam	92mL			
				4	2 <sup>nd</sup> Diluent	0.3% Citrate Buffered Sodium Chloride 0.9%	58mL			
0.3% Citrate Buffered Sodium Chloride 0.9%	As per order of additions			Easypump® = II LT 270-27-S (10mL/h)						
Sodium Chloride 0.9%	Flush the PICC line with 10mL Sodium Chloride 0.9% before each dose and at the end of the treatment course.									

1. Medusa Injectable medicines guide (Piperacillin with tazobactam) Last updated: 14/7/22 <https://injmed.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

<b>Date &amp; time:</b>	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
<b>Given by:</b>																				

Prescriber must be F2 or above, or a suitable non-medical prescriber.

<b>Signed:</b>	<b>Name:</b> (Print Name)	<b>Professional registration number:</b>	<b>Bleep/Telephone:</b>	<b>Date:</b>
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