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

**Dexamethasone Variable Dosing**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient details**  Name  Address  NHS number  DOB | | | **Allergies & Intolerances:**  **No known allergies**  Document nature, details and date of each reaction | | | **Indication for treatment:**  **Date to start in community:**  **Planned treatment length in community or end date:** | | |
| **eGFR: Creatinine: Date: Weight (kg): Date:** | | | | | | | | |
| **Medication** | **Dose** | **Frequency** | | **Route** | **Instructions for preparation and use** | | **Pharmacy check** |
| **Dexamethasone** | ……. | ……….. | | IV | Dexamethasone (base) 3.3mg/1mL solution for injection ampoules may be given undiluted as an intravenous injection.  Draw up \_\_\_\_\_mL of Dexamethasone (base) 3.3mg/1mL into a syringe and administer as a slow intravenous injection over 3-5 minutes.1-2  (3.3mg dexamethasone base is equivalent to 4mg dexamethasone sodium phosphate) | |  |
| **Sodium Chloride 0.9%** | Flush the cannula with 5ml of sodium chloride 0.9% or the PICC line with-10mL sodium chloride 0.9% before and after each administration via IV route. | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date & time:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Given by:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

References: 1. SPC (emc) Dexamethasone 3.3 mg/ml solution for injection. Last updated 23/02/2022. Available from: https://www.medicines.org.uk/emc/product/4659/smpc. 2. Medusa Dexamethasone. Injectable Medicines Guide. Last updated 11/11/23. Available from: https://www.medusaimg.nhs.uk/IVGuideDisplay.asp.

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