NHS University Hospitals Bristol and Weston NHS Foundation Trust | Sirona care & health | Healthier Together Improving health and care in Bristol, North Somerset and South Gloucestershire | NHS North Bristol NHS Trust

Adult Community IV Treatment: Authorisation to Administer and Administration Record - Methylprednisolone

Patient details Name Address NHS number DOB	**Allergies & Intolerances:** **No known allergies** ☐ Document nature, details and date of each reaction	**Indication for treatment:** **Start date 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	
Methylprednisolone Sodium Succinate	…….		IV	Reconstitute each vial with the water for injection provided. **(500mg = 7.8ml, 1000mg = 15.6ml)** Dilute the solution in sodium chloride 0.9% in 250ml and infuse over 30 minutes.[1&2]		
Water for Injection (supplied with methylprednisolone vial)	…….					
Sodium Chloride 0.9% (Diluent)	250mL		IV			
Sodium Chloride 0.9% **(For Infusion Set Flush)**	As per SOP[3]		IV	1) **Agilia Volumetric Pump**: administer 25 mL at the **same rate as the infusion above**. 2) **Gravity Infusion**: The flush volume is the priming volume of infusion set. Withdraw excess sodium chloride 0.9% from the bag to leave flush volume and administer at the **same rate as the infusion above.**		
Sodium Chloride 0.9% (Flush)	Flush the cannula with 5ml of sodium chloride 0.9% before and after each administration via IV route.					

1.SPC Solu-Medrone 500 mg Powder for Injection. Last updated September 2021.Available from: https://www.medicines.org.uk/emc/product/3067/smpc 2. Medusa NHS Injectable Medicines Guide. Methylprednisolone (as sodium succinate). Last updated March 2023. Available at: https://injmed.wales.nhs.uk/IVGuideDisplay.asp 3. SOP for Intravenous Infusion Set Flushing – available through NBT LINK/UHBW

Date & time:																					
Given by:																					

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

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