**Text

Description automatically generated with medium confidenceAdult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record: Daptomycin variable dosing**

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| **Patient details**  Name  Address  NHS number  DOB | | **Allergies & Intolerances:**  **No known allergies**  Document nature, details and date of each reaction | | | | **Indication for treatment:**  **Date antibiotic 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** | |
| Daptomycin |  | |  | IV | Each 350 mg Daptomycin vial is reconstituted with 7mL of NaCl 0.9% and each 500mg vial with 10mL. Reconstitute \_\_\_ 350mg vial(s) and \_\_\_ 500mg vial(s) by injecting the sodium chloride slowly down the side of the vial. Rotate the vial to completely wet the powder and allow to stand for 10 minutes. Gently swirl the vial for a few minutes to obtain a clear solution. Do not shake as this will cause foaming of the product. The reconstituted solution ranges in colour form pale yellow to light brown.  Withdraw \_\_\_mL using a 21 gauge or smaller needed and give intravenously as a bolus over a minimum of two minutes. | |  |  |
| Sodium chloride 0.9% |  | |  | IV |  |  |
| 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. | | | | | |  | |

1. SPC. Daptomycin 500mg powder for solution for injection/infusion. Last updated 01/11/2021. Available from: <https://www.medicines.org.uk/emc/product/12263/smpc>
2. Medusa. Daptomycin. Intravenous injection. Injectable medicines guide. Last updated 11/11/2021. Available from: <https://medusa.wales.nhs.uk/>

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

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