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

**Piperacillin/Tazobactam 9g elastomeric pump**

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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** |
| Piperacillin/Tazobactam (unlicensed) | 9g(in 230 mL)Baxter LV10 elastomeric device | Continuous infusion over 24 hours | IV | **Administration:**Connect the elastomeric device as per guidelines. Once connected the elastomeric device is designed to administer the dose by continuous infusion over 24 hours |  |  |
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| Sodium Chloride 0.9% | Flush PICC line with 10mL sodium chloride 0.9% before each dose and at the end of treatment course |  |

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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:** |  |