**Text

Description automatically generated with medium confidenceAdult 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:** |  |