**Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record – Ceftriaxone pre-filled syringes (BAXTER)**

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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** |
| Ceftriaxone | 2g  (In Baxter 20 mL sodium chloride 0.9% pre-filled syringe) |  ------- | IV | **Administration:** Give by slow intravenous injection over 5 minutes, preferably through a larger vein. |  |  |
| 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. Medusa – NHS injectable Medicines Guide - [Injectable Medicines Guide - Display - Ceftriaxone - Intravenous - Version 13 - IVGuideDisplayMain.asp (medusaimg.nhs.uk)](https://www.medusaimg.nhs.uk/IVGuideDisplay.asp). 2. Ceftriaxone 2g SPC [Ceftriaxone 2g Powder for solution for injection/infusion - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)](https://www.medicines.org.uk/emc/product/1362/smpc)

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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:** |  |