**Text

Description automatically generated with medium confidenceAdult Community IV Treatment: Authorisation to Administer and Administration Record - Furosemide 40mg**

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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: Acute exacerbation of heart failure**  **Date Furosemide to start in community:**  **Estimated treatment length in community:** | | |
| **eGFR: Creatinine: Date:** | | | | | | | | |
| **Medication** | **Dose** | | **Frequency** | **Route** | **Instructions for preparation and use** | | **Pharmacy screen** |
| Furosemide\*  (\*concentration must always be 20mg/2ml) | 40mg | |  | IV | The 20mg in 2mL preparation is to be given undiluted by IV infusion at a rate of 4mg/min.  4ml of furosemide 20mg/2ml solution for injection is required for this dose.  The 40mg (4ml) infusion should be run over 10 minutes via an infusion pump. Set the pump to a rate of 24ml/hour. | |  |
| Sodium Chloride 0.9%  ***(For Infusion Set Flush)*** | As SOP3 | |  | IV | The flush volume is the priming volume of infusion set. At the end of the medicine infusion, disconnect the syringe and connect the infusion flush to the giving-set. Administer via the **infusion pump** at the **same rate as above**. | |  |
| 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. Furosemide 10 mg/ml Solution for Injection or Infusion. Last updated 19/09/2016. Available from: <https://www.medicines.org.uk/emc/product/7371/smpc> 2. Medusa. Intravenous Furosemide. Last updated: 22/06/22. Available from: <https://medusa.wales.nhs.uk/IVGuideDisplay.asp> 3. SOP for Intravenous Set Flushing – available through NBT LINK/UHBW

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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:** |  |