**Text

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

**Fluconazole 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 treatment 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** | |
| Fluconazole | ……. | OD | | IV | Use …… x 100mL bags and …… x 200mL bags/bottles (2mg/mL) to administer the required dose. Further dilution of the bags is not necessary. Administer each bag by IV infusion at a rate of 10mL/minute via an infusion pump. | |  |  |
| Sodium Chloride 0.9%  ***(For Infusion Set Flush)*** | As SOP3 |  | | IV | 1. **Agilia Volumetric Pump**: Administer 25 mL at the **same rate as the infusion above**. 2. **Gravity Infusion**: The flush volume is the priming volume of infusion set. Withdraw excess sodium chloride 0.9% from the bag to leave flush volume and administer at the **same rate as the infusion 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. | | | | | |  | |

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

1. Medusa - [Injectable Medicines Guide - Display - Fluconazole - Intravenous - Version 6 - IVGuideDisplayMain.asp (medusaimg.nhs.uk)](https://www.medusaimg.nhs.uk/IVGuideDisplay.asp). 2. SPC [Fluconazole 2mg/ml Solution for Infusion - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)](https://www.medicines.org.uk/emc/product/3378/smpc) 3. SOP for Intravenous Infusion Set Flushing – available through NBT LINK/UHBW

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| **Signed:** |  | **Name:**  **(Print Name)** |  | **Professional**  **registration number:** |  | **Bleep/**  **Telephone:** |  | **Date:** |  |

Prescriber must be F2 or above, or a suitable non-medical prescriber.