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

**Amikacin variable dose**

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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** |
| Amikacin | \_\_\_\_\_\_ | \_\_\_\_\_\_ | IV | Transfer \_\_\_\_\_mL of 500mg/2mL Amikacin vials and \_\_\_\_\_mL of 100mg/2mL Amikacin vials to a 100mL sodium chloride 0.9% infusion bag. Shake well. Amikacin solution may darken to a pale-yellow colour when diluted. This does not affect potency.Administration: Give by IV infusion over 30 minutes, using an infusion pump |  |  |
| Sodium chloride 0.9% | 100mL |  \_\_\_\_\_ | IV |  |  |
| 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**.
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| 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 - Amikacin. Intravenous injection. Injectable medicines guide. Last updated 14/06/21. https://injmed.wales.nhs.uk/IVGuideDisplay.asp 2. SPC - Amikacin 250mg/ml Intravenous injection. Last updated 01/04/20. <https://www.medicines.org.uk/emc/product/11189/smpc> **3.** SOP for Intravenous Infusion Set Flushing – available through NBT/UHBW link

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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:** |  |