**Text

Description automatically generated with medium confidenceAdult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record – Ceftazidime 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** | |
| Ceftazidime | 2g (In BAXTER pre-filled syringe) | | TDS | IV | **Administration:** Inject by slow intravenous injection over 10 to 15 minutes as directed, preferably in larger veins. | |  |  |
| 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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| Prescriber must be F2 or above, or a suitable non-medical prescriber. | | | | | | | | | |
| **Signed:** |  | **Name:**  **(Print Name)** |  | **Professional**  **registration number:** |  | **Bleep/**  **Telephone:** |  | **Date:** |  |