**Adult 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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| **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:** |  |