**Adult Community IV Antibiotic Treatment: Authorisation to Administer and Administration Record – Gentamicin intravenous infusion UHBW only (5mg/Kg 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:****Note:** renal function should be monitored and gentamicin levels checked at least twice weekly whilst a patient is on Gentamicin |
| **CrCl: Creatinine: Date: Weight (kg): Date:** |
| **Medication** | **Dose** | **Frequency** | **Route** | **Instructions for preparation and use** | **Pharmacy check** |
| Gentamicin |  |  | IV | 80mg/2mL Gentamicin vials should be used. Withdraw \_\_\_\_\_mL of Gentamicin 80mg/2mL and transfer to a 100mL sodium chloride 0.9% infusion bag. Mix thoroughly. Give the dose by intravenous infusion over 30 minutes via an infusion pump. **Note**: The maximum dose to be given as infusion is 520mg |  |  |
| Sodium Chloride 0.9% | 100mL |  | IV |  |  |
| Sodium Chloride 0.9%***(For Infusion Set Flush)*** | As SOP3 |  | IV | **Agilia Volumetric Pump**: Administer 25 mL 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. |  |

1. SPC Gentamicin 40mg/mL solution for injection/infusion. Available from: Gentamicin 40mg/ml Solution for Injection/Infusion - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk). Last updated 10 August 2022
2. Medusa. Gentamicin. Injectable medicines guide. Last updated 11 July 2023. Available from: Injectable Medicines Guide - Display - Gentamicin - Intravenous - Version 8 - IVGuideDisplayMain.asp (medusaimg.nhs.uk)

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

1. 3. SOP for Intravenous Infusion Set Flushing – available through NBT LINK/UHBW

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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:** |  |