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

**MEROPENEM 1g – variable dosing**

|  |  |  |
| --- | --- | --- |
| **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** |
| Meropenem | 1g | ……. | IV | Reconstitute a 1g vial with 20mL of water for injections. Shake well until the solution is clear (this may take some time). Reconstituted solutions should be clear, colourless to yellow and particulate free. **Administration**: Give 1g by slow IV injection over 5 minutes. |  |  |
| Water for injections | 20mL | …….. | IV |  |  |
| 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. Meropenem 1g powder for solution for injection or infusion. Last updated: Aug 2019. Available from - <https://www.medicines.org.uk/emc/product/9834/smpc#PRODUCTINFO> 2. Medusa. Meropenem. Intravenous injection. Injectable Medicines Guide. Last updated: August 2018. Available from - <https://injmed.wales.nhs.uk/IVGuideDisplay.asp>

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

|  |
| --- |
| Prescriber must be F2 or above, or a suitable non-medical prescriber.  |
| **Signed:** |   | **Name:****(Print Name)** |  | **Professional****registration number:** |  | **Bleep/****Telephone:** |  | **Date:** |  |