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

**CEFAZOLIN 2g INFUSION**

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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** |
| Cefazolin | 2g | ………. | IV | Reconstitute with water for injection. Add **10mL** to a **2g** vial.(if using 2 x 1g vials, reconstitute **each** vial with 5mL of water for injection)Transfer the contents of the reconstituted vial(s) to a 100mL sodium chloride 0.9% bag.Give by intravenous infusion over 30 minutes via infusion pump.1 |  |  |
| Water for injection | 10mL | ………. | IV |  |  |
| Sodium Chloride 0.9% | 100mL | ………. | IV |  |  |
| Sodium Chloride 0.9%***(For Infusion Set Flush)*** | As SOP2 | ………. | 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. |  |
| 1. [Injectable Medicines Guide - Display - Cefazolin - Intravenous - Version 3 - IVGuideDisplayMain.asp](https://www.medusaimg.nhs.uk/IVGuideDisplay.asp) 2. SOP for Intravenous Infusion Set Flushing – available through NBT/UHBW link.
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| **Date & time:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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:** |  |