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

**Flucloxacillin 8g B Braun Easypump® II Elastomeric Device**

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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** |
| Flucloxacillin | 8g | Continuous infusion over 24 hours | IV | Reconstitution of vials | Using 60mL luer lock syringes, reconstitute each 2g Flucloxacillin vial (x4 vials) with 40mL water for injection. Swirl until dissolved. |   |
| Water for injections | 40mL x4 | Order of Additions |

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|  | **Order of additions**  |
| 1 | Prime | 0.3% Citrate Buffered Sodium Chloride 0.9% | 10mL |
| 2 | 1st Diluent | 0.3% Citrate Buffered Sodium Chloride 0.9% | 35mL |
| 3 | Drug | 8g Flucloxacillin  | 160mL |
| 4 | 2nd Diluent  | 0.3% Citrate Buffered Sodium Chloride 0.9% | 35mL |

Prepare the Easypump® as per guidelines.**Total volume= 240ml** |  |
| 0.3% Citrate Buffered Sodium Chloride 0.9% | As per order of additions | Easypump® = II LT 270-27-S (10mL/h) |  |
| Sodium Chloride 0.9% | Flush the PICC line with 10mL Sodium Chloride 0.9% before each dose and at the end of the treatment course. |  |
| 1.Medusa Injectable medicines guide (Flucloxacillin) Last updated:14/7/22 [https://injmed.wales.nhs.uk/IVGuideDisplay.asp 2](https://injmed.wales.nhs.uk/IVGuideDisplay.asp%202). SPC. Flucloxacillin 2g powder for solution for injection vial. Last updated: 30/10/23. <https://www.medicines.org.uk/emc/product/8746/smpc> 3. SOP for Intravenous Infusion Set Flushing – available through NBT LINK/UHBW |

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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:** |  |