Outpatient Parenteral Antimicrobial Therapy (OPAT) Self-administration of Flucloxacillin IV bolus

This leaflet is designed to support patients, and nursing staff who are teaching patients to self-administer Flucloxacillin, with the assistance of the OPAT team. Please use this information in conjunction with the ‘Patient Self-Administration IV Therapy Competency Tool’.

Through comprehensive individual demonstration, training and assessment, you will be able to:

- Minimise the risk of introducing infection into a vein by keeping everything very clean.
- Avoid touching the key parts of syringes, needles and extension sets.
- Prevent injecting air into a vein by learning to prime syringes and extension sets carefully.

What is Flucloxacillin?

Flucloxacillin is an antibiotic; it is part of the penicillin antibiotic group. Flucloxacillin is given intravenously, by multiple doses throughout the day. Please read the patient information leaflet inside medication box for further information about your medication.

What you will need

The ward nursing team and the OPAT nurses will ensure that you are happy and safe to administer Flucloxacillin following the procedure below:
### Equipment per 1g dose:

- 1 tray & sani-cloth detergent wipes
- 1 pair sterile gloves & non-sterile gloves
- 2 10ml syringes
- 1 20ml syringe (20 ml per 1g dose)
- 3 red needles
- 2 clinell wipes 2%
- 3 red bungs & sharps bin

### Patient dose:

- 10ml ampoules 0.9% sodium chloride (normal saline) x2
- Flucloxacillin vial with 20 ml ampoule of water for injection (20ml per each 1g dose)

### What to do

**Remember** to check the dose and the expiry date of the drug, diluent and normal saline.

1. Wash your hands and clean the tray with detergent wipes; assemble equipment. Use non-sterile gloves to prepare medication; protect key parts by using a non-touch technique throughout the procedure.

2. **Prepare medication**

   - Clean the stopper of the Flucloxacillin vial with a clinell wipe 2%, allow 30 seconds to dry.

   - Draw up the water for injection into a 20 ml syringe using a red needle and slowly inject into the vial of Flucloxacillin, gently shake until the medication is fully dissolved.

   - Withdraw the prepared solution. Remove the needle from the syringe and dispose of it directly into the sharps bin. **Do not touch the top of the syringe.** Tap the syringe to move air bubbles to the top and expel.

   - Place a red sterile cap on the syringe before placing in the tray.

3. **Prepare saline flushes**

   - Draw up saline into a 10ml syringe using a red needle. Remove the needle from the syringe and dispose of it directly into the sharps bin.
• Remove any air from the syringe as before and place a red sterile cap on the syringe. Repeat for the second flush.

4 Administering medication

• Wash hands and put on sterile gloves.

• Clean the connector on your PICC line thoroughly with a clinell wipe 2% and allow 30 seconds to dry.

• Flush the PICC line with the 10mls of normal saline using the ‘push-pause’ pulse technique.

• Administer the Flucloxacillin slowly via the syringe over a period of 4-6 minutes (2g can be given as a bolus over 6-8 minutes).

• Flush the line again with 10mls of normal saline using the pulse technique.

• Safely dispose of equipment. Needles and glass vials must be discarded in the sharps bin provided.

5 Any difficulties?

Please contact the OPAT team should any problems occur, all relevant phone numbers are listed in your care plan.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the hospital website [www.wsh.nhs.uk](http://www.wsh.nhs.uk) and click on the link, or visit the disabledgo website: [http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main](http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main)

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