

AZITHROMYCIN IPU FORM

(FOR LUNG TRANSPLANT PATIENTS WITH BOS)

Azithromycin is approved by SVH Drug and Therapeutics Committee for treatment of Bronchiolitis Obliterans Syndrome (BOS) in lung transplant patients for treatment up to three months initially.

It is to be given three times a week (Monday/Wednesday/Friday) at a dose of 250mg orally.

A review by Microbiology and an approval number is required three months after commencement. Please fax the completed form to Microbiology and document Microbiology approval number on the prescription.

Date	
Patient details (or use Bradma)	Name: MRN: Ward: Outpatient: Y / N Patient contact phone number _____
Name of Prescriber, Team and AMO	Prescriber: Team: AMO:
Patient History	Lung transplant date
Treatment to date with Azithromycin? Y / N: If yes, please give dates:	

BASELINE	
Lung function test results at commencement of azithromycin	Date of test: FEV1: FEV1 %predicted:
3-MONTH FOLLOW-UP	
Lung function test details at 3 months post-commencement of azithromycin	Date of test: FEV1: FEV1 %predicted:
MICROBIOLOGY USE ONLY	
Approved by (name and signature): Contact details: Approved for indefinite use Y/N? Approved for time-limited use Y/N? Microbiology approval number:	
SUBSEQUENT FOLLOW-UP (use only if required)	
Lung function test details at follow-up post-commencement of azithromycin	Date of test: FEV1: FEV1 %predicted:

At 3 months, please complete form including "Baseline" section and fax to 2989 for Microbiology approval or contact Microbiology registrar on pager 6663.

If follow-up testing is requested by Microbiology, please complete "Subsequent Follow-up" section above.