

BAXTER BOTTLE IPU FORM FOR DISCHARGE/OUTPATIENT

NB: Not all patients are appropriate for Baxter Bottles. Please consider alternatives before completing this form (contact Microbiology or Infectious Diseases for advice – page: 6663)

ALL APPLICATIONS FOR BAXTER BOTTLES REQUIRE A FORMAL MICROBIOLOGY OR INFECTIOUS DISEASES CONSULT AND AT LEAST 24 HOURS NOTICE TO PHARMACY FOR MANUFACTURE

All requests will be prepared by 5pm the following day.

Date	
Patient details (or use Bradma)	Name: MRN: Ward: Patient contact phone number: _____
Name of Prescriber, Team and AMO	
Treatment details	Drug Name: Indication for prescribing: Dosage (mg): Length of infusion (hours): Proposed duration of therapy:
Treatment to date (please specify drug(s) and duration)	
Venous access	Please specify patient's current venous access:
Administration	Please tick who will be responsible for changing/administering Baxter Bottles: <input type="checkbox"/> Patient <input type="checkbox"/> Carer Has the patient/carer been taught how to do this? YES/ NO (if no, please organise with nursing staff) <input type="checkbox"/> Community nurse: Has a plan been organised for weekends (please give details):
Follow up	Doctor: Clinic/ location: Date: What parameters will be monitored and how often? E.g. Therapeutic Drug Monitoring (TDM), renal function, LFTs. Please give details:
MICROBIOLOGY/ INFECTIOUS DISEASES USE ONLY:	
Approved by (name and signature):	Contact details:
Microbiology approval number:	

After Microbiology consult and approval, please write a prescription and contact your ward pharmacist or the Pharmacy on 2594 to organise manufacture of Baxter Bottles. Please also complete the information sheet below and give to the patient/carer.



St Vincent's Hospital

INFORMATION SHEET FOR PATIENTS GOING HOME WITH ANTIBIOTIC INFUSOR BOTTLES (BAXTER BOTTLES)

An Infusor Bottle (Baxter Bottle) is a device that allows the continuous administration of your intravenous medications.

You have been prescribed _____ at a dose of _____ over _____ hours.

This is an antibiotic to help treat _____. Currently, the intended length of treatment is _____. This may change after review by your doctor.

During treatment, you **will/will not** require regular blood tests for monitoring purposes. If blood tests are required they will be done every _____ at _____, and be reviewed by _____.

You have been supplied with _____ days worth of bottles. Should your course exceed what has been supplied to you on discharge you will need to contact St Vincent's Hospital Pharmacy on **8382 2594** to confirm subsequent infusor bottles **with at least 24 hours notice**.

Your next appointment at St Vincent's Hospital will be with _____ at _____, on _____. Please ensure any further follow-up appointments allow sufficient time to enable you to confirm your supply with Pharmacy **24 hours prior to collection** to ensure the timely delivery of your bottles. You may need to return the day after your review by the doctor to collect your infusor bottles. You will be required to pay a monthly co-payment fee for ongoing supply after discharge.

If you have any questions, or if your treatment has been extended, please contact St Vincent's Hospital Pharmacy on **8382 2594**