


PATIENT DETAILS		<h1>AMINOPHYLLINE</h1> Intravenous Infusion Administration Chart (Adult and Children over 12 years)		Brighton and Sussex  University Hospitals NHS Trust			
First Name:				ALLERGY STATUS		Ward:	
Surname:						Consultant:	
Hospital No:		Allergy		Nature of Allergy		Weight (Kg):	
DOB:						IBW (if >100kg):	

Aminophylline should only be prescribed following discussion with a Senior Respiratory Consultant. See Microguide for prescribing guidelines.

LOADING DOSE: 5mg / kg over 20 minutes (maximum dose 500mg)				No loading dose if taking oral theophylline or aminophylline on admission				ADMINISTRATION RECORD			
Date:	Aminophylline	mg	in 100ml sodium chloride 0.9% / Glucose 5% over 20 minutes. Maximum rate 25mg/min. (circle as appropriate)	Prescriber signature:		Pharmacist screen	Time started:	Time finished:	Check		
				PRINT Name & Bleep no:							

**TAKE AMINOPHYLLINE LEVEL 4-6 HOURS AFTER MAINTENANCE INFUSION STARTS AND REPEAT LEVEL DAILY THEREAFTER
MAINTENANCE DOSE MUST BE REPREScribed DAILY FOLLOWING REVIEW OF THEOPHYLLINE LEVEL
ONCE RECONSTITUTED, AMINOPHYLLINE HAS A 24 HOUR EXPIRY**

MAINTENANCE DOSE: To start immediately after loading dose							ADMINISTRATION RECORD			
Date	Aminophylline 1000mg in 1000ml	Sodium chloride 0.9% / Glucose 5% (circle as appropriate)	Dose (mg/kg/hour)	Rate mL/hour	Prescriber signature:	Prescriber name & Bleep:	Pharmacist screen	Time started:	Time finished:	Nurse check
THEOPHYLLINE LEVEL			Date and time taken:			Level:		mg/L		Continue Y/N
Date	Aminophylline 1000mg in 1000ml	Sodium chloride 0.9% / Glucose 5% (circle as appropriate)	Dose (mg/kg/hour)	Rate mL/hour	Prescriber signature:	Prescriber name & Bleep:	Pharmacist screen	Time started:	Time finished:	Nurse check
THEOPHYLLINE LEVEL			Date and time taken:			Level:		mg/L		Continue Y/N
Date	Aminophylline 1000mg in 1000ml	Sodium chloride 0.9% / Glucose 5% (circle as appropriate)	Dose (mg/kg/hour)	Rate mL/hour	Prescriber signature:	Prescriber name & Bleep:	Pharmacist Screen	Time started:	Time finished:	Nurse check
THEOPHYLLINE LEVEL			Date and time taken:			Level:		mg/L		Continue Y/N