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| **PENTHROX CHECKLIST** | TICKBOX |
| Hypersensitivity to anaesthetic gases | Y / N |
| Personal / family history of **malignant hyperthermia** | Y / N |
| Severe respiratory / liver / kidney disease | Y / N |
| Last Penthrox use <24 hours ago | Y / N |
| Taking cyp-450 enzyme inducers  *isoniazid, carbamazepine, rifampicin, phenobarbital, nevirapine*  Taking antibiotics with nephrotoxic effect  *Tetracycline, gentamicin* | Y / N  Y / N |
| If YES to any above, patient is unable to have Penthrox  NOTE – Max 2 x vials (6mls) used per treatment | |
| TO PRESCRIBE PENTHROX PLEASE ENTER INTO POWERCHART:  **METHOXYFLURANE**  For outpatient scripts write – ‘dispensed by GOPD’ when generating the prescription.  Please write in other comments ‘checklist completed’ | |
| **For all women using penthrox please provide a GREEN PENTHROX PAPER WRIST BAND** | |