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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 / NY / N |
| If YES to any above, patient is unable to have PenthroxNOTE – 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** |