

ONCE DAILY GENTAMICIN PRESCRIPTION FORM FOR ADULT ENDOCARDITIS

FOR ADULT ENDOCARDITIS ONLY. DO NOT USE THIS FORM FOR ROUTINE GENTAMICIN PRESCRIPTIONS.

DRUG ALLERGY AND REACTION	WARD:	(Stick addressograph here)
	CONSULTANT:	
	Name:	
	Date of birth:	
	Hospital Number:	
	NHS Number:	

Height	Weight	IBW: ideal body weight	Serum creatinine	Creatinine clearance
cm	kg	kg	µmol/L	ml/min

- Gentamicin is prescribed as part of empirical treatment for endocarditis sepsis or for culture-positive endocarditis, following discussion with microbiology.
- Gentamicin is used for its synergistic effect with other antibiotics in the treatment of Gram positive (e.g. streptococcal, enterococcal) endocarditis
- Gentamicin is potentially nephrotoxic and ototoxic. Discuss with consultant microbiologist if patient's creatinine clearance is < 21ml/min, as Gentamicin may not be suitable.
- Perform baseline **audiometry** as soon as possible (i.e. before starting gentamicin, if possible) and then repeat audiometry at 2 weeks of gentamicin. Most gentamicin courses for endocarditis are for 2 weeks only, but if gentamicin is to be continued beyond 2 weeks, then repeat audiometry again at 4 weeks
- In the Antibiotic section of drug chart, write: **Gentamicin – see gentamicin endocarditis prescription form**

INITIAL GENTAMICIN DOSE: 3MG/KG USING IBW (see below for IBW chart)

Gentamicin:	Prescribed by:	Administered by:	Pre-dose level taken (take 18-24h post administration)
Dose: mg	Name:	Name:	Date:
Date:	Signature:	Signature:	Time:
Time:	Bleep:	Date:	Signature:
		Time:	

- Administer Gentamicin as an infusion in 100mL NaCl 0.9% or 5% Glucose over 60 mins.
- Take serum pre-dose gentamicin level 18-24 hours post-administration of the gentamicin dose
- Await result before prescribing second dose

ADJUST TOTAL DAILY DOSE BASED ON PRE-DOSE GENTAMICIN LEVEL AS PER TABLE. RE-PRESCRIBE DAILY.

Gentamicin serum pre-dose level	Action required	Further monitoring
< 1 mg/L	Continue 3mg/kg dosing at 24 hour intervals.	Monitor renal function daily and repeat pre-dose levels at least 2 x weekly if creatinine clearance stable.
1-2 mg/L	Check initial dose calculation correct for IBW. If correct and Gentamicin still indicated, prescribe next Gentamicin dose at reduced dose of 2mg/kg at IBW.	Repeat pre-dose level 18-24 hours after administration. If level < 1mg/L, continue 2mg/kg dosing at 24h intervals and monitor as above. If level > 1mg/L, discuss with Consultant Microbiologist.
> 2 mg/L	Omit the dose.	Discuss with Consultant Microbiologist.

SUBSEQUENT GENTAMICIN DOSES

TAKE SERUM PRE-DOSE LEVEL 18-24 HOURS AFTER LAST DOSE ADMINISTERED (MINIMUM 2 X WEEKLY IF RENAL FUNCTION STABLE)

Dose Number	Date / time pre-dose level taken	Pre-dose level mg/L	Gentamicin dose mg/kg <small>Refer to table above</small>	Total Gentamicin dose in mg using IBW	Prescription date / time	Prescribed by: <small>Name / Signature / Bleep</small>	Dose interval <small>24h unless advised by micro</small>	Date / time administered	Administered by: <small>Name / Signature</small>	Notes
2	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
3	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
4	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
5	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
6	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
7	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
8	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
9	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
10	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
11	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
12	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
13	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		
14	Date: Time:	 mg/L	 mg/kg	 mg	Date: Time:			Date: Time:		

IDEAL BODY WEIGHT TABLE

Females:

Height Feet	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4
Height Inches	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
Height Cm	152	155	157	160	163	165	168	170	173	175	178	180	183	185	188	190	193
IBW kg	45.5	47.8	50.1	52.4	54.7	57	59.3	61.6	63.9	66.2	68.5	70.8	73.1	75.4	77.7	80	82.3

Males:

Height Feet	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4
Height Inches	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
Height Cm	152	155	157	160	163	165	168	170	173	175	178	180	183	185	188	190	193
IBW kg	50	52.3	54.6	56.9	59.2	61.5	63.8	66.1	68.4	70.7	73	75.3	77.6	79.9	82.2	84.5	86.8