

CHI no .....  
 First name ..... DOB ...../...../.....  
 Last name ..... Sex:  M  F  
 Address .....  
 .....  
 .....  
*or attach addressograph label here*

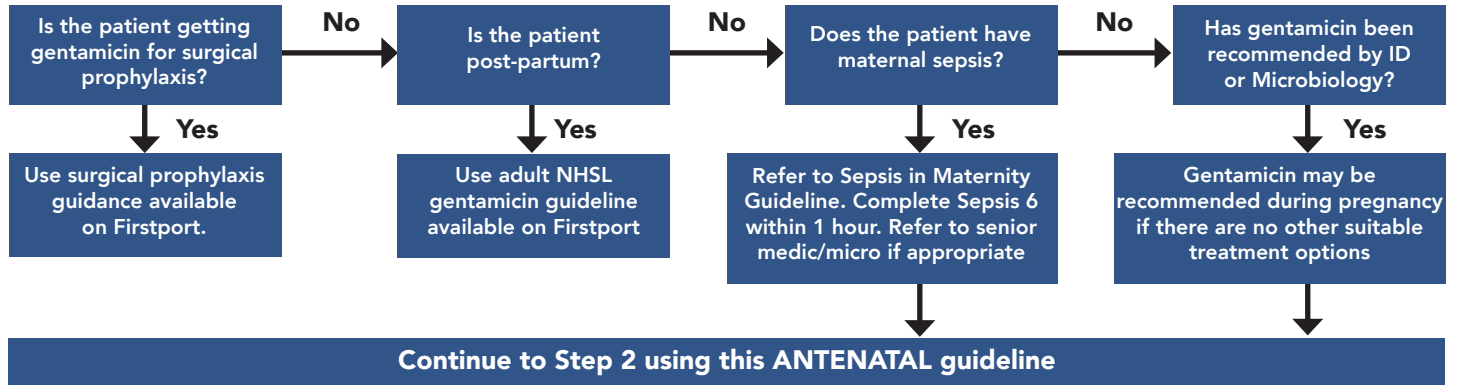
Hairmyres  Monklands  Wishaw  
 Other: (specify) .....  
 Ward: .....



# Antenatal Gentamicin

## Prescription, administration and monitoring chart

**Step 1** – Is the patient suitable for this dosing guideline?



**Step 2:** Calculate, prescribe and administer the first dose

1. Use table opposite to determine first dose (use booking weight)
2. Prescribe gentamicin 'as charted' on patient's cardex/HEPMA and prescribe individual dose overleaf
3. Administer dose in 100ml of sodium chloride 0.9% over 30 minutes
4. Document time of commencing infusion overleaf to ensure that the level can be analysed appropriately

Booking Weight (kg)	Dose(mg)
≤54	260
55-58	280
59-62	300
63-66	320
67-70	340
71-74	360
75-78	380
≥79	400
≥95	500

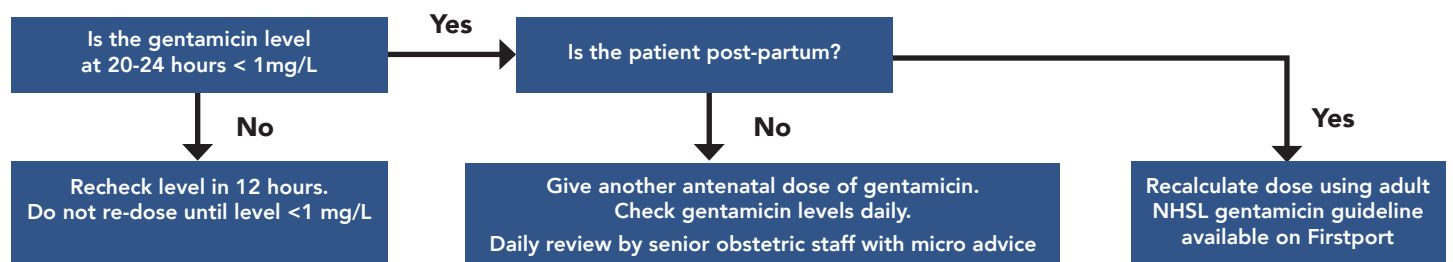
**Step 3** - Monitor gentamicin level and renal function

If the patient has:

- ❖ chronic kidney disease stage 4 or more (eGFR <30ml/min),
- ❖ known/suspected acute kidney injury in previous 48 hours (≥ 50% increase in baseline serum creatinine or oliguria > 6 hours)

Give the first gentamicin dose and refer to microbiology to determine whether to continue or switch to a safer alternative. Monitor gentamicin levels as below.

For all patients, check a gentamicin level between 20-24 hours after the start of treatment. Consider the clinical need to continue gentamicin on a daily basis.



Patient name:

CHI No:

# ANTENATAL GENTAMICIN

## Prescription, administration and monitoring chart



PRESCRIPTION RECORD (ensure prescribed 'as charted' on HEPMA/cardex)				ADMINISTRATION RECORD				MONITORING			
Date	Time	Dose (mg)	Prescribed by (PRINT and sign)	Date given	Time given	Administered by		Date of sample	Time of sample	Level (mg/L)	Action
											<input type="checkbox"/> Continue 24 hourly <input type="checkbox"/> Withhold <input type="checkbox"/> Stop Details/other:
											<input type="checkbox"/> Continue 24 hourly <input type="checkbox"/> Withhold <input type="checkbox"/> Stop Details/other:
<p>*Discuss with an infection specialist or microbiology and document in the notes if treatment continues beyond 3 to 4 days *</p> <p>Risks of prolonged treatment must be considered and treatment options discussed with microbiology or infection specialist</p> <p>If gentamicin continues &gt; 3 days, supply a patient information leaflet 'Gentamicin and your Ears'</p>											
											<input type="checkbox"/> Continue 24 hourly <input type="checkbox"/> Withhold <input type="checkbox"/> Stop Details/other:
											<input type="checkbox"/> Continue 24 hourly <input type="checkbox"/> Withhold <input type="checkbox"/> Stop Details/other:

### PROMPT ADMINISTRATION

within 1 hour of recognition of sepsis reduces mortality

### SIGNS OF GENTAMICIN TOXICITY

**RENAL:** ↓ urine output/oliguria or ↑ creatinine

**OTOTOXICITY/VESTIBULAR:** NEW tinnitus, dizziness, poor balance, hearing loss, oscillating vision, unexplained nausea and/or vomiting

Toxicities may occur irrespective of gentamicin concentration

### Safe Practice:

Review medication HEPMA/cardex prior to administration of gentamicin to ensure patient has not had gentamicin administered within 24 hours.