

AMBISOME® AMPHOTERICIN –Liposomal

ACTIONS AND USES

An antifungal agent active against a wide range of fungi and yeast.

DOSAGE

1mg/kg ONCE daily- increasing by 1mg/kg/day to 3mg/kg/day. (May be increase to 5mg/kg/day on recommendation of microbiologist).

The length of course is usually 3 weeks or longer. Duration of treatment is dependent on many factors; seek advice from Consultant Microbiologist. Re-assess dosage according to body weight every two weeks.

ADMINISTRATION

By IV infusion over 1 hour. Infusion duration may be decreased to 30minutes if necessary and is well tolerated.

Protect from light during administration using orange syringe and line. Use glucose 5% as a flush **do not use** sodium chloride 0.9%. It must be given by a separate line.

RECONSTITUTION

AmBisome® IV is available as a 50mg vial containing dry powder. If first dose is required out of hours it may be prepared at ward level using an AmBisome® kit obtained from Hospital at night team. Pharmacy aseptic unit **will supply all other doses**. A 1ml overage is included in all syringes prepared by pharmacy.

AmBisome® 4mg/ml

Add 12ml of water for injections to 50mg vial and shake vigorously until powder is completely dispersed. This solution **must be diluted** further.

AmBisome® 1mg/ml

Withdraw 5ml of the AmBisome® 4mg/ml using the 5micron filter provide and add to 15ml of glucose 5% in a 50ml syringe. Shake well to mix.

Incompatibilities

Do not mix or infuse with any other drug or diluent.

STORAGE

Syringes prepared by Pharmacy are stable for 4 days when stored in the fridge. Out of hours if an AmBisome Kit required contact hospital at night team.

MONITORING

Observe for hypersensitivity reactions, phlebitis, thrombophlebitis and site tenderness. Too rapid administration is associated with bronchospasm, flushing, tachycardia, and hypotension. Monitor U&E's (particularly potassium and magnesium), renal, hepatic and haematopoietic function regularly, and at least once weekly. Particular attention should be paid to patients receiving concomitant therapy with nephrotoxic drugs. e.g. aciclovir, cefotaxime, gentamicin, ganciclovir, vancomycin. Renal function should be closely monitored in these patients. Also interacts with the following drugs, corticosteroids, digoxin, suxamethonium, and erythromycin. Clarithromycin and chlorothiazide as a result of increase risk of hypokalaemia.