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| Renal Directorate Guidelines  Royal Infirmary of Edinburgh |

**Gentamicin in Haemodialysis**

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| **Indication** | * Empirical antibiotic with vancomycin for line sepsis (review ongoing need when culture results are available) * All other indications as per NHS Lothian Antimicrobial guideline |
| **Dosage and administration** | 2mg/kg  (Please use **dry weight**. This is particularly important in patients with oedema)  ***\*\*Do NOT use Gentamicin Calculator on the Intranet\*\****  Please administer via a central venous catheter or a large vein if only peripheral access is available. |
| **Concentration/strength** | 80mg/2ml or diluted for infusion |
| **Stability** | Please use reconstituted solution as soon as possible. |
| **Reconstitution instructions** | **IV injection - to be administered over 5 minutes**  Can be given undiluted (40mg/ml) or diluted in 10-20ml of sodium chloride 0.9% or glucose 5% to aid slow bolus injection.  **IV infusion - to be infused over 20 minutes**  Dilute in 100ml of sodium chloride 0.9% or glucose 5% |
| **Additional information** | * Haemodialysis (HD) removal: Yes   Haemodiafiltration (HDF) removal: Yes   * Dose should be administered **after** dialysis * Monitoring:  |  |  | | --- | --- | | **Inpatients** | **Outpatients** | | **Dialysis days**   * Take a level pre-dialysis * Dose to be administered if level is **<3mg/l**   **Non-dialysis days**   * Please take a level before the expected dosing time * Dose to be administered if level is **<2mg/l**   **Peak level after dose administration**   * Take a peak level **ONE HOUR AFTER** the end of dose administration * Target peak is 8 to 12mg/l. Please discuss dose adjustment with Renal pharmacist if target not achieved * No further dose change is required when **two** therapeutic peak levels are achieved unless clinically indicated. | * Take a level pre-dialysis * Dose to be administered if level is **<3mg/l** |  * For **NEW** patients starting on gentamicin, a pre-dialysis level is not required prior to the first dose |