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| Renal Directorate GuidelinesRoyal 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
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| **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:

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| **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**
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* For **NEW** patients starting on gentamicin, a pre-dialysis level is not required prior to the first dose
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