

-TO BE COMPLETED IN FULL BY PRESCRIBER-

1. Yes No (circle one) **Are Contraindications present?:** Endocarditis, Pediatrics (< 12 years old), Pregnancy, Liver disease with ascites, Dialysis or potential pending acute renal failure, Burns (>20% BSA), Neuromuscular disease.

2. Initial dosing and schedule determination: The dose is based upon the patient's serum creatinine and actual body weight unless the patient is > 120% of IBW. In the obese case adjusted body weight is to be used for dosing calculations. To determine the patient's Ideal body weight (IBW) Adjusted body weight (ABW) and Creatinine Clearance (Clcr) the following equations are to be used.

IBW (male) = 50kg + 2.3kg/inch for each inch over 5 ft.

IBW (female) = 45kg + 2.3kg/inch for each inch over 5 ft.

ABW = Ideal body weight + 0.4 x (actual weight - ideal body weight)

Clcr = (140-age) x Actual body weight or ABW(kg) x (0.85 if pt is female) / 72 x Serum Creatinine

Actual weight (kg): _____ **ABW (kg) =** _____ **Clcr (ml/min) =** _____

Creatinine Cl (mls/min)	Initial Dosing Regimen
>60	7mg/kg every 24 hours
40-60	7mg/kg every 36 hours
20-40	7mg/kg every 48 hours
<20	Consider other antibiotic or alternative gent regimen

3. INITIAL ORDER: _____

Sample order for 70kg male with normal creatinine: Gentamicin 500mg ivpb q24h with level.

4. Monitoring: (all monitoring mandatory under protocol)

Obtain Serum drug levels after initial dose and every 96 hours until therapy is discontinued.

A single level after the first dose between 6 and 14 hours after starting the initial 60 minute infusion is required. Dose and regimen should be evaluated using the nomogram below prior to next dose. Additional levels are required if therapy is continued over 96 hours.

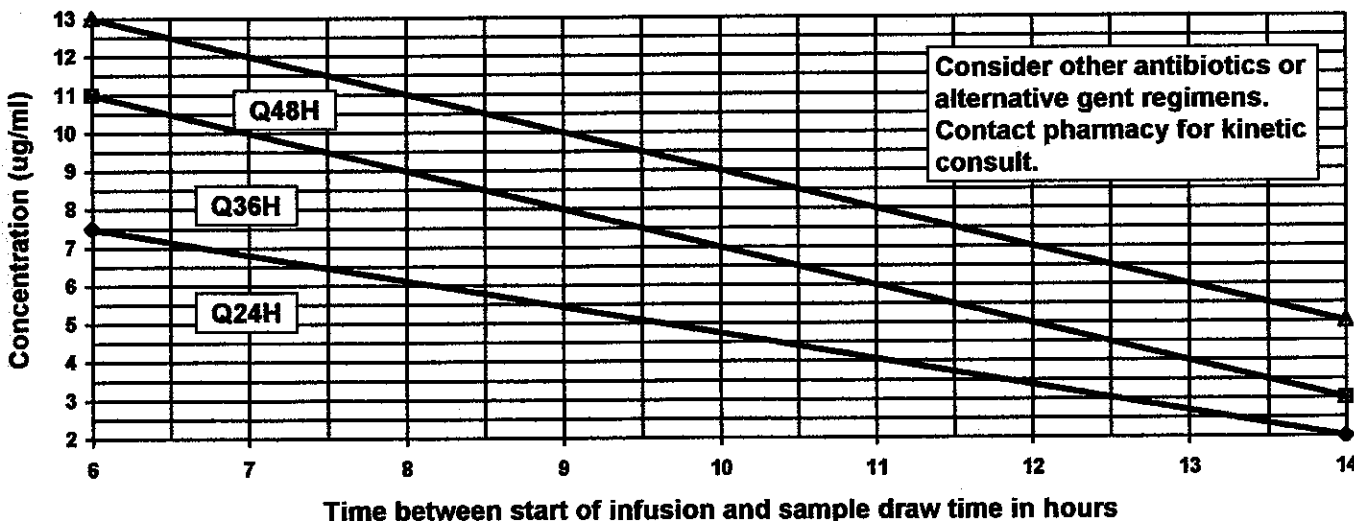
If the levels fall on the line use the longer dosage interval.

Circle one of the following:

A. Serum Creatinine obtained every 48 hours while therapy is continued.

B. Serum Creatinine obtained every 24 hours. (Creatinines should be followed every 48 hours or more often in patients with pre-existing renal insufficiency, advanced age, dehydration/hypovolemia, liver disease.)

SINGLE DOSE GENTAMICIN NOMOGRAM



SIGNED: _____

DATE: _____

TIME: _____



VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL
GENTAMICIN
SINGLE DAILY DOSE PROTOCOL

ADDRESSOGRAPH