

An update to the 'ADULT PARENTERAL GENTAMICIN: PRESCRIBING, ADMINISTRATION & MONITORING CHART'

A summary of changes to the Adult Gentamicin: Prescribing, Administration & Monitoring chart

1. The GGC 'Intravenous Gentamicin Patient Information' leaflet is now attached to the Prescribing, Administration & Monitoring (PAM) chart as a 'tear off' document to be issued to patients/their carers.
2. It is MANDATORY to issue the leaflet on the rare occasions where the gentamicin course lasts >4 days.
3. A box has been added to the chart (see below) to record when and to whom the leaflet was issued and also who issued it.
4. A reminder has been added that gentamicin doses should **NOT** be prescribed in advance of the day that they are due. For 48 hourly dosing, 'no dose required' should be written in the prescription record on the days where a dose is not due. An example is given below.
5. Wards will start receiving copies of the new charts once supplies of the current version have been exhausted.

Further information on the GGC 'Intravenous Gentamicin Patient Information' leaflet

This leaflet was produced in response to clinical incidents to reduce harm from gentamicin. It helps patients understand their treatment and highlights potential side-effects of gentamicin/the importance of reporting them. The leaflet has been available on StaffNet but is underused. It is anticipated that attaching the leaflet to the PAM chart will increase its use and so improve patient safety.

The leaflet should normally be issued to the patient/their carer by the prescriber when gentamicin is first prescribed, but it can be issued by a nurse or pharmacist (after discussion with the doctors caring for the patient). A new box has been added to the PAM chart and this should be completed by the person who issues the leaflet;

Gentamicin Patient Information Leaflet issued to: Patient ☐ Other on/...../..... Issued by

If the prescriber considers it inappropriate to issue the leaflet they should document this in the same box. While prescriber discretion can be used on whether or not to issue the leaflet for short courses, **it is MANDATORY to issue the leaflet where the gentamicin course lasts >4 days** (such extended courses should ONLY be prescribed on infectious diseases or microbiology advice).

When issuing the leaflet patients and their carers should be encouraged to discuss any concerns about their gentamicin treatment with a member of the ward team.

Further information on prescribing gentamicin in advance of the day it is due

Multiple clinical incidents have highlighted the dangers of prescribing gentamicin doses in advance of the day that they are due. These include;

- failure to identify toxicity
- the risk that 48 hourly gentamicin is accidentally administered 24 hours early

Gentamicin should only be prescribed when the prescriber has confirmed the need for ongoing antibiotics via the IV route (considering IVOST suitability and the choice of antibiotic if the IV route is still needed) and has completed the pre-prescribing checks for renal/ototoxicity. **This assessment should take place on the day the gentamicin is to be given and doses should not be prescribed a day in advance.** For patients prescribed gentamicin every 48 hours it is recommended that 'no dose required' is written in the prescription record on the days that a dose is not due and this entry signed;

TOXICITY	Gentamicin Prescription Record				Administration Record			Monitoring Record			
Before prescribing each dose check: Renal & ototoxicity	Complete each time a dose is given (ensuring gentamicin is prescribed 'as per chart' on the kardex)				Complete each time gentamicin is administered (in addition to the kardex)			Record ALL sample dates/times accurately below. See overleaf for monitoring advice.			
	Date to be given	Time to be given	Gentamicin Dose (mg)	Prescriber's signature and PRINTED name	*Infuse over 30 mins*	Time started	Given by	Date of sample	Time of sample	Gent level	Action/ Comments
		24 h clock			Date given	24 h clock			24 h clock	(mg/L)	(please initial action to be taken)
Cr = 114 micromol /L	26/10	19:30	320mg	J Smith J SMITH (FY1)	26/10	19:35	LS FR	27/10	09:40	3.1	24 hourly <input type="checkbox"/> 48 hourly <input checked="" type="checkbox"/> Withhold <input type="checkbox"/> Stop <input type="checkbox"/> Details/other :
Cr = 118 micromol /L	27/10	No dose required	48 hourly dosing	J Smith J SMITH (FY1)	----	----	----				24 hourly <input type="checkbox"/> 48 hourly <input type="checkbox"/> Withhold <input type="checkbox"/> Stop <input type="checkbox"/> Details/other :
*Discuss with an infection specialist and document in the notes if treatment continues beyond 3 to 4 days *											
Risks of prolonged treatment must be considered and treatment options discussed with microbiology or infection specialist											

Full details on gentamicin dosing, prescribing and monitoring can be found in the Therapeutics Handbook.

For further information please contact your local Antimicrobials Pharmacist (their contact details can be found in Appendix 6 of Therapeutics Handbook, under 'Antimicrobial Management Team')