

NEONATAL GENTAMICIN PRESCRIPTION SHEET

More than (>28) Weeks Gestation

Unit Number Name Date of Birth NHS number (Patient label)	ALERT <small>(Sign & Date all entries)</small> (Please specify ALLERGIES and details of previous reaction if known) <input type="checkbox"/> None Known Date ____ / ____ / ____ Sign _____ Gestation at Birth _____ Birth Weight _____ kg Current weight _____ kg (date) / /
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Special Instructions

Contra-indications / Interactions / Side Effects

Patients should be well **hydrated** during therapy and **renal function** monitored.
Increased risk of ototoxicity and nephrotoxicity when given with some medications
Refer for more information to a current copy of BNF for Children

Dosage and Administration

Initial Dosage:
> 28 weeks: Dose 4 mg / kg – every 24 hours

Administration:

- Administration as an undiluted slow IV bolus over 3 - 5 minutes
- Do not mix with penicillins, cephalosporins, erythromycin, heparin or sodium bicarbonate.
- Flush : 1ml Normal Saline
- Serum concentration levels to be taken with the **third (3rd)** and **sixth (6th)** dose. If no change in dosage regimen or renal function repeat levels every 3 doses
 - **Pre-Dose** (trough) level <1mg/L
 - 1 (one) hour **Post-Dose** (peak) level 5–10mg/L
- If pre dose is **high** (1-3mg/L) but post dose is normal, extend the interval time between doses by 12 hours. If the pre-level was **very high** (>3mg/ml, withhold next dose, discuss with Microbiologist/senior staff, repeat pre level 12 hours later and review renal function.
- If peak level is high (>10mg/L) with normal pre-dose, decrease dose by at least 10 – 15%.

FIRST DOSE on / / at.....

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN		TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY	
Pharmacy Check							

SECOND DOSE on / / at.....

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN		TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY	
Pharmacy Check							

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		GENTAMICIN		IV bolus			
DATE GIVEN		TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY	
Pharmacy Check							

SECOND DOSE on / / at.....

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN		TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY	
Pharmacy Check							

>28 WEEKS

Name _____ DOB _____ Unit Number _____

Serum levels to be taken PRE THIRD DOSE and 1 (ONE) HOUR POST THIRD DOSE**THIRD DOSE on / / at.....**

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN	TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY		
Pharmacy Check							

SERUM LEVEL RESULTS

DATE AND TIME PRE- DOSE TAKEN	PRE-DOSE RESULT	ACTION	DATE & SIGN
DATE AND TIME POST DOSE TAKEN	POST-DOSE RESULT	ACTION	DATE & SIGN

FOURTH DOSE on / / at.....

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN	TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY		
Pharmacy Check							

FIFTH DOSE on / / at.....

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN	TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY		
Pharmacy Check							

Serum levels to be taken PRE SIXTH DOSE and 1 (ONE) HOUR POST SIXTH DOSE**SIXTH DOSE on / / at.....**

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN	TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY		
Pharmacy Check							

SERUM LEVEL RESULTS

DATE AND TIME PRE- DOSE TAKEN	PRE-DOSE RESULT	ACTION	DATE & SIGN
DATE AND TIME POST DOSE TAKEN	POST-DOSE RESULT	ACTION	DATE & SIGN

>28 WEEKS

Name _____ DOB _____ Unit Number _____

Serum levels to be taken PRE THIRD DOSE and 1 (ONE) HOUR POST THIRD DOSE**THIRD DOSE on / / at.....**

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN	TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY		
Pharmacy Check							

SERUM LEVEL RESULTS

DATE AND TIME PRE- DOSE TAKEN	PRE-DOSE RESULT	ACTION	DATE & SIGN
DATE AND TIME POST DOSE TAKEN	POST-DOSE RESULT	ACTION	DATE & SIGN

FOURTH DOSE on / / at.....

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN	TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY		
Pharmacy Check							

FIFTH DOSE on / / at.....

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN	TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY		
Pharmacy Check							

Serum levels to be taken PRE SIXTH DOSE and 1 (ONE) HOUR POST SIXTH DOSE**SIXTH DOSE on / / at.....**

DATE TO BE GIVEN	TIME TO BE GIVEN	MEDICINE APPROVED NAME	DOSE PRESCRIBED	ROUTE	PRESCRIBER'S SIGNATURE	DATE PRESCRIBED	TIME PRESCRIBED
		GENTAMICIN		IV bolus			
DATE GIVEN	TIME GIVEN	Batch Number		GIVEN BY	CHECKED BY		
Pharmacy Check							

SERUM LEVEL RESULTS

DATE AND TIME PRE- DOSE TAKEN	PRE-DOSE RESULT	ACTION	DATE & SIGN
DATE AND TIME POST DOSE TAKEN	POST-DOSE RESULT	ACTION	DATE & SIGN