ADULT DOSE

Intravenous

A loading dose of 100 mg CBA should be administered followed by a maintenance dose based on creatinine clearance, in 2 or 3 divided doses:

- Intermittent haemodialysis (IHD)
  - On the assumption of 3 times/week, complete IHD sessions.
  - Administer after haemodialysis on dialysis days.
  - IV Loading dose 300 mg CBA followed by 130 mg CBA once daily. On dialysis days, a supplemental dose of 40 mg CBA or 50 mg CBA for a 3- or 4-hour IHD session, respectively, should be added to the daily maintenance dose.

- Nebulisation (controversial):
  - It must be mixed immediately prior to administration, a dose range of 75 to 150 mg CBA (2.25 to 4.5 million international units CMS) twice daily.
  - Given in a dose of 10 mg CMS (equivalent to 125,000 IU CMS or 4.2 mg CBA) per day in one daily dose or two divided doses every 12 hours.

Intrathecal / Intraventricular

Intrathecal colistin is administered through intrathecal catheter, as an adjunct to systemic antibiotic therapy.

- Given in a dose of 10 mg CMS (equivalent to 125,000 IU CMS or 4.2 mg CBA) per day in one daily dose or two divided doses every 12 hours.

SIDE EFFECTS

- Reversible nephrotoxicity (20-60%), haematuria, proteinuria, oliguria and acute renal failure due to acute tubular necrosis.
- Neurotoxicity (7%) includes reversible dizziness, vertigo, ataxia, facial paraesthesia and vertigo.
- Aerosolisation of polymyxins into the airway can be complicated by bronchospasm; bronchodilatation prior to administration may be beneficial.
- Skin hyperpigmentation.

MONITORING

- Renal function should be closely monitored during administration of colistin. If the patient has a decrease in creatinine clearance while on colistin, the dose should be reduced accordingly.
- Avoid other nephrotoxic agents if possible, and daily monitor renal function any time nephrotoxic combinations are necessary (e.g. vancomycin, aminoglycosides).

PREGNANCY

- It should be given only if the potential benefits outweigh the potential risk to the foetus.

LEGAL DISCLAIMER

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References can be found at www.APUA.org