

Gentamicin

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| Gentamicin dosing is weight based and depends on renal function; ensure accuracy of documented weight before administration | |
| CAUTION: High Administration Risk Rating | |
| Form | 80mg per 2mL vial |
| Reconstitution | Already in solution <ul style="list-style-type: none"> • Draw up using a 5 micron filter needle • Use gloves when opening ampoules |
| Compatibility & Stability | Sodium Chloride 0.9% Glucose 5% |
| Administration | IV Infusion Add dose to 100mL infusion fluid and administer over 30 minutes. Preferably administer via a central venous access device to avoid potential venous irritation. If given peripherally, choose a large vein and monitor the injection site closely. |
| | IM Injection Give by IM injection into a large muscle such as the gluteus or the lateral aspect of the thigh. Volumes >4 mL should be distributed between two or more injection sites. |
| Monitoring | Gentamicin blood level monitoring is required to ensure efficacy and minimise toxicity. |
| | Take first pre-dose (trough) level 18-24 hours after administered dose* Thereafter, levels should be monitored at least twice weekly, or daily if renal function poor or unstable. Levels should also be monitored if any dose change. Target pre-dose (trough) level <1mg/L <ul style="list-style-type: none"> • < 1mg/L: Continue with same dose. Monitor renal function. • ≥ 1mg/L: Check level taken at the correct time pre-dose. If yes, hold next dose. Do not redose until level <1mg/L • In normal and stable renal function, and no previous dose change, administer at scheduled time. Do not wait for result unless specifically advised. Do not administer any further doses without a trough result. • Do not take levels from the site of the venous catheter where Gentamicin has been administered. <p>*Level not applicable for first dose. Always check for doses that may have been administered elsewhere, e.g. ED, theatre, ICU. Refer to CUH Antimicrobial guidelines on Eolas for further guidance. Monitor renal function before starting and during treatment. Monitor auditory and vestibular function during treatment.</p> |
| Extravasation | Extravasation is likely to cause tissue damage because of the low pH of the injection. |
| Additional Information | <ul style="list-style-type: none"> • To avoid excessive dosage in obese patients (where Actual Body Weight is more than 120% of Ideal Body Weight), use Adjusted Body Weight to calculate dose – see the CUH Antimicrobial Guidelines on Eolas for guidance. • Dose should be rounded to the nearest vial. |

This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications. Further information is available from Pharmacy on 22146 or 22542

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| | <ul style="list-style-type: none">• Duration should be kept as short as possible to minimise risk of ototoxicity and nephrotoxicity.• Stat dosing may be sufficient. Courses longer than 3-5 days are not usually needed (except in endocarditis or Cystic Fibrosis). Extending the course should only be on the advice of Microbiology, ID or Respiratory |
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Information provided relates to Gentamicin (Wockhardt)

Last updated 2/12/25