

Amikacin (Adults)

Prescribing, administration and monitoring chart



CHI no

First name DOB / /

Last name Sex: ☐ M ☐ F

Address

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or attach addressograph label here

Only to be prescribed on the advice of an Infection Specialist

Age ____ , Weight ____ Kg, Height ____ cm, Creatinine ____ on ____ / ____ / ____

Initial dosing: ____ mg ____ hourly.

Dose calculation confirmed by

Monitoring:

If MBW CrCl ≥ 50 ml/minutes:

- Trough (pre-dose): < 2 mg/L
- Peak (1 hour post-dose): > 35 mg/L

If MBW CrCl < 50 ml/minutes:

- Trough (pre-dose): < 5 mg/L
- Peak (1 hour post-dose): 15-30 mg/L

Amikacin Prescription Record					Administration Record			Monitoring Record											
Complete each time a dose is to be given Prescribe on cardex 'as per chart' on paper cardex' or in PRN section of HEPMA						Administer (Administer over 1 hour in 100ml sodium chloride 0.9% or Glucose 5%)				Trough levels (pre-dose)				Peak levels (1 hour post dose)					
Date to be given	Creatinine (micromol/L)	Time to be given (24hr clock)	Amikacin dose (mg)	Prescriber's signature PRINTED NAME and status		Date given	Time started (24hr clock)	Given by		Date of sample	Time of sample (24hr clock)	Trough amikacin level		Date of sample	Time of sample (24hr clock)	Peak Amikacin level		Action required (next dose)	Initials
																		Action based on levels: <input type="checkbox"/> Continue <input type="checkbox"/> Withhold <input type="checkbox"/> Change to	
																		Action based on levels: <input type="checkbox"/> Continue <input type="checkbox"/> Withhold <input type="checkbox"/> Change to	
																		Action based on levels: <input type="checkbox"/> Continue <input type="checkbox"/> Withhold <input type="checkbox"/> Change to	
Risks of prolonged treatment include nephrotoxicity and ototoxicity. If Amikacin is required beyond 3 days, supply patient information leaflet 'Amikacin and Your Ears' <input type="checkbox"/> Date: ____ / ____ / ____																			
																		Action based on levels: <input type="checkbox"/> Continue <input type="checkbox"/> Withhold <input type="checkbox"/> Change to	



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If amikacin anticipated to continue >7days, suggest referral to audiology for assessment																			
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