

## Neonatal Gentamicin Monitoring

NHI	WARD							
SURNAME								
FIRST NAME								
GENDER DOB	AGE							
(or affix patient label)								

	ng weight:											iber's pager number:	
Use a n	Jse a new sheet for each gentamicin course and keep in the notes  Accurate entry of drug infusion times is imperative for dose predictions												
PRESCRIBER/NURSE TO COMPLETE								PHARMACIST TO COMPLETE OR ADVISE BY PHONE AND NICU STAFF CAN COMPLETE					
DOSING			SAMPLING			PHARMACOKINETICS see page 2 for calculations				NEW DOSE			
Dose date	Dose and Interval	Gentamicin Infusion Start Time	Gentamicin Infusion Stop Time	Time of Peak Level	Peak Level (mg/L)	Time of Mid- interval Level	Mid- Interval Level (mg/L)	t <sub>1/2</sub> (hr)	C <sub>max</sub> (mg/L)	C <sub>min</sub>	AUC (mg/L.hr)	Recommendations Dose and Interval	Pharmacist Signature /Pager
	mg 60 hrly First dose												
	mg hrly												
	mg hrly												
	mg hrly												

#### **Work hours**

• The Neonatal Unit pharmacist (pager 5009) will provide help with gentamicin monitoring and dose predictions between 8.00am-4.30pm Mon-Fri

### After hours

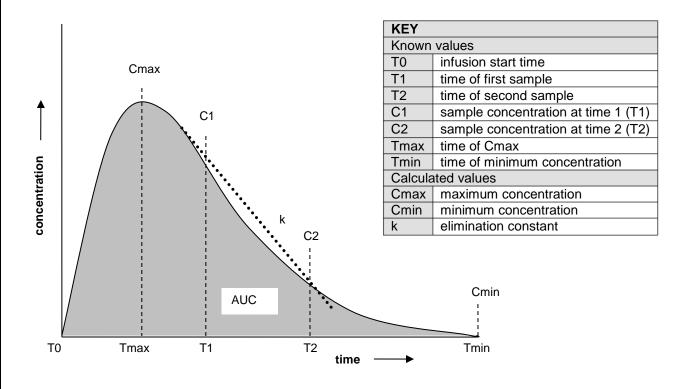
• Contact the on-call pharmacist via the Christchurch Hospital operator. Verbal predictions need to be "witnessed" by two staff members, if possible ask for photo or scanned copy of the monitoring form.

#### Notes:

- This dosing strategy aims to maximise the effectiveness of gentamicin via concentration rather than time-dependent bacterial kill and to minimise toxicity and resistance
- $t_{1/2}$  (half-life) neonates with very long gentamicin half-lives, ie. > 12 hr should not be given subsequent doses (D/W the Consultant as alternative antibiotics may not be available)
- C<sub>max</sub> (true peak concentration) needs to be > 12 mg/L. (ideal range 12 25 mg/L); Gentamicin works best with a high Cmax and a very low Cmin
- Cmin (true trough concentration at the end of the dosing interval) needs to be as low as possible and ideally should be < 0.5 mg/L
- AUC (area under the concentration-time curve) should be no greater than 250 mg/L.hr for a 60hr dosing interval (usual range 175 250 mg/L.hr)



# **Neonatal Gentamicin Monitoring**



$$k = \frac{\ln C1 - \ln C2}{T2 - T1}$$

$$t\frac{1}{2} = \frac{0.693}{k}$$

$$Cmax = C1 \times e^{k(T1 - Tmax)}$$

$$Cmin = C2 \times e^{-k(Tmin - T2)}$$

$$AUC = \underline{Cmax - Cmin}$$