## **GENTAMICIN**

Trade Name G	Gentamicin sulphate (DBL); Gentamicin Sulphate USP (Teligent)			
Class	Aminoglycoside antibiotic			
	Inhibits translation of bacterial DNA by interfering with bacterial mRNA at ribosomal level			
2.	<ol> <li>Proven or assumed Gram negative bacterial sepsis         Used in combination with β-lactam antibiotics, eg amoxicillin</li> <li>Pseudomonal infections.</li> <li>Gut bacterial overgrowth</li> </ol>			
C	Hypersensitivity to gentamicin or its components. Caution in renal impairment, and in combination with other nephrotoxic, ototoxic drugs (indomethacin, frusemide, vancomycin, amphotericin)			
Supplied As E	Either 10 mg in 1 mL. (DBL brand)			
	or 20 mg in 2mL (Teligent Brand)			
	(Note: 80mg/2mL also available but not our preferred choice)			
<b>Dilution</b> N	No dilution usually required			
Dosage/Interval In	Indication 1 and 2:			
First dose to be given	Weight (kg)	First Dose	Interval	
as shown in table. Subsequent doses to	> 1500g	10mg/kg	60hrs	
be advised by	750 - 1500g	7.5mg/kg	60hrs	
Pharmacy	<750g	Use <b>cefotaxime</b> unless treating pseudomonas or an organism sensitive only to gentamicin.  If need to use gentamicin give 6mg/kg/dose		
In	dication 2:		_	
	5mg/kg/dose orally every 12 hours for 2 weeks Alternating with 2 weeks or oral metronidazole			
	IV by infusion pump over 30 minutes Do not give IM (see Neonatal Handbook)			
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Monitoring and Further Doses		Levels required – Gentamicin week 1 of life	
	≤ 48hrs ie: 1 dose	No levels in most instances but see below for exceptions*	
	≥ 5 days	Dose 1	
	2 J uays	<ul> <li>1st Level – When decision is made to give &gt;1 dose:</li> <li>Call lab to retrospectively analyse a level on the CRP blood test taken after gentamicin was given</li> <li>If there is no blood in the lab to do this then take a level immediately</li> </ul>	
		2 <sup>nd</sup> Level - At 24-36hrs	
		Further Doses	
		<ul><li>No levels required if it is a 5 day course</li></ul>	
		Pharmacist advises if more levels are required if ≥7 day course and if they are take:	
		1st Level – At 1hr after completion of the dose	
		2 <sup>nd</sup> Level – At 24-36hrs	
	See Neonatal Handbook for	* Closer monitoring required with levels taken from <u>Dose 1</u> wherever possible:	
	more info	<ul> <li>Ab started &gt;6hrs age and so no blood in the lab to analyse a level retrospectively</li> <li>Decision for 5-7 days Ab made before starting gentamicin</li> <li>Gentamicin after week 1 of life</li> <li>HIE / renal impairment / oliguria</li> <li>Significant oedema / hydrops</li> <li>Gram negative positive blood cultures</li> <li>Concomittant nephrotoxic drugs</li> <li>Concern about clinical response</li> <li>Dose 1</li> <li>1st Level – At 1hr after completion of the dose</li> <li>2nd Level – At 24-36 hrs</li> <li>Further Doses</li> <li>Pharmacist advises if more levels are required</li> <li>NOTE: Monitoring is not required for oral administration of gentamicin as it is not</li> </ul>	
Compatible With		absorbed orally  extrose and saline solutions only  ion site: adrenaline, acyclovir, alprostadil, amikacin,	
	amiodarone, caffeine, calcium chloride, calcium gluconate, ciprofloxacin, dexmedetomidine, dobutamine, dopamine, doxapram, epoetin alpha, erythromycin, famotidine, fentanyl, fluconazole, insulin, lidocaine, magnesium sulphate, meropenem, metronidazole, methylprednisolone, midazolam, milrinone, morphine, noradrenaline, octreotide, ondansetron, pancuronium, paracetamol, phenylephrine, phentolamine, pyridoxine, ranitidine, sodium acetate, sodium bicarbonate, tobramycin, TPN, vasopressin, voriconazole, zidovudine.		

Incompatible With	Amoxycillin, amphotericin, cephalosporins, dexamethasone, diazoxide, folic acid, furosemide, ganciclovir, heparin*, indometacin, lipid*, penicillins, phenobarbital, phenytoin, propofol, sulfamethoxazole, trimethoprim.		
Stability	Single use only		
Storage	Store below 25°C. Protect from light.		
Adverse Reactions	Nephrotoxic, ototoxic – related to total dose, treatment duration and high area under the curve (AUC). Ototoxicity is not usually seen with single doses. Neuromuscular blockade and respiratory paralysis has occurred in adults with iv boluses so infuse 30min		
Metabolism	Excreted unchanged in urine by glomerular filtration		
Comments	When the 30min infusion finishes, this is "completion of the dose". To ensure the entire dose reaches the baby (and none is left in the line) follow the gentamicin infusion by a 30min flush.		
	Acts synergistically with penicillins for Gp B Strep sepsis. Toxicity is potentiated by diuretics (esp. frusemide). Adequate peak and non-toxic AUC's are difficult to achieve in babies <0.75kg therefore we prefer to use cefotaxime for these infants unless treating pseudomonas.		
	Feb 2024: Pharmacy are currently reviewing the possibility of repacking gentamicin injection for oral use – please check for an update		
References	Stickland M.D. et al: An extended interval dosing method for Gentamicin in neonates. <i>JAC</i> (2001) 48, 887 – 893     Trissel LA, Handbook on Injectable Drugs, 11 <sup>th</sup> Ed, 2001     Begg EJ et al: Eight years' experience of an extended- interval dosing protocol for gentamicin in neonates. <i>JAC</i> 2009:63:1043-9.		
Updated By	A Lynn, B Robertshawe Mar 2008, May 2009, Nov 2009, Oct 2012 A Lynn, B Robertshawe, P Buffery Nov 2015 (dose/interval/level changes) A Lynn, B Robertshawe Dec 2020 (outage of 10 mg /mL stock due to COVID 19) A Lynn, B Robertshawe Oct 2022 (re-introduction of 10mg/mL solution) A Lynn, A Day, B Robertshawe Feb 2024 (bacterial overgrowth indication)		