AMIKACIN

DESCRIPTION
Aminoglycoside used in the short-term treatment of serious infections due to susceptible strains of gram-negative bacteria (E coli, proteus, klebsiella, providencia, enterobacter, pseudomonas sp, serratia, citrobacter). It must be reserved for the treatment of infections due to micro-organisms that are resistant to other aminoglycosides. Also useful as a second line (not as initial therapy) of defence for serious staphylococcal infection.

PRESENTATION
500mg/2ml vial

DOSE

<table>
<thead>
<tr>
<th>Gestational Age</th>
<th>Dose</th>
<th>Interval</th>
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</thead>
<tbody>
<tr>
<td>&lt; 32 weeks</td>
<td>15mg/kg/dose</td>
<td>36 hours</td>
</tr>
<tr>
<td>≥ 32 weeks</td>
<td>15mg/kg/dose</td>
<td>24 hours</td>
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ROUTE
IV infusion, IM injection

RECONSTITUTION
Add 1ml (250mg) of Amikacin to 9ml of 0.9% sodium chloride to make a 25mg/ml solution. FURTHER DILUTE 1ml (25mg) of this solution to 9ml of 0.9% sodium chloride to make 2.5mg/ml solution.

ADMINISTRATION
IV infusion over 30 minutes using the proximal IV bung

STORAGE
Discard unused portion

MONITORING
Serum level prior to third dose (trough level 4-6mg/l or 4-6mcg/ml). Assess renal function.

ADVERSE EFFECT
Potentially ototoxic and nephrotoxic, this risk being increased with impaired renal function. Diuretic treatment also enhances the aminoglycoside toxicity by altering the antibiotic concentration in the serum and tissues.

INCOMPATIBILITY
aminophylline, amphotericin, calcium gluconate, cefotaxime, diazepam, dobutamine, heparin, imipenem, penicillin, phenobarbitone, phenytoin, vancomycin.

REFERENCE
Neonatal Formulary 5, Drug use in Pregnancy and First Year of Life, 2007, Blackwell Publishing Ltd