

Can only be prescribed under supervision of an infection specialist

Amikacin is an aminoglycoside antibacterial and is reserved for ID/Micro use in resistant severe gram negative bacterial infections. A recent systematic review found little published evidence to support an optimal dosage regimen or TDM targets for amikacin therapy. This guidance is adapted from unpublished work done in NHS GG&C with their kind permission.

Exclusions:

This guidance DOES NOT apply to the following groups of patients:

- TB refer to TB Monographs website
- <16 years old
- Endocarditis
- eGFR <20ml/min or AKI3 on dialysis or renal transplant or end stage renal disease on dialysis with residual kidney function
- Myasthenia gravis
- Ascites >20% body weight or decompensated liver disease
- Burns >20% body surface
- Pregnancy
- Cystic Fibrosis

Dose:

• Calculate CrCl using actual or maximum body weight (whichever is lower) - do not use eGFR

<u>(140-age (years)) x weight (kg))</u>	x 1.23 (males)	If Cr < 60 micromol/L use 60 in calculation
Creatinine (micromol/L)	x 1.04 (females)	

• Use actual or maximum body weight (whichever is lower) to calculate dose from table below

CrCI (ml/minute)	Amikacin dose (use actual or maximum body weight whichever is lower)
20-29	5.5mg/kg 24 hourly
30-49	6mg/kg 24 hourly
50-70	12mg/kg 24 hourly
>70	15mg/kg 24 hourly

• Follow administration details provided with product.

Target Concentrations and Sampling Guidelines:

- Blood samples have to be sent to Bristol for analysis please discuss with Microbiology
- Check levels within the first 48 hours then every 2-3 days thereafter
- Dose requirements will change if renal function alters
 - check creatinine concentration and eGFR daily
- Please record the exact times of all doses and samples on the electronic request
- If CrCl ≥50ml/min
 - Peak (1 hour post dose): 35mg/L
 - Trough (pre dose): <2mg/L

- If CrCl <50ml/min
 - Peak (1 hour post dose): 15-30mg/L
 - Trough (pre dose): <5mg/L
- If trough level high extend dosing interval. If peak level high reduce dose. If peak level low increase dose. Seek advice from pharmacy if unsure how to interpret the result.

Adverse effects:

- Amikacin affects auditory function to a greater extent than gentamicin. If therapy is expected to last >7 days refer to audiology for baseline audiometry and repeat weekly.
- Monitor daily for any vestibular or auditory function
- Check renal function daily
- Ensure patient is well hydrated
- Avoid co-prescription of other nephrotoxic or ototoxic medicines

References:

Amikacin Use and TDM in Adults. BSAC Working Party on TDM <u>J Antimicrob Chemother (2016) 71 (10):</u> 2754-2759.

Amikacin Summary of Product Characteristics accessed on 180417: <u>https://www.medicines.org.uk/emc/medicine/619</u>

Medusa Injectable Medicines Guide

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