

<b>HOSPITAL</b> (Circle one) <b>PGH</b> <b>DDH</b>		<b>Post-gestational Age:</b>  <b>Weight (Kg):</b>	<b>NAME</b>  <b>DATE OF BIRTH</b>  <b>HOSPITAL NUMBER</b>  <b>CONSULTANT</b>  <p style="text-align: center;"><b>ATTACH LABEL IF AVAILABLE</b></p>
<b>WARD</b>		<b>Transcription Check:</b> (for Pharmacy use only)	
<b>ADMISSION DATE</b> Day      Month      Year		<b>CHART No.:</b> 1    2    3    4	
(Empty space for notes)		(Empty space for notes)	

**Drugs MUST NOT be administered until this section has been completed**

If there are NO known Allergies write <b>NKDA</b> below and sign	<b>Known Allergies</b>		<b>ALLERGY STATUS UNCONFIRMED</b>  Reason: .....  Authority to administer ceases at the end of the next weekday
	Medicine / Substance	Reaction	
Signature      Bleep No.      Date	Signature      Bleep No.      Date	Signature      Bleep No.      Date	

- NOTES FOR MEDICAL and NURSING STAFF**
- **Do not alter an existing prescription** - If the dose or route is to change, **CANCEL** and **RE-WRITE** the prescription.
  - **DRUG ADMINISTERED:** Initial box for time and date administered. **Gentamicin** record **actual time** administered.
  - To **CANCEL** a drug, draw a **BOLD** oblique line through the prescription box and a line through the next administration column; initial & date.

<b>All gentamicin prescriptions must be entered on the patient's main prescription with a note to "<u>See gentamicin prescription sheet</u>" regarding dose regime.</b>	<b>COMPLETED BY:</b>
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**Neonatal gentamicin dose initiation regime**

Gentamicin dose and frequency	Tick one	Doctor's sig, GMC & bleep No.
Neonates less than 7 days after birth 5mg/kg every 36hours	<input type="checkbox"/>	
Neonates more than 7 days after birth 5mg/kg every 24hours	<input type="checkbox"/>	

The first **three doses** should be prescribed on initiation of treatment **unless patients have renal impairment**, when only one dose should be prescribed and levels checked prior to a second dose. Please refer to the full neonatal gentamicin protocol. The pre-dose level should be < 2mg/L

Date	Drug	Dose	Route	Time	Doctor's sig, GMC & bleep No.	Given by	Time	Witnessed by
	GENTAMICIN	mg	I/V					
	GENTAMICIN	mg	I/V					

Take a pre-dose blood sample before administering the 3<sup>rd</sup> dose. Sample taken by: \_\_\_\_\_ Time taken: \_\_\_\_\_

GENTAMICIN	mg	I/V						
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Gentamicin level : \_\_\_\_\_ mg/L                      Results read and interpreted by: \_\_\_\_\_

If there are any frequency alterations required, please state new frequency	Doctors signature for frequency alteration. Please document in notes.

Date	Drug	Dose	Route	Time	Doctor's sig, GMC & bleep No.	Given by	Time	Witnessed by
	GENTAMICIN	mg	I/V					
	GENTAMICIN	mg	I/V					

Take a pre-dose blood sample before administering the 6<sup>th</sup> dose. Sample taken by: \_\_\_\_\_ Time taken: \_\_\_\_\_

GENTAMICIN	mg	I/V						
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Gentamicin level : \_\_\_\_\_ mg/L                      Results read and interpreted by: \_\_\_\_\_

If there are any frequency alterations required, please state new frequency	Doctors signature for frequency alteration. Please document in notes.

<b>Pharmacist Review</b>	<b>Date</b>							
	<b>Sign</b>							

# NPSA Checklist

<b>Date</b>	
<b>Double checking prompt for the administration of intravenous gentamicin to neonates</b> <i>Please circle the appropriate answers to questions, and both staff administering to sign</i>	
Check the date and time of the next blood level required. Are any blood levels required prior to or post administration?	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
Do any blood levels need action prior to administration of this dose? i.e. results chasing or results interpreted	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
If yes to above has the person responsible for the interpretation of the result been informed?	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
Has the blood level result been interpreted correctly? If not, escalate as per policy	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
Does the dose or dosing interval need changing as a result of the blood level result? If yes ensure this is actioned as per local policy.	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
Check the time recorded when the last dose was given and the frequency prescribed. Is a dose due now?	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
Is the patients current weight recorded on the prescription chart correct? Caution: Ensure the weight is recent and realistic	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
Has the correct dose been prescribed based on the weight. Each checker to calculate the dose separately	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
Is the dosing regimen and frequency correct for days of life after birth?	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
Has the prescription been signed by the prescriber?	Yes / No    Yes / No    Yes / No    Yes / No    Yes / No
<b>Blood level monitoring : Any actions required in this section should be prioritised to ensure doses are not delayed</b>	<b>Action for medical staff</b>
<b>Prescription chart details</b>	<b>Action for medical staff</b>