Ontario Health atHome

Vancomycin & Aminoglycoside (Gentamicin, Tobramycin) Prescription Form

Patient Information: *Please print clearly or complete electronically*			Weight: Height:
Name:			Primary Diagnosis:
Address:			Secondary Diagnosis:
			History of Renal Failure: ☐ Yes ☐ No
City: PC:		Tel:	Existing Hearing Problems: ☐ Yes ☐ No
HCN: DOB:			Other Medications: *Please send list*
Drug and Other Allergies:			History of drug reaction (Please specify and provide date):
Most Responsible Physician (MRP) for Community Management Name: MRP Phone:			
MRP Fax: MRP Transfer of Care contact made date (dd/mm/yy):			Referring Physician
Initials:			

STOP IF NOT MOST RESPONSIBLE PHYSICIAN OR FORM INCOMPLETE

Medication Order (Aminoglycosides). First dose must be given by referring facility.

Drug:	Dose:	Therapy Start Date: Time:
		Most Recent Dose Given: Time:
Frequency:	Duration: Doses or	Days

Route: ☐ PICC ☐ Tunneled Line ☐ Implanted Port ☐ Peripheral ☐ Other (Specify):

** If Vancomycin will be administered for greater than 7 days a central line is strongly recommended*

Intended Stop Date:	Other Instructions:

Results of Baseline Bloodwork:		**Date of Bloodwork:**	
Serum Creatinine:	Creatinine Clearance:	Trough Level (if done):	Peak Level (if done):

Bloodwork Orders for Vancomycin:

** If Vancomycin will be administered for less than 5 days no monitoring of bloodwork is required unless risk factors exist (See Reverse). If Vancomycin will be administered greater than 4 days order trough levels. Creatinine minimum weekly, CBC if treatment > 2 weeks or neutropenia. Trough levels should be done 1hr before dose is given.*

Frequency of Vancomycin Trough Level:	Frequency of Creatinine: ☐ Weekly ☐ Specify:

Bloodwork Orders for Aminoglycoside *(See product monograph or recommendations on reverse side of this form)*

Monitoring always required	Date (dd/mm/yy)	Time	Weekend and Evening Lab Service Likely Unavailable
First Trough Level for Aminoglycoside; Creatinine to be done:			
Second Trough Level for Aminoglycoside; Creatinine to be done:			
Creatinine:	☐ Weekly ☐ Specify:		
Ongoing Trough Levels:	☐ Twice Weekly ☐ Specify:		

Arrangements *for* Laboratory *Services* *(location of labs may be provided by Ontario Health atHome,* arrangements *made by referring MD).*

☐ Requisition sent to Lab ☐ Labwork plan reviewed with Patient / SDM ☐ Patient plans to attend Lab

Name of Lab:

☐ In Home Lab arrangements ☐ Nurse Draw ☐ Mobile Unit

Physician: *Please print clearly or complete electronically*		**Telephone order taken by:**
Name:	CPSO#:	Name:
Address:		Date: Time:
City:	Postal Code:	All pertinent data to be completed. All prescriptions must by signed by the ordering physician and faxed to the appropriate CCAC office (see unit Care Coordinator)
Phone:	Fax:	
Cell:	Pager:	
Physician Signature:		**Date:**

- **Please ensure you have given the patient an outpatient bloodwork requisition for monitoring. This form alone is not enough.**

***** For Amikacin and Streptomycin consult with Infectious Disease Specialist and Pharmacist for home use *****

Risk Factors for Vancomycin and Aminoglycoside Toxicity

1. Compromised renal function
2. Older age
3. Dehydration
4. Large or frequent doses of vancomycin or aminoglycosides
5. Long duration of therapy
6. Repeated use of vancomycin or aminoglycosides
7. Co-administration with certain medications such as other aminoglycosides or vancomycin, or loop diuretics
8. Pre-existing hearing problems

Signs and Symptoms of Vancomycin and Aminoglycoside Toxicity

1. Vestibular damage may cause dizziness, loss of balance, vertigo, ataxia, nausea, vomiting and nystagmus. Test balance by asking the person to walk in a straight line. Assess for recent falls, feeling of unsteadiness, or altered gait at each visit.

2. Cochlear damage may cause tinnitus, a roaring in the ears, and hearing loss. Observe client for inattentiveness, failure to respond to conversation level speech, failure to answer appropriately, or need to increase volumes on television or radio.
3. Observe for declining renal function including decreased urination, dark urine with a foul odour, edema, changes in mental status, fatigue, bleeding/bruising, increased blood pressure, nausea/vomiting, elevated serum creatinine/BUN

References:

VANCOMYCIN HYDROCHLORIDE FOR INJECTION, USP ANTIBIOTIC
Pharmaceutical Partners of Canada Inc. Date of Preparation:
45 Vogel Road, Suite 200 January 17, 2008 Richmond Hill, ON L4B 3P6 Date of
Revision: March 7, 2011
Control No.: 144773

Beers, M., Porter, R.S., Jones, T.V., Kaplan, J.L.,
& Berkwits, M. (Eds.) (2006). *The Merck Manual of Diagnosis and Therapy, 18th ed.* Whitehouse Station, NJ. Merck Research Laboratories.

Van Leeuwen, A. M., Kranpitz, T. R., & Smith, L. (2006). *Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications.* F.A. Davis: United States of America

Anti-infective Guidelines for Community-Acquired Infections, 2013 Edition, Anti-infective Review Panel

Patient/ SDM Information Sheet

For Patient on Home Aminoglycosides or Vancomycin Therapy

What You Need to Know

Patient Name:	
Your Medication is:	
Your Doctor at home is:	

Remember to have your blood taken

How often should my blood be taken? When should it be taken? Frequency of your blood work is:	
Your Home Lab Arrangements:	

Speak to your Physician and/or your visiting nurse about the frequency and results of your blood work.