Policy:
A pharmacist will be available to dose and monitor all patients under the age of 18, who are prescribed an aminoglycoside or vancomycin.

Physician Responsibility

♦ Enter an order or give a verbal order for an aminoglycoside or vancomycin in the patient’s medical record.

Pharmacy Responsibility

♦ Obtain necessary patient information and complete necessary forms in the Clinical Pharmacy Polk Kinetics folder.
♦ Enter correct dose in PharmNet.
♦ Order necessary labs.
♦ Monitor the patient as needed.
♦ Document interventions and complete SOAP notes as needed.

Nursing Responsibility

♦ If the order is written, the nurse will scan a copy of the order to the Pharmacy Department.

♦ Note: There is a specific policy and order form for patients 18 years or older. Please refer to policy P-PCS-06-025.

♦ If a dose of aminoglycoside or vancomycin is not given within 30 minutes of when scheduled to be given, the nurse will take the following action:
  ➢ The nurse will chart the time of administration on the EMAR.
➢ The nurse may call the Pharmacy to request an altered schedule if needed.

OBTAINING BLOOD SAMPLES FOR AMINOGLYCOSIDE/VANCOMYCIN LEVELS

Prior to laboratory or nursing personnel obtaining the blood sample for an aminoglycoside or vancomycin level, the nurse will verify the sample is to be obtained at that time. To allow for the most accurate blood levels of these drugs, the order for collection site preference will be as follows:

1. Separate stick from a peripheral vein.

2. Multiple lumen central line (use only if #1 cannot be obtained), which must be taken from a different port than the one used for drug infusion. One lumen of the line will be marked for aminoglycoside or vancomycin infusion. The most proximal port should be the one used for obtaining blood, with a more distal port used for drug infusion. If drawn from the central line a notation must be made in Cerner to indicate the specimen was drawn from a central line.

**Note:** Blood for aminoglycoside/vancomycin levels should not be drawn from the same line/port that is used to infuse the drug except in unusual circumstances, and then only if none of the above sites are available. If drawn from the same line, the line should be flushed first, and then at least 6 ml of blood drawn and discarded before obtaining the sample to send to the lab. Blood drawn from the same line/port that is used to infuse the drug must be documented in the nurse’s notes. (*Note: Blood will not be drawn from smaller than a # 4 Central Line]*)