

Safe Amphotericin Deoxycholate (AmB) Administration

The dose of AmB to be administered daily is 1mg/kg/day

Disclaimer: Recommendations for advice and general information only.

AmB dose	Amount drawn up from vial(s)	Number of vials
25mg	5ml	1
30mg	6ml	1
35mg	7ml	1
40mg	8ml	1
45mg	9ml	1
50mg	10ml	1
55mg	11ml	2
60mg	12ml	2
65mg	13ml	2
70mg	14ml	2
75mg	15ml	2
80mg	16ml	2

Pre-hydration

Aim: Avoid hypokalaemia and renal toxicity associated with AmB administration. Administer 1L N. Saline with KCl (20mmol) **over 2 hours minimum** prior to AmB infusion. **Do not** supplement K if patient has pre-existing renal impairment or hyperkalaemia.

Administration

Inject AmB dose into 1000ml bag of 5% Dextrose or 10% Dextrose (*never* N.Saline as medicine will precipitate). Administer over 4 hours to avoid arrhythmias. Routine supplements: 1-2 8mEq KCL tablets twice daily, 2x 250mg magnesium glycerophosphate twice daily.

Monitoring

Monitor daily for symptoms & signs of thrombophlebitis. Monitor full blood count (baseline & weekly) & renal function (baseline & twice weekly). If amphotericin B-induced rigors occur, the infusion length can be increased. Anti-histamines or hydrocortisone may rarely be required. If significant hypokalaemia ($K < 3.3\text{mmol/L}$), increase K supplementation to one or two 8mEq KCl tablets three times daily, monitor K twice weekly*. If hypokalaemia remains uncorrected, consider doubling Mg oral supplementation. *If monitoring facilities allow, consider increased IV KCl supplementation (e.g. additional ampoule of 20 mmol KCl under careful monitoring).

Schedule for minimum laboratory monitoring for 1 week Amb + 5-FC

	Week 1 AmB Administration				
Day of Treatment	1	3	4	5	7
Minimum laboratory monitoring	Potassium (K) Creatinine (Creat) Haemoglobin (HB)		K Creat HB		K Creat HB

Management of AmB-related renal impairment

If creatinine (Creat) rises up to 2.5 mg/dl (220 $\mu\text{mol/l}$) or increases by >2 fold from baseline value: miss one AmB dose. Increase IV fluids unless contraindicated. Check Creat next morning.

If creatinine not improving: stop AmB and switch to Fluconazole (1200 mg) + 5-FC adjusting it's dose for renal impairment.

Avoid nephrotoxic drugs such as non-steroidal anti-inflammatory drugs (NSAIDs) including ibuprofen and aminoglycosides e.g. Gentamicin and Streptomycin.



Drip sites need to be checked daily for signs of thrombophlebitis as seen here and changed regularly. Consider antibiotic therapy after cannula removal in case of severe thrombophlebitis.