

PROTOCOL FOR THE MONITORING OF INTRA-VESICAL AMIKACIN USE IN UROLOGY PATIENTS

1. PATIENT IDENTIFIED AS REQUIRING INTRA-VESICAL AMIKACIN

Patient name, MRN, DOB, GP recorded.

Baseline renal function recorded.

Patient appropriately trained to intermittently self-catheterise and to self-administer intra-vesical amikacin.

2. 5-7 DAYS AFTER STARTING INTRA-VESICAL AMIKACIN

Blood sample taken at or near 9am in the GP surgery and send to Severn Pathology Infection Sciences for amikacin level (labelled "random" Amikacin level please date and **TIME** sample).

If any level over 5mg/L, Amikacin stopped immediately. Otherwise continue intra-vesical amikacin for time agreed, which may be more than 6 months.

3. ONE MONTH AFTER COMMENCING INTRA-VESICAL AMIKACIN

Review of patient and technique in hospital.

Repeat blood sample at or near 9am and send to Severn Pathology Infection Sciences as above.

Repeat renal function.

Repeat urine sample – MSU and indicate patient receiving intra-vesical amikacin.

4. MONTHS 2, 3, 4 AND 5.

Repeat blood sample at or near 9am and send to Severn Pathology Infection Sciences as above.

5. MONTH 6

Review of patient and technique in hospital.

Repeat blood sample at or near 9am and send to Severn Pathology Infection Sciences as above.

Repeat renal function.

Repeat urine sample – MSU and indicate patient receiving intra-vesical amikacin.

Amikacin levels should be taken as close to 9am as possible to enable the results to be interpreted however can be delivered to the lab on the next normal delivery. The review of amikacin results remains with the urology team.

Amikacin levels can be ordered on ICE but it has to be free texted in. It does not have a specific box to tick.

Rachel Skews (Specialist Urology Nurse); I Baker (Microbiology Consultant)

Patient Name	MRN	DOB	GP
Day 5-7 Date:	AMIKACIN Level <input type="checkbox"/>		
Month 1 Date:	AMIKACIN Level <input type="checkbox"/>	Technique? <input type="checkbox"/> Check	Creatinine <input type="checkbox"/> eGFR <input type="checkbox"/> MSU <input type="checkbox"/>
Months 2,3,4,5 Date: Date: Date: Date:	AMIKACIN Level <input type="checkbox"/> AMIKACIN Level <input type="checkbox"/> AMIKACIN Level <input type="checkbox"/> AMIKACIN Level <input type="checkbox"/>		
Month 6 Date:	AMIKACIN Level <input type="checkbox"/>	Technique? <input type="checkbox"/> Check	Creatinine <input type="checkbox"/> eGFR <input type="checkbox"/> MSU <input type="checkbox"/>
Comments:			

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