

PROTOCOL FOR: Amphotericin B

DESIRED PATIENT

- OUTCOMES:
1. Patient will have successful eradication of the invading fungal infection with minimal side effects.
 2. Family will verbalize understanding of reason for the Amphotericin.
 3. Adverse reactions will be identified and treated immediately.
 4. Infant will be comfortable during infusion.

CLINICAL
ASSESSMENT
AND CARE:

1. Obtain baseline vital signs: temperature, heart rate (HR), respiratory rate (RR) and blood pressure (BP), before administering any Amphotericin dose.
2. Consider analgesic support. Administer narcotics as ordered.
3. During the first dose, more frequent vital signs should be done as follows:
 - a. temperature q 30 minutes X 2, then q 1 hour
 - b. HR, RR, BP q 15 minutes for the first hour, then q 30 minutes X 1 hour, then q 1 hour for remainder of infusion
4. Once maintenance dose is established and patient is tolerating Amphotericin well, vital signs as follows:
 - a. HR, RR, BP q 1 hour
 - b. temperature q 4 hours, unless fever present, then temperature q 1 hour
5. At the completion of each infusion, HR, RR, BP to be taken q 1 hour X 2.
6. Assess for and report acute reactions during infusion:
 - a. vomiting
 - b. fever
 - c. hypotension
 - d. cardiac arrhythmias
 - e. tachypnea
 - f. behavioral activity changes
 - g. decreased urine output
 - h. agitation or signs of distress
7. Long term side effects of Amphotericin are generally seen as decreased renal function, renal tubular acidosis, potential for bleeding, anemia, fluid and electrolyte imbalance, and cardiac toxicity. Assess patient for:

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- a. signs of bleeding/bruising
- b. adequate urine output
- c. Urinalysis as ordered
- d. weight loss or gain
- e. altered level of consciousness
- f. muscle weakness, hypotonia

- ADMINISTRATION:
1. Preference is to use central venous line for infusion. Assess site q 1 hour, due to high risk of phlebitis.
 2. Do not use IV filter when administering Amphotericin (antifungal will be filtered out).
 3. Amphotericin B is only compatible with dextrose solution. Flush line before and after infusion with dextrose solution (D5W, D10W). (Not compatible with normal saline, will precipitate.)

DOCUMENTATION: 1. Frequent vital signs flowsheet.

APPROVAL: Nursing Standards Committee

EFFECTIVE
DATE: 6/91

REVISION
DATES: 9/91, 10/93, 4/94, 12/94, 3/95, 5/97, 5/99, 10/00, 12/01, 12/02,
1/05

REVIEWED
DATES: 12/08