

DATE	TRANSCRIBED BY @ TIME	IV Amphotericin B Order Set
		(All orders to be deleted are to be crossed out with a single line and initialed and dated by prescriber)
		DO NOT USE: U, u, IU, MS, MSO ₄ , 1.0 (trailing zero), .5, QD, QOD, MgSO ₄ INSTEAD USE: Unit, Morphine, 1, 0.5 (leading zero), Daily, Every other day, Magnesium
		Amphotericin B Lipid Complex (Abelcet®) is the formulary liposomal amphotericin B product. For other liposomal formulations of amphotericin B, please follow non-formulary process for antimicrobials.
		Allergies: _____ Weight: _____ kg
		<p>1. Advisory: Infusion related reactions (IRR) to amphotericin B are usually seen within 90 minutes of the infusion and typically remit within 3 to 4 hours</p> <p>Up to 25% of patients will have minimal or no immediate IRR and tolerance to the reactions usually develop over time. Therefore, if pre-medications are used early in the course, their ongoing need should be reassessed.</p> <p>Observe the patient closely during administration of the first dose. Pre-medication is strongly encouraged with subsequent doses in patients if the following IRR occur: fever, chills, hypotension, and/or rigors</p>
		<p>2. Pre-medications for Fever/Chills:</p> <p><input type="checkbox"/> Acetaminophen 650mg PO PRN 30 minutes prior to amphotericin B infusion (should not exceed 3000mg per day)</p> <p><input type="checkbox"/> Diphenhydramine 25mg IV push PRN for pre-medication 60 minutes prior to amphotericin B infusion. Rate should not exceed 25mg/min. Infuse over 5-10minutes.</p> <p>OR</p> <p><input type="checkbox"/> Diphenhydramine 25mg PO PRN for pre-medication 60 minutes prior to amphotericin B infusion.</p>
		<p>3. Severe Rigors (refractory to acetaminophen/diphenhydramine):</p> <p><input type="checkbox"/> Meperidine 25mg IV push every 15 minutes PRN for severe rigors. Maximum dose = 100mg over 1 hour (use caution in patients with renal insufficiency). Rate should not exceed 10mg/minute.</p>
		<p>4. Saline Hydration: To minimize risk of nephrotoxicity, patients should receive at least one liter of 0.9% NaCl per day of Abelcet if tolerable. May consider only pre-hydration if administration of fluids is difficult (i.e., CHF).</p> <p><input type="checkbox"/> NaCl 0.9% 500mL IV infusion, q24h @ 500ml/hr immediately prior to amphotericin B infusion</p> <p><input type="checkbox"/> NaCl 0.9% 500mL IV infusion, q24h @ 500ml/hr immediately following amphotericin B infusion</p> <p>Fluid Restricted Patients: <input type="checkbox"/> NaCl 0.9% 250mL IV infusion, q24h @ 250ml/hr immediately prior to amphotericin B infusion</p> <p><input type="checkbox"/> NaCl 0.9% 250mL IV infusion, q24h @ 250ml/hr immediately following amphotericin B infusion</p> <p>Other: <input type="checkbox"/> NaCl 0.9% _____ mL IV infusion, q24h @ _____ ml/hr immediately prior to amphotericin B infusion</p> <p><input type="checkbox"/> NaCl 0.9% _____ mL IV infusion, q24h @ _____ ml/hr immediately following amphotericin B infusion</p>
		<p>5. Amphotericin B infusion: Typical Amphotericin B dose is 0.3-0.7mg/kg</p> <p><input type="checkbox"/> _____ mg/kg Amphotericin B, IV infusion, q24h. Infuse over 2 hours. Flush line with D5W before and after infusion.</p> <p style="text-align: center;">OR</p> <p>Typical Abelcet (<i>amphotericin B lipid complex</i>) & AmBisome (<i>liposomal amphotericin B</i>) dose is 5mg/kg</p> <p><input type="checkbox"/> Abelcet (amphotericin B lipid complex) <input type="checkbox"/> AmBisome (liposomal amphotericin B) – <i>non-formulary</i></p> <p><input type="checkbox"/> <u> 5 </u> mg/kg in D5W 250mL, IV infusion, q24h. Infuse over 2 hours. Flush line with D5W before and after infusion.</p>
		<p>6. Monitoring: Electrolytes should be checked at least every other day</p> <ul style="list-style-type: none"> • Potassium and magnesium • Replenishment should be provided prior to the next amphotericin B dose <p>Serum creatinine and urine output should be monitored every 48 hours to evaluate for possible renal toxicity</p>
		Physician Signature & ID: _____ Date/Time: _____

