



Allergies: _____

Amphotericin B Order Set

M = MAR
OE = ORDER ENTRY
K = KARDEX
N = NOTIFIED
ACTION

Please Note Preselected Orders Are MANDATORY

Weight: _____

Pre-Medications

Give 30 – 60 minutes before start of infusion

Reaction usually occurs in the first 1 – 3 hours then subsides

Doses up to and including Hydrocortisone 100 mg and diphenhydramine 50 mg may be administered together in a 100 mL D5W bag

- ☐ diphenhydramine _____ mg IV pre-Amphotericin B (usual dose is 25 – 50 mg) x 3 days, then reassess
- ☐ Hydrocortisone _____ mg IV pre-Amphotericin B (usual dose is 50 mg) x 3 days, then reassess
- ☐ Meperidine _____ mg IV PRN for rigors (usual dose is 25 – 50 mg)

IV Therapy

Although the initial dosage may be given peripherally, Amphotericin B is a **vesicant**

It is recommended that a PICC line be inserted as soon as possible to avoid IV access complications

- ☐ PICC Consult

Amphotericin Dosing

In severe cases consider going straight to maximum dosing on Day #1

Consider conversion to oral antifungal (ie: Itraconazole) when patient stable and obviously improving

- ☒ Monitor patient: T, HR, RR, BP q30minutes for 2 hours for initial dose
- ☒ Day #1 Amphotericin 0.25 mg/kg/day = _____ mg in 1,000 mL D5W and infuse over 8 hours

The following is a guideline only:

The patient should be assessed daily until maintenance dose is established

If not tolerated, the dose may need to be reduced or the infusion time may need to be increased

- ☒ Day #2 and #3 Amphotericin 0.5 mg/kg/day = _____ mg in 1,000 mL D5W over 8 hours
- ☒ Day #4 and #5 Amphotericin 0.75 mg/kg/day = _____ mg in 1,000 mL D5W over 8 hours
- ☒ Day #6 and on Amphotericin 1 mg/kg/day = _____ mg in 1,000 mL D5W over 8 hours

If there is evidence of toxicity:

Consider extending the administration of the dose up to a 24 hour continuous infusion (before considering switching to Amphotericin Liposomal)

Lab Investigations

Baseline Lab Investigations (Prior to Amphotericin B treatment)

- | | | | | |
|---|---|---|--|---|
| <input checked="" type="checkbox"/> CBC | <input checked="" type="checkbox"/> LYLES | <input checked="" type="checkbox"/> CREAT | <input checked="" type="checkbox"/> CA | <input checked="" type="checkbox"/> MG |
| <input checked="" type="checkbox"/> AST | <input checked="" type="checkbox"/> ALP | <input checked="" type="checkbox"/> ALT | <input checked="" type="checkbox"/> TBIL | <input checked="" type="checkbox"/> ALB |

Lab Investigations for Duration of Amphotericin B Therapy

Every other day for first week then weekly

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> CBC | <input checked="" type="checkbox"/> LYLES | <input checked="" type="checkbox"/> CREAT | <input checked="" type="checkbox"/> MG |
| <input checked="" type="checkbox"/> AST | <input checked="" type="checkbox"/> ALP | <input checked="" type="checkbox"/> ALT | <input checked="" type="checkbox"/> TBIL |

Practitioner _____ Signature _____ Date/Time _____

Processed by _____ Nurse Verified _____

Date/Time _____ Date/Time _____