

**NATIONAL INSTITUTES OF HEALTH  
WARREN GRANT MAGNUSON CLINICAL CENTER  
NURSING DEPARTMENT**

**Standard of Practice: Care of the Patient Receiving Amphotericin B Deoxycholate, Lipid-Complex Amphotericin (Abelcet), & Liposomal Amphotericin (AmBisome)**

**Background Information**

	<b>Amphotericin B Deoxycholate</b>	<b>Lipid-Complex Amphotericin (Abelcet)</b>	<b>Liposomal Amphotericin (AmBisome)</b>
Primary infusion solution	D5W only	D5W only	D5W only
Flush solution before and after amphotericin administration	<u>D5W only</u>	<u>D5W only</u>	<u>D5W only</u>
Infusion duration	2 to 4 h	2.5 mg/Kg/h (agitate bag every 2 h)	2 h (may decrease to 1h if tolerated)
In-line filter	Not usually used (if used, must be = 1 micron pore size)	No	Not usually used (if used, must be = 1 micron pore size)
Concurrent infusion with fat emulsion	Yes, if separate lumens are used	No	No
WBC Administration (Concerning the administration of WBC's and Amphotericin, Abelcet, & AmBisome, the completion of the one should be separated from the initiation of the other by $\geq 4$ hours)	Separate initiation of Ampho by = 4 h	Separate initiation of Ampho by = 4 h	Separate initiation of Ampho by = 4 h
Blood Products other than WBCs (Concerning the administration of blood products other than WBC's and Amphotericin, Abelcet, & AmBisome, the completion of the one should be separated from the initiation of the other by $\geq 2$ hours)	Separate initiation of Ampho by = 2 h	Separate initiation of Ampho by = 2 h	Separate initiation of Ampho by = 2 h

## **I. Assessment**

- A. Assess patient/family understanding of drug, potential toxicities, and adverse drug reactions
- B. Review lab results: BUN, creatinine, potassium, and magnesium
- C. Review prescriber orders for any premedications and pre-/post-hydration.
- D. Verify that emergency medications are readily available in the area where patient will receive treatment.

## **II. Interventions**

- A. Notify prescriber of any abnormal findings (e.g., vital signs and labs) prior to drug administration
- B. Obtain TPR and BP prior to administration of drug and then:
  - 1. For first dose, q 15 minutes X4 and then q 30 minutes during infusion
  - 2. For subsequent doses, q 2 hours
- C. Maintain records of daily weights and/or intake and output recording for duration of planned therapy (outpatients would more commonly be asked to take and record weights and contact prescribers for deviations from established parameters)
- D. Instruct patient to remain on patient care area during drug administration unless accompanied by nurse.
- E. Ensure emergency equipment is available in patient's room:
  - a. Normal saline flush solution
  - b. Oxygen
  - c. Suction machine
  - d. Vital sign monitor
- F. Prime IV administration set with D5W; attach a 3-way stopcock or "Y-extension" piece
- G. Administer pre-medications as ordered
- H. In the event of an adverse infusion-related reaction ( e.g., fever, rigors, nausea, vomiting, flank pain, hypotension, rash, or pruritus):
  - 1. Stop infusion for moderate to severe reactions
  - 2. Maintain patency of IV access
  - 3. Notify prescriber immediately
  - 4. Initiate management strategies as ordered
- I. In the event of a severe adverse drug reaction (e.g., dyspnea, wheezing, swelling of the tongue, or throat):
  - 1. Initiate interventions described above in section II., J.
  - 2. Initiate oxygen therapy as appropriate
  - 3. STAT page prescriber or activate the Clinical Center Emergency Response Team

### III. Documentation

- A. Document in MIS or on approved medical record form:
  - 1. Medication administration & patient response
  - 2. Assessment and interventions
  - 3. Adverse reactions and interventions
  - 4. Patient and family/significant other teaching

### IV. References:

- A. American Hospital Formulary Services, Drug Information, 2001, Bethesda, MD.: American Society of Hospital Pharmacists.

Approved:

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Clare Hastings, R.N., Ph.D  
Chief, Nursing and Patient Care Services

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