Monitoring and Hydration Pathway for High Nephrotoxic Medication Exposure

Criteria: 1 IV aminoglycoside OR 3 or more other nephrotoxic medications (listed below)

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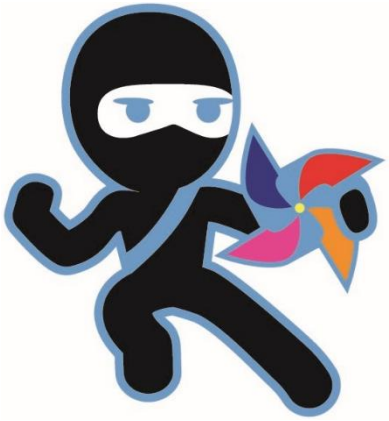
Project



Medication Alternatives
Consider Switching to Non-Nephrotoxic Medication

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Initiate Monitoring
Order Daily Creatinine* and Weights

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Order Urine Specific Gravity

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Evaluate Hydration Status

Appropriately Hydrated → **Encourage Oral Hydration**
- Consider IV Fluids if needed
- Wean as able

Clinically Dehydrated, OR **Specific Gravity ≥ 1.010** → **Improve Hydration Status**
- Initial IV Fluid Bolus[1] AND
- Maintenance IV Fluids

→ **Wean IV Fluids, if:**
- **Good oral intake**
- **Stable creatinine**

Nephrotoxic Medications

Aminoglycosides
IV Amikacin
IV Gentamicin
IV Tobramycin

Others
Acyclovir
Allopurinol
Amphotericin B
Captopril
Carboplatin
Cefotaxime
Ceftazidime
Cefuroxime
Cidofovir
Cisplatin
IV Colistemethate
Cyclosporine
Dapsone
Enalapril
Foscarnet
Furosemide
Ganciclovir
Ifosfamide
Lisinopril
Lithium
Mesalamine
NSAIDs
Pip/Tazo
Sirolimus
TMP/SMX
Tacrolimus
Topiramate
Valacyclovir
Valganciclovir
Vancomycin
Zonisamide

[1]Consider smaller boluses for patients with:
- FEV_1 < 40% predicted
- Heart Disease
- Other risk factors for volume sensitivity

*** Recommend continuing to monitor daily creatinine for 24-48hrs after discontinuing nephrotoxic medications.**

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Updated 4/23/19