



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
tobramycin

Effective Date: Dec 2012 Revised Date: Nov19-2014	CLASSIFICATION Antibiotic	OTHER NAMES Nebcin	PAGE 1 of 2
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ADMINISTRATION POLICY:

- IV Bolus - May be administered by a nurse
- IV Intermittent - May be administered by a nurse
- IM Injection - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 40 mg/mL – 2 mL vials

IV Bolus (Hemodialysis only): May administer undiluted but preferably diluted to a concentration of 10 mg/mL. Administer slowly over 2 to 3 minutes after hemodialysis is complete. Maximum IV bolus is 150 mg. Doses greater than 150 mg must be given by IV intermittent method.

IV Intermittent: Dilute with 50 mL normal saline. Administer over 20 to 60 minutes.
EXCEPTION: fluid restricted patients; 20 mL is acceptable minimum volume.

IM Injection: Administer undiluted

Maximum rate: IV intermittent: over 20 minutes
IV bolus (hemodialysis only): over 2 to 3 minutes (maximum dose 150 mg)

Maximum concentration: IV intermittent: 10 mg/mL
IV bolus (hemodialysis only): 40 mg

DOSAGE:

Usual: **NOTE: dosing adjustments based on renal function and plasma concentrations.**
 Traditional Dose: 1 to 2 mg/kg IV/IM every 8 hours (normal renal function)
 Single High Dose: 5 to 7 mg/kg/dose IV every 24 to 48 hours

Maximum single dose: 240 mg (traditional dose) Note: Higher doses may be required for cystic fibroses
Maximum daily dose: 750 mg (Single High dose)

STABILITY/COMPATIBILITY:

Stability of Diluted Solution: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, dextrose/saline combinations and Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Nephrotoxicity including ototoxicity
- Ototoxicity (auditory e.g. decreased hearing, tinnitus and/or vestibular toxicity e.g. dizziness, vertigo)



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ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Vestibular toxicity has been associated with prolonged treatment courses of tobramycin (more than 7 days).
- Use with caution when given with other nephrotoxic drugs (e.g. vancomycin, amphotericin B)
- Monitor renal function and intake/output and maintain good hydration.
- Monitor concentrations as required.
- Elderly patients: Are more likely to have renal dysfunction and thus more susceptible to tobramycin toxicity including ototoxicity. Individualized dosing recommended for all patients.