



A lifetime of specialist care

## Inhaled antibiotics

Amikacin (from IV solution)	Nebulised	6-12 years: 250mg bd (add 2ml 0.9% saline to 1ml of 250mg/ml amikacin).  >12 years: 500mg bd (add 1ml 0.9% saline to 2ml of 250mg/ml amikacin).	Usually for NTM. See appendix 2.	Can further dilute injection with 0.9% sodium chloride.  Suitable for jet nebuliser. Can use e-flow rapid but might be slow. Can't use I-neb.  Avoid using ear bud headphones for increased risk of hearing problems.
Amphotericin (Fungizone)	Nebulised	<10 years: 5 mg bd  >10 years: 10 mg bd  Dilution: 50 mg in 10ml of water. For a 5 mg dose, use 1ml of this solution and dilute further with 2ml of water (minimum volume of 3ml for nebulisation).	For chronic aspergillus.	<b>Consultant decision.</b> Use 1 vial per day, keep remaining solution in the fridge. No need to use expensive liposomal preparation unless cannot tolerate standard preparation which tastes awful.  Only suitable for Jet nebuliser. Can't use e-flow or I-neb.
Aztreonam Lysine (Cayston)	Nebulised	75 mg tds during alternate months  Mix with 1ml 0.17% saline (diluent comes with drug).	3 <sup>rd</sup> line for chronic <i>P aeruginosa</i> .  Doses should be taken at	<b>Consultant decision.</b>  Colistin or tobramycin usually given during the

		Licensed >6 years Not commissioned for continuous use (only for alternate month).	least 4 hours apart.  Pre dose with bronchodilator	intervening month  Should ideally be stored 2-8°C. but can be kept out of the fridge, but below 25°C, for up to 28 days.  Used via e-flow but must use special Altera handset which nebulises to dry.
Ceftazidime	Nebulised	1 gm bd Reconstitute 1 gram injection with 3ml water for injection	For <i>B cepacia</i> . Tastes awful.	<b>Consultant decision</b> Only suitable for Jet nebuliser. Can't use e-flow or I-neb.
Colomycin®  (Colistin)	Nebulised	<8 yrs: 1,000,000 Units bd  >8 yrs: 2,000,000 Units bd  Mix with 3ml 0.9% saline.  1,000,000 units = 1 megaunit (Mu)	1 <sup>st</sup> line for chronic <i>P aeruginosa</i> .  Bronchospasm can be reduced by i) pre-dose with bronchodilator. and ii) diluting with salbutamol.	Nebulise in Jet nebuliser or e-flow. <b>Not I-neb.</b>
Promixin®  (Colistin)	Nebulised via I-Neb	< 8 years: 500,000 units bd  >8 years: 1,000,000 units bd		I-neb only. Use Grey I-neb Chamber.  For 500,000 unit doses: the reconstituted solution may be kept for up to 24 hours in

				the fridge.
Colobreathe® turbospin  (Colistin)	Inhaled (dry powder inhaler)	1 capsule (1.66 MU) bd via Turbospin powder inhaler  Licensed >6 years only	Doses should be inhaled as close as possible to 12 hours apart.	Put fat end of capsule into inhaler first to minimise capsule shattering when capsule is pierced.
Meropenem (from IV solution)	Nebulised	6-12 years: 125mg bd  >12 years: 250mg bd	Usually for NTM. See appendix 2.  Also used for <i>B cepacia</i> chronic therapy.	Reconstitute 500mg vial with 10ml 0.9% sodium chloride (keep remainder of vial in fridge for up to 18 hours).  For a 250mg dose: use 5mls of reconstituted solution. For a 125mg dose: use 2.5mls of reconstituted solution and add 0.5mls of 0.9% saline  Nebulise in e-flow or Jet nebuliser.

<p>Tobramycin – Bramitob® or TOBI®</p>	<p>Nebulised</p>	<p>300 mg bd during <b>ALTERNATE MONTHS</b></p> <p>Licensed &gt;6 years only</p>	<p>1<sup>st</sup> line for eradication of <i>P aeruginosa</i>.</p> <p>2<sup>nd</sup> line for chronic <i>P</i> <i>aeruginosa</i>.</p>	<p><b>Consultant decision.</b></p> <p>Colistin will usually be given in the month off tobramycin.</p> <p>Use Jet nebuliser, E- flow or I-neb (lilac chamber); TOBI® &amp; Bramitob® need to be nebulised twice if given via an I-neb (lilac chamber).</p> <p>After removal from refrigerator, TOBI® pouches (intact or opened) may be stored at up to 25°C for up to 28 days.</p> <p>In our experience Bramitob® tends to be better tolerated in pre-school children and best given via a jet nebuliser.</p> <p>After removal from refrigerator, Bramitob® pouches (intact or opened) may be stored at up to 25°C for up to 3 months.</p>
<p>Tobramycin – TOBI Podhaler®</p>	<p>Inhaled (dry powder inhaler)</p>	<p>112mg (4 x 28mg capsules) bd via podhaler during</p>		<p>Doses should be inhaled as close as possible to 12 hours apart and not less</p>

		<b>ALTERNATE MONTHS</b>		than 6 hours.
		Licensed >6 years only		
Vancomycin	Nebulised	4mg/kg (maximum 200mg) qds for 5 days for eradication  May be used bd for chronic suppression.  <i>Consultant decision</i>	MRSA	Reconstitute according to manufacturer's instruction (take into account displacement volume). Draw up required dose and make up to a total of 4ml with sodium chloride 0.9%.  Use jet nebuliser. Pre-dose with nebulised salbutamol.