

# Cystic Fibrosis Hospital admission summary



**Date of admission**  
**Date of discharge**  
**Duration of admission**  
**consultant week:**



	Pre admission	Day 1		Day 7		Day 14
<b>weight</b>						
<b>FEV1 (%)</b>	(    )					
<b>FVC (%)</b>	(    )					
<b>microbiology</b>						

	Day 2	Next Tues/Fri Day <input type="checkbox"/>	Next Tues/Fri Day <input type="checkbox"/>	Next Tues/Fri Day <input type="checkbox"/>	Next Tues/Fri Day <input type="checkbox"/>	
<b>Tobramycin levels</b>						

Routine tobramycin levels should be taken Tuesdays and Fridays 18 hours after last dose (before 3pm weekdays; before 10am at weekends if necessary)

Tick appropriate boxes	Comments and results
<input type="checkbox"/> IV antibiotic treatment received. Which? <input type="checkbox"/> long line / portacath / cannulas <input type="checkbox"/> Short course steroids <input type="checkbox"/> New treatment(s) started <input type="checkbox"/> IgE <input type="checkbox"/> CRP <input type="checkbox"/> previous high Tobramycin dose / poor renal function <input type="checkbox"/> Cough swab <input type="checkbox"/> Induced sputum <input type="checkbox"/> Overnight oxygen trace <input type="checkbox"/> Glucose profiling (age >5)  consider <input type="checkbox"/> Diabetes team review <input type="checkbox"/> CXR <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> CT <input type="checkbox"/> Annual review bloods / faecal elastase <input type="checkbox"/> Liver ultrasound <input type="checkbox"/> DEXA scan <input type="checkbox"/> Psychology referral <input type="checkbox"/> Research study. Which?	CF_SpIT, CF-START

## PROTOCOL – ADMISSION FOR CYSTIC FIBROSIS

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Patients with Cystic Fibrosis are usually admitted for intravenous antibiotics on Ocean Ward (those <2 years of age) or Land Ward (those >2 years of age). Patients who are known to isolate Burkholderia Cepacia are admitted to South Ward. If in doubt check with either the CF Nurse Specialists or the Consultant.

- **The patient should be clerked fully by the respiratory team junior staff. There is no proforma**
- **Inform the Dietetic and Physiotherapy teams of the patient admission.**
- **The nursing staff on the ward will usually insert the gripper needle for patients with a portacath in situ**
- **Patients without a portacath in situ should have a long line inserted by an experienced Specialist Registrar.**

### Baseline investigations on admission

- Weight (this must be plotted on the existing growth chart)
- Cough swab – send for MCS (CF lab protocol), fungal and AFB (may have already been done for patients admitted from clinic)
- Spirometry (note: this may have already been done for patients admitted directly from clinic)
- If FEV<sub>1</sub> is <70%, arrange overnight saturation trace in air with ward nursing staff
- Pre-meal glucose profiling for the first 24 hours of admission for all patients EXCEPT those under 5 years of age and those who are pancreatic sufficient.
- Blood tests on admission: U&E, creatinine, CRP and total IgE, HbA1C
  
- **Blood tests should be documented on a flow sheet**
- **Weight / spirometry are measured and plotted twice weekly (Monday and Thursday before the ward round)**
- **The Admission Summary overleaf should be updated twice weekly before the ward round**
  
- **If a patient with Cystic Fibrosis loses their IV access during the night, do not attempt to resite a cannula. They can go without routine IV antibiotics overnight, and a long line can be sited the next day**

### First line intravenous antibiotics on admission

#### Ceftazidime

50 mg /kg three times a day with a maximum of 3g per dose.

#### Tobramycin

10 mg /kg as a single daily infusion over 30 minutes to a maximum of 660 mg.

U&E, creatinine must be taken AND CHECKED before the first dose of Tobramycin is given.

If the child is <1 month of age or has previously had high levels of Tobramycin use a dose of 7 mg / kg /day.

### Tobramycin levels

These are taken on day 2, and on every Tuesday and Friday of the week thereafter.

There is usually no need to take levels at the weekend.

- If the child is unwell, please discuss when to start tobramycin with the consultant as this may be delayed to allow for adequate hydration
- If the child is well, try to have the first dose of tobramycin given at approximately 4pm on the day of admission. U&E, creatinine must be TAKEN AND CHECKED before the first dose of tobramycin is given
- The first tobramycin level is measured 18 hours after the first dose, together with U&E, creatinine (10am)
- Thereafter tobramycin levels should be taken with U&E and creatinine every Tuesday and Friday morning until discharge.

### Interpreting Tobramycin levels

- If 18 hour tobramycin level is <1.0mg/l then continue current dose.
- If 18 hour tobramycin level is ≥1.0mg/l
  - Omit the dose
  - Repeat tobramycin level in a further 24 hours (10 am next day)
  - Tobramycin should only be restarted once levels are <1.0 mg/l
  - All future doses should be reduced by 20%.
  
- If the tobramycin level assay fails but U&E and creatinine taken at the same time are normal, the tobramycin dose may be given at the correct time, but a repeat level must be taken at 10am the next day. If this assay also fails, then the next tobramycin dose should be omitted.