



HENRY FORD HOSPITAL

DATE

MRN

NAME

DEPARTMENT OF PHARMACY SERVICES
PHARMACOKINETIC ASSESSMENT FORM

Drug Initiated / Assessed:

- Amikacin, Gentamicin, Tobramycin, Vancomycin

Status:

- Empiric dosing, Follow-up from serum concentration monitoring or change in dosing required.

Patient Characteristics:

Age, Gender/Race, Height, Actual Body Weight (kg), Ideal Body Weight [IBW] (kg), Adjusted weight (kg) [if > 30% over IBW]

Infection:

Acuity: GPU, ICU, ESRD (Dialysis schedule)

Laboratory:

Serum creatinine, BUN, WBC, Estimated Creatinine Clearance, Cultures:

Other:

Maximum temperature in last 24 hours, Comments:

Therapeutic Drug Monitoring (if available):

Available Serum Concentration(s):

Present regimen, Dose given at date/time, Level #1, Level #2, Level #3

Pharmacokinetic Calculations: empiric, calculated

Ke, Tmax, T1/2, Vd, Cmax, Cmin

Assessment/Plan:

- Patient qualifies for or can cont. on HFH Dosing Nomogram, Goal Peak, Goal Trough, Continue regimen, Hold regimen, Initiate regimen at / Change regimen to, Obtain next level(s) at / on, Other

Signature / Title, Beeper / Phone, Date