

Shared Care Guideline for the use of TOBI (Nebulised Tobramycin) for Cystic Fibrosis

Section 1: Agreement for transfer of prescribing to GP

Please sign this form and return it to the named consultant if you are willing to share care for the patient. Please also keep a signed copy for your records.

Patient details/addressograph

Name.....

Address.....

DOB..... Hospital no.....

Drug name and dose: Nebulised Tobramycin Tobi.....

Desired clinical outcome as agreed with the patient/carer

.....

<p>Consultant</p> <p>Address:..... </p> <p>Contact no:.....</p>
<p>GP</p> <p>Address:..... </p> <p>Contact no:.....</p>

<p>Agreement to shared care, to be signed by GP and Consultant before transfer of care to GP</p> <p>Consultant signature: Date:.....</p>
<p>GP signature: Date:.....</p>

In case of emergency contact *Name:*.....

Contact number:.....

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Introduction

Lung damage associated with persistent infection by *Pseudomonas aeruginosa* is the major cause of morbidity and mortality in people with Cystic Fibrosis (CF). Nebulised antipseudomonal antibiotic treatment controls the burden of chronic infection and has been shown to improve lung function, slow the rate of respiratory decline and reduce the frequency of exacerbations of infection in people with CF. This reduces the need for intravenous antibiotic treatment and hospitalisation.

Responsibilities of the Consultant

- Assessing suitability of patients for treatment
- Initiating and supplying the first 28 days treatment
- Training of patients/carer in the use of the nebulised system
- Providing and maintaining a suitable nebuliser and compressor with any sundries required
- Promoting patient compliance
- Providing information and training opportunities for GPs
- Liaison with GPs to agree to share patients care
- Assessing and monitoring the patients response to treatment
- Reporting any adverse events to the MHRA

Responsibilities of the GP

- Prescribing of Tobramycin nebuliser solution
- Liaison with the consultant regarding any complications of treatment

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Section 2: Information

Licensed indications

Nebulised Tobramycin (Tobi) is indicated for chronic pulmonary *Pseudomonas aeruginosa* infection in CF.

Dose

Child over 6 years: 300mg/5ml nebulised every 12 hours for 28 days, courses repeated after 28-day interval.

Cautions

Nebulised Tobramycin should be used in caution in patients with renal, auditory, vestibular or neuromuscular dysfunction.

Contra-indications

Tobramycin is contraindicated in patients with known hypersensitivities to aminoglycosides. Safety of nebulised Tobramycin in human pregnancy has not been established so exposure to pregnant carers during nebulisation should be minimized. Advising patients / carers is the responsibility of the consultant.

Side effects

Voice alteration/ hoarseness and tinnitus reported most frequently. Tobramycin nebuliser solution is preservative free but can still cause bronchospasm in some patients. This may be relieved in some patients by using an inhaled bronchodilator prior to nebulisation. Other side effects may include cough, pharyngitis, increased sputum, asthenia, rhinitis, dyspnoea, fever, headache, chest pain, nausea and weight loss.

Interactions

There are no known interactions

References

BNF 53, March 2007

Shared Care Guidelines, 'Tobi', NHS Lothian, August 2006

Contact Points

Frimley Park Hospital, Frimley, Surrey:	Tel: 01276 604 604
Dr. Knight, Consultant (Secretary):	Tel: 01276 604 122
Dr. Ho, Consultant (Secretary):	Tel: 01276 604 660
CF Nurse Specialist, Judith Duigid:	Tel: 01276 604 597
CF Ward:	Tel: 01276 604 661
Hawra'a Ali, CF Pharmacist:	Tel: 01276 604 604 bleep 083

Shared care guidelines produced by: Hawra'a Ali, Respiratory Pharmacist

This does not replace the SPCs, which should be read in conjunction with this guidance. Prescribers should also refer to the appropriate paragraph in the current edition of the BNF