

What are the benefits?

By treating you for the bacteria *Pseudomonas aeruginosa* it is hoped you will feel better in yourself, have less sputum and fewer chest infections. It may not clear your chest of *Pseudomonas* completely but can usually help keep it under control.

Are there any alternatives?

- Alternative treatment options are limited, as *Pseudomonas* is naturally very resistant to antibiotics. Azithromycin antibiotic tablets given 3 times a week is a potential option for some patients. Courses of antibiotics injected into the vein are sometimes used if *Pseudomonas* is getting out of control.

What happens next?

- A letter will be sent to your GP requesting 'shared care'. Please note, they are under no obligation to do so as your Colomycin is being used 'off license'.
- If your GP agrees to shared care you can order your medications and consumables from your GP directly.
- If your GP does not agree you will need to phone the Respiratory Nurse team monthly to request a new prescription and consumable supply (Tel: 01438 285621).
Please allow a week's notice.
- Consumables will need to be collected from the Respiratory Nurse's Office on Level 10 at the Lister Hospital, and your antibiotics from the pharmacy at the Lister Hospital.

Delivery to the New QEII and Hertford County Hospital may be possible with prior notice.

- If you need a sharps bin - full sharps bins should be closed and disposed of according to your local council guidelines.
- Keep all medications out of the reach of children and vulnerable adults.

Further information

For further information contact the Respiratory Specialist Nurses at the Lister Hospital:

☎ 01438 285621

www.enhertr.nhs.uk

You can request this information in a different format or another language.

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Patient Information

Colomycin (Colistimethate Sodium)

A nebulised antibiotic

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Introduction

The purpose of this leaflet is to explain about nebulised Colomycin and how it is used.

What is Colomycin?

Colomycin is an antibiotic given via a nebuliser so you can inhale it into your lungs. It is used to treat chronic chest infections caused by a particular bacteria called *Pseudomonas aeruginosa*.

Pseudomonas can linger in the airways, draining your energy and making you feel tired. It can also damage the lungs if left uncontrolled. It is particularly common in patients with cystic fibrosis, for which the antibiotic is 'licensed for use' intravenously or by nebuliser.

Can Colomycin be prescribed if I don't have cystic fibrosis?

Your chest consultant can consider if it would be beneficial to treat your lungs with an inhaled antibiotic if you do not have cystic fibrosis but have had *Pseudomonas aeruginosa* in your sputum. This is known as being used 'off license'.

How is Colomycin used?

Colomycin is reconstituted (made up) with either sterile water or 0.9% saline and should be used immediately. If this is not possible it can be stored in a fridge for up to 24 hours.

The usual treatment dose is 1 to 2 million units (1-2 vials), twice a day, although the dose may vary at your consultant's request.

Colomycin is normally taken every day for several months. After this time your consultant will review if the Colomycin needs to be continued. Further sputum samples are usually needed to decide how long to continue treatment for.

Before your assessment for Colomycin

You should advise your doctor or nurse if you are on any medication for your kidneys or nervous system, or if you use muscle relaxants.

Colomycin should **not be used** if you have Myaesthesia gravis (which causes muscle weakness), or Porphyria (a rare metabolic disease).

What does the assessment involve?

- A one hour appointment will be arranged so that a specialist nurse can explain the procedure.
- If you give your consent to proceed the nurse will show you how to prepare the antibiotic and use your nebuliser.
- A breathing test will be done before you have had your antibiotic and then again 20 minutes after you have had your antibiotic to assess how your lungs respond.
- You will be observed preparing and administering the Colomycin antibiotic.

After the assessment

If your lungs do not react to the Colomycin you will be given:

- Information leaflets.
- A nebuliser and filter kit to take home.
- A prescription for a month's supply of Colomycin plus either sterile water or 0.9% saline to reconstitute it. This may also include Salbutamol to treat any chest tightness.
- A month's supply of consumables (useable items).
- You may need a sharps box to dispose of your consumables.

Are there any risks?

- Like all medications, nebulised Colomycin can cause side effects - these are rare because very little of the drug is absorbed into the bloodstream.
- If you experience an allergic reaction, such as a skin rash, stop taking your Colomycin and report to your GP.
- Occasionally, Colomycin can cause your chest to feel tight/wheezy or you may become breathless and cough. If this occurs you may be advised to use Salbutamol via nebuliser/inhaler 15 minutes prior to using your Colomycin. If it continues you may have to stop using Colomycin.
- You may experience a sore mouth or throat after using your nebuliser - rinsing your mouth and gargling after use may help.
- Rarely, your kidneys or hearing could be affected.