South Australian Neonatal Medication Guidelines

cefotaxime

1g and 2g injection

Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Dose and Indications

1g = 1000mg ; 2g = 2000mg

Infection due to susceptible organisms

Intravenous, Intramuscular

50mg/kg/dose

Corrected Age (weeks) [Gestational Age PLUS Postnatal Age]	Postnatal age (days)	Frequency (hours)
<30	≤ 28	every 12 hours
	> 28	every 8 hours
30 to 36	≤ 14	every 12 hours
	> 14	every 8 hours
37 to 44	≤ 7	every 12 hours
	> 7	every 8 hours

Length of treatment should be guided by pathology and clinical picture; however in proven sepsis treatment should continue for a minimum of 7 days.

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Government of South Australia
SA Health

Preparation and Administration

Intravenous

Vial Strength (mg)	Volume of Water for Injection to add (mL)	Final Concentration of cefOTAXIME (mg/mL)
1000mg	9.6mL	100mg/mL
2000mg	19mL	100mg/mL

Shake vigorously to dissolve

Dose	25mg	50mg	75mg	100mg	125mg	150mg
Volume	0.25mL	0.5mL	0.75mL	1mL	1.25mL	1.5mL

Administer as an IV push over at least 3 minutes

The reconstituted solution is stable for 24 hours stored under refrigeration – check with local policy about re-accessing vial for the same patient.

Intramuscular

Vial Strength (mg)	Volume of Water for Injection to add (mL)	Final Concentration of cefOTAXIME (mg/mL)
1000mg	3.6mL	250mg/mL
2000mg	7ml	250mg/mL

Shake vigorously to dissolve

Dose	25mg	50mg	75mg	100mg	125mg	150mg
Volume	0.1mL	0.2mL	0.3mL	0.4mL	0.5mL	0.6mL

Administer as an IM injection

The reconstituted solution is stable for 24 hours stored under refrigeration – check with local policy about re-accessing vial for the same patient.

Compatible Fluids

Glucose 5%, glucose 10%, sodium chloride 0.9%

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Adverse Effects

Common

Diarrhoea, vomiting, pain and inflammation at injection site, rash, Clostridium difficile-associated disease, superinfection

Infrequent

Neurotoxicity (seizures, encephalopathy) particularly with high doses and/or renal impairment, blood dyscrasias, (neutropenia related to dose and treatment duration, thrombocytopenia)

Anaphylactic shock is not commonly seen in the neonates

Practice Points

- The use of third generation cephalosporins should be limited to the management of proven or highly likely Gram-negative septicaemia and meningitis to minimise the emergence of resistant strains
- CefOTAXIME is used instead of cefTRIAXONE for gram-negative septicaemia in neonates because cefTRIAXONE can displace bilirubin, thus precipitating kernicterus.

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	November 2012	current	Original version

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