South Australian Neonatal Medication Guidelines

metronidazole

5mg/mL injection, 40mg/mL oral mixture © Department of Health, Government of South Australia. All rights reserved

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

Infection due to susceptible anaerobic organisms

Intravenous Infusion, Oral

Loading dose 15mg/kg

Followed by maintenance dose 7.5mg/kg given at frequency dosing interval

Corrected Age (weeks) [Gestational Age PLUS Postnatal Age]	Postnatal age (days)	Frequency (hours)		
<30	≤ 28	every 48 hours		
230	> 28	every 24 hours		
30 to 36	≤ 14	every 24 hours		
30 to 30	> 14	every 12 hours		
37 to 44	≤ 7	every 24 hours		
07 10 44	> 7	every 12 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.

ISBN number: 978-1-74243-421-4

Endorsed by: South Australian Maternal & Neonatal Clinical Network

Last Revised: 8/11/2012

Contact: South Australian Neonatal Medication Guidelines Workgroup at:

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Preparation and Administration

Intravenous Infusion

The intravenous injection contains 5mg/mL metronidazole

Dose	5mg	10mg	15mg	20mg	25mg	30mg	40mg
Volume	1mL	2mL	3mL	4mL	5mL	6mL	8mL

Administer as an infusion over at least 30 minutes.

Intravenous doses may be given undiluted

Oral

The oral mixture contains 40mg/mL metronidazole

Dose	8mg	12mg	16mg	20mg	24mg	32mg	40mg
Volume	0.2mL	0.3mL	0.4mL	0.5mL	0.6mL	0.8mL	1mL

Give at least half hour before or two hours after feeds to maximise absorption.

Compatible Fluids

Glucose 5%, glucose/sodium chloride solutions, sodium chloride 0.9% Glucose 10% is compatible but not recommended due to high osmolarity of resulting solution.

Adverse Effects

Common

Abdominal pain, vomiting, diarrhoea, thrombophlebitis (IV)

Infrequent

Furry tongue, glossitis, stomatitis

Rare

Pancreatitis, hepatitis, optic neuritis, thrombocytopenia, <u>Clostridium difficile-associated</u> <u>disease</u>, hypersensitivity reactions (eg rash, itch, flushing, fever), anaphylactic shock, angioedema, Stevens-Johnson syndrome, leucopenia, peripheral neuropathy, seizures, dark urine

Prolonged treatment

Leucopenia is reversible and usually only occurs after prolonged treatment; peripheral neuropathy (usually reversible) and/or CNS toxicity (eg seizures, encephalopathy, cerebellar toxicity) are more likely

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Monitoring

> Consider periodic white cell count monitoring with prolonged treatment

Practice Points

- > The intravenous infusion should be protected from light. Short term exposure to normal room light does not adversely affect stability, however direct sunlight should be avoided
- > The intravenous infusion must not be stored in the fridge as it may crystallise out of solution. Store at room temperature
- > Consider the necessity for intravenous administration as adequate levels can be achieved using oral formulations due to high bioavailability.

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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