South Australian Neonatal Medication Guidelines

meropenem 500mg injection

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NeoMed@health.sa.gov.au

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Dose and Indications

Infection due to susceptible organisms where meningitis is excluded

Intravenous Bolus

20mg/kg/dose

Corrected Age (weeks)	Postnatal age	Frequency (hours)
[Gestational Age PLUS Postnatal Age]	(days)	
<32	≤ 14	every 12 hours
\32	>14 e	every 8 hours
22 to 44	≤ 7	every 12 hours
32 to 44	> 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.

Meningitis and Infections caused by Pseudomonas species

Intravenous Infusion

All ages 40mg/kg 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.

Preparation and Administration

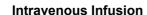
Intravenous Bolus

Vial Strength (mg)	Volume of Water for Injection to add	Final Concentration of meropenem
	(mL)	(mg/mL)
500mg	9.6mL	50mg/mL

Dose	25mg	50mg	75mg	100mg	125mg	150mg
Volume	0.5mL	1mL	1.5mL	2mL	2.5mL	3mL

Administer as a push over at least 5 minutes

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



ISBN number:

Endorsed by:

Contact:



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Vial Strength	Volume of Water for Injection	Final Concentration of meropenem
(mg)	to add (mL)	(mg/mL)
500mg	9.6mL	50mg/mL

Dilute reconstituted solution further, with compatible fluid to a concentration of 1–20 mg/mL and infuse over 15 to 30 minutes

Compatible Fluids

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

Adverse Effects

Common

Diarrhoea, vomiting, rash, thrombocytosis, disturbances in liver function tests

Infrequent

eosinophilia

Rare

seizures, thrombocytopenia, neutropenia, agranulocytosis

Monitoring

- > Periodic monitoring of full blood count and liver function tests recommended.
- > Assess intravenous site for signs of inflammation



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Practice Points

- > Reconstituted solutions range in colour from clear and colourless to pale yellow
- > There is limited stability with meropenem and glucose 5%, glucose 10% or glucose/sodium chloride solutions, with loss of potency reported. If diluting or infusing through same line, the contact should be less than one hour.
- > Meropenem is a beta-lactam antibiotic. Do not use if previous anaphylactic reaction to beta-lactam antibiotic has been reported.

Version control and change history

PDS reference: OCE use only

Date from	Date to	Amendment	
November 2012	current	Original version	



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