South Australian Neonatal Medication Guidelines

fluconazole

2mg/mL injection, 10mg/mL oral mixture

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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

Treatment for suspected or proven systemic fungal infections

Intravenous Infusion, Oral

12mg/kg loading dose then 6mg/kg/dose at the frequency listed in table below

Corrected Age (weeks)	Postnatal age (days)	Frequency (days)	
[Gestational Age PLUS Postnatal Age]	r ostilatai age (uays)		
< 30	0 to 14	every 48 hours	
	>14	every 24 hours	
30 to 44	0 to 7	every 48 hours	
	>7	every 24 hours	

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Contact: South Australian Neonatal Medication Guidelines Workgroup at:

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Preparation and Administration

Intravenous Infusion

The intravenous solution contains 2mg/mL

Dose	3mg	6mg	9mg	12mg	15mg	18mg	21mg
Volume	1.5mL	3mL	4.5mL	6mL	7.5mL	9mL	11.5mL

To be administered as an infusion over at least 30 minutes

Discard any remaining solution.

Do not use if the solution is cloudy or precipitated

The intravenous solution contains 1.5mmol/mL of sodium

Oral

Refer to product information for reconstitution volume. The resulting solution after reconstitution contains 10mg/mL fluconazole.

Dose	3mg	6mg	9mg	12mg	15mg	18mg
Volume	0.3mL	0.6mL	0.9mL	1.2mL	1.5mL	1.8mL

Give with feeds to minimise gastrointestinal irritation.

The reconstituted solution is stable for 14 days at temperatures less than 30o C

Compatible Fluids

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

Adverse Effects

Common

Rash, vomiting, abdominal pain, diarrhoea, elevated liver enzymes

Infrequent

Constipation

Rare

Thrombocytopenia, other blood dyscrasias, serious hepatotoxicity, anaphylactic reactions, alopecia (especially with prolonged courses), oliguria, hypokalaemia, seizures, Stevens-Johnson syndrome; prolonged QT interval, torsades de pointes (both very rare)

Monitoring

- > Liver and renal function at baseline and at regular intervals, depending on dose and duration of treatment
- > Periodic electrolytes and full blood count.

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Practice Points

- > As oral absorption is excellent, use intravenous therapy only if oral administration is not possible
- > Do not use to treat C. krusei, as resistance has been reported
- > Fluconazole has good tissue penetration, including penetration into the CNS
- > May increase phenytoin levels while the effectiveness may be reduced by rifampicin
- Dose adjustment (extending dosage interval) may be required if the neonate has poor renal or hepatic function.

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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