

# cefOTAXIME

## 1g injection

© Department of Health, Government of South Australia. All rights reserved.

### Dose and Indications

1g = 1000mg

#### 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.

### 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

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

Administer as a 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.

# cefOTAXIME

## 1g injection

© Department of Health, Government of South Australia. All rights reserved.

**Intramuscular**

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

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

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%

**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

# cefOTAXIME

## 1g injection

© Department of Health, Government of South Australia. All rights reserved.

resistant strains

- > CefOTAXIME is used instead of cefTRIAXONE for gram-negative septicaemia in neonates because cefTRIAXONE can displace bilirubin, thus precipitating kernicterus.

# cefOTAXIME

## 1g injection

© Department of Health, Government of South Australia. All rights reserved.

### Version control and change history

**PDS reference:** OCE use only

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