South Australian Neonatal Medication Guidelines

flucloxacillin

500mg injection, 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

Synonyms

Floxacillin

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Endorsed by: South Australian Maternal & Neonatal Clinical Network

Last Revised: 06/11/2012

Contact: South Australian Neonatal Medication Guidelines Workgroup at:

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Dose and Indications

Infection Due To Susceptible Gram Positive Organisms

Intravenous, Intramuscular

50mg/kg/dose

| Corrected Age (weeks) [Gestational Age PLUS Postnatal Age] | Postnatal age (days) | Frequency (hours) | |
|--|----------------------|-------------------|--|
| All (up to 44 weeks) | ≤ 7 | every 12 hours | |
| | 7 to 28 | every 8 hours | |
| | ≥28 | every 6 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.

Oral

25mg/kg/dose

| Corrected Age (weeks) [Gestational Age PLUS Postnatal Age] | Postnatal age (days) | Frequency (hours) | |
|---|----------------------|-------------------|--|
| All (up to 44 weeks) | ≤ 7 | every 12 hours | |
| | 7 to 28 | every 8 hours | |
| | ≥28 | every 6 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.

Staphylococcal Osteomyelitis, Meningitis or Cerebral Abscess

Intravenous, Intramuscular

100mg/kg/dose

| Corrected Age (weeks) [Gestational Age PLUS Postnatal Age] | Postnatal age (days) | Frequency (hours) |
|--|----------------------|-------------------|
| All (up to 44 weeks) | ≤ 7 | every 12 hours |
| | 7 to 28 | every 8 hours |
| | ≥28 | every 6 hours |

Length of treatment should be guided by pathology and clinical picture; however in proven sepsis treatment should continue for a minimum of 21 days.

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Preparation and Administration

Intravenous

| Vial Strength | Volume of Water for Injection (WFI) | Final Concentration of flucloxacillin | |
|---------------|-------------------------------------|---------------------------------------|--|
| (mg) | to add (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 an infusion over at least 30 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 | Volume of WFI to add | Final Concentration of flucloxacillin |
|---------------|----------------------|---------------------------------------|
| (mg) | (mL) | (mg/mL) |
| 500mg | 1.6mL | 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.

Oral

There are various strengths available, refer to local guidelines for the specific strength available at your institution or unit and product information for reconstitution volume.

The reconstituted solution is usually stable for 7 days stored under refrigeration; however this may change according to brand available. Please consult product information.

Oral doses should be given on an empty stomach, where possible.

Compatible Fluids

Glucose 5%, sodium chloride 0.9%

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Adverse Effects

Common

Diarrhoea, pain and inflammation at injection site, transient increases in liver enzymes and bilirubin

Infrequent

Vomiting, Clostridium difficile -associated disease

Rare

Black tongue, electrolyte disturbances, neurotoxicity, bleeding, blood dyscrasias, hepatic reactions, including severe cholestatic hepatitis (especially in treatment >2 weeks).

Anaphylactic shock is not commonly seen in the neonates

Monitoring

- > Observe intravenous site for extravasations
- > Periodic liver function tests on long term therapy.
- > Practice Points
- > There have been reports of severe, delayed cholestatic jaundice in adults particularly after treatment for more than 2 weeks. While this has not been recognised with neonatal use, caution would be recommended in this population.

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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