South Australian Neonatal Medication Guidelines

benzylpenicillin 600mg injection

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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

Penicillin

Dose and Indications

600mg is equivalent to 1 million units

Infection due to susceptible organisms

Empiric treatment of Group B Streptococcus

Intravenous, Intramuscular

60mg/kg/dose

Corrected Age (weeks)	Postnatal age (days)	Frequency (hours)	
[Gestational Age PLUS Postnatal Age]	i Ostilatai age (uays)		
All	≤7	every 12 hours	
All	>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. For meningitis, continue treatment for 14 days.

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Contact: South Australian Neonatal Medication Guidelines Workgroup at:

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Preparation and Administration

Intravenous

Vial Strength	Volume of Water for Injection to	Final Concentration of benzylpenicillin	
(mg)	add (mL)	(mg/mL)	
600mg	5.6mL	100mg/mL	

Dose	30mg	60mg	90mg	120mg	150mg	180mg
Volume	0.3mL	0.6mL	0.9mL	1.2mL	1.5mL	1.8mL

Benzylpenicillin may be administered undiluted or diluted to a suitable volume with compatible fluid for ease of intravenous administration.

Administer as a push over at least 3 minutes

Discard remaining solution

Intramuscular

Vial Strength	Volume of Water for Injection to	Final Concentration of benzylpenicillin	
(mg)	add (mL)	(mg/mL)	
600mg	1.6mL	300mg/mL	

Dose	30mg	60mg	90mg	120mg	150mg	180mg
Volume	0.1mL	0.2mL	0.3mL	0.4mL	0.5mL	0.6mL

Discard remaining solution

Compatible Fluids

Glucose 5%, sodium chloride 0.9%

Adverse Effects

Common

Diarrhoea

Infrequent

Vomiting, Clostridium difficile-associated disease

Rare

Black tongue, electrolyte disturbances, neurotoxicity, bleeding, blood dyscrasias

Anaphylactic shock is not commonly seen in the neonates.

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Practice Points

> Seizures have occurred in adults where high dose benzylpenicillin is administered rapidly: it is administered by slow infusion (i.e. over 30 minutes) in adults to overcome this. Seizures associated with rapid administration of benzylpenicillin have not been reported in neonates.

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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