zidovudine

200mg/20mL injection (SAS), 10mg/mL oral mixture

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.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

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

Azidothymidine, AZT

ISBN number: 978-1-74243-442-1
Endorsed by: South Australian Maternal & Neonatal Clinical Network
Last Revised: 8/11/2012
Contact: South Australian Neonatal Medication Guidelines Workgroup at:
NeoMed@health.sa.gov.au

Government of South Australia
SA Health

zidovudine

200mg/20mL injection (SAS), 10mg/mL oral mixture

Dose and Indications

Prevention of vertical transmission of HIV

Intravenous

1.5mg/kg per dose.

To be used only if neonate unable to tolerate oral feeds.

Oral

2mg/kg per dose

Dose Frequency

Gestational age (weeks)	Postnatal age (days)	Frequency (hours)
<30	0 to 28	12
	>28	8
30 to 34 weeks	0 to 14	12
	>14	8
≥ 35 weeks	ALL	6

Commence therapy as soon as possible after birth and within 6 to 12 hours of age

Continue therapy for 6 weeks

Additional Antiretroviral prophylaxis may be necessary for some HIV exposed infants see practice points for further details

Preparation and Administration

Intravenous

Dilute 1mL of the 10mg/mL zidovudine solution with 4mL of 5% glucose (Total volume 5mL).

The resulting solution contains 2mg/mL zidovudine.

Dose	1mg	2mg	3mg	4mg	5mg	6mg
Volume	0.5mL	1mL	1.5mL	2mL	2.5mL	3mL

Infuse over one hour.

Please note this formulation is not marketed in Australian and is only available via the Special Access Scheme (SAS). SAS paperwork and informed parental consent should be organised prior to starting treatment.

Oral

The oral mixture contains 10mg/mL zidovudine

Dose	1mg	2mg	3mg	4mg	5mg	6mg	8mg
Volume	0.1mL	0.2mL	0.3mL	0.4mL	0.5mL	0.6mL	0.8mL

ISBN number: 978-1-74243-442-1
Endorsed by: South Australian Maternal & Neonatal Clinical Network
Last Revised: 8/11/2012
Contact: South Australian Neonatal Medication Guidelines Workgroup at:
NeoMed@health.sa.gov.au

zidovudine

200mg/20mL injection (SAS), 10mg/mL oral mixture

Compatible Fluids

Glucose 5%, sodium chloride 0.9%

Adverse Effects

Common

Anaemia, neutropenia, leucopenia

Rare

Nail and skin pigmentation, cardiomyopathy, pancytopenia, red cell aplasia, aplastic anaemia (extremely rare for a 6 week prophylaxis course)

Monitoring

- Full blood counts at baseline, 2, 4 and 6 weeks, more frequently in neonates with anaemia at birth.

Practice Points

- Infectious Diseases consultation is essential for maternal HIV infection
- If neonate vomits more than 15 minutes after dose, give next dose at next scheduled time. If infant vomits within 15 minutes of a dose, give another dose if possible
- Avoid in infants exhibiting abnormally low neutrophil counts (less than 0.75 x 109/L) or abnormally low haemoglobin levels (less than 75g/L)
- Concurrent use of fluconazole increases the half-life of zidovudine
- Infectious Diseases consultation is recommended when infants have hyperbilirubinaemia requiring treatment other than phototherapy or have increased transaminase levels (above 5 times the upper limit of normal)
- Additional Antiretroviral Prophylaxis in the form of Nevirapine (NVP) may need to be considered for HIV-exposed infants of women who received no Ante Partum Antiretroviral prophylaxis and/or have a viral load greater than 50 copies/ml

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	May 2013	current	Original version

ISBN number: 978-1-74243-442-1
Endorsed by: South Australian Maternal & Neonatal Clinical Network
Last Revised: 8/11/2012
Contact: South Australian Neonatal Medication Guidelines Workgroup at:
NeoMed@health.sa.gov.au

Government of South Australia
SA Health