erythromycin

1g injection, 40mg/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.

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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

Infection due to susceptible organisms

Intravenous, Oral

10mg/kg/dose every six hours

Length of treatment should be guided by pathology and clinical picture.

Gut dysmotility

Oral

5mg/kg/dose every six to eight hours

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Preparation and Administration

Intravenous

There are **TWO STEPS** to this process.

STEP ONE: Add 20mL of water for injection to the erythromycin 1g vial and shake gently to dissolve. The resulting solution contains 50mg/mL erythromycin.

STEP TWO: Further dilute 1mL of the 50mg/mL erythromycin solution with 9mL of sodium chloride 0.9% (to a total volume of 10mL). The resulting solution contains 5mg/mL erythromycin.

Dose	5mg	10mg	20mg	30mg	40mg	50mg
Volume	1mL	2mL	4mL	6mL	8mL	10mL

Infuse over at least 60 minutes

Flush with sodium chloride if glucose in line (erythromycin is incompatible with glucose)

Oral

There are various brands available refer to product information for reconstitution volume. The resulting solution after reconstitution contains 40mg/mL erythromycin.

Dose	5mg	10mg	20mg	30mg	40mg
Volume	0.13mL	0.25mL	0.5mL	0.75mL	1mL

Give with feeds to minimise gastrointestinal irritation.

The reconstituted solution is usually stable for 10 days stored under refrigeration; however this may change according to brand available. Please consult product information.

Compatible Fluids

Sodium chloride 0.9%

Adverse Effects

Common

Thrombophlebitis (intravenous), vomiting, diarrhoea, infantile hypertrophic pyloric stenosis (see below) and Candida infections

Infrequent

Transient deafness (intravenous), torsades de pointes (intravenous), prolonged QT interval

Rare

Chlolestasis, myasthenia-like syndrome, blood dyscrasias

There have been reports of infantile hypertrophic pyloric stenosis in neonates receiving erythromycin for pertussis prophylaxis. The risk is increased with increasing length of treatment; no increased risk in infants receiving erythromycin after 2 weeks of age.

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Monitoring

- Heart rate and blood pressure during intravenous administration
- Periodic full blood count and liver function

Practice Points

- AzITHROMYCIN is the preferred macrolide for treatment for susceptible infections in infants < 1 month
- Erythromycin has been associated with increased prevalence of pyloric stenosis
- Erythromycin prolongs the QT interval. Avoid use with other agents that prolong the QT interval
- Current clinical data indicate that the use of erythromycin for gut dysmotility should be reserved for only a very small subset of high risk preterm neonates with persistent or severe feed intolerance while limiting the duration of exposure and ensuring long term follow up. Side effects appear to limit use of erythromycin beyond 1 month.

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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