

# metronidazole

## 5mg/mL injection, 40mg/mL mixture

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### Dose and Indications

#### Infection due to susceptible anaerobic organisms

##### Intravenous Infusion, Oral

Loading dose 15mg/kg

Followed by maintenance dose 7.5mg/kg given at frequency dosing interval

Corrected Age (weeks) [Gestational Age PLUS Postnatal Age]	Postnatal age (days)	Frequency (hours)
<30	≤ 28	every 48 hours
	> 28	every 24 hours
30 to 36	≤ 14	every 24 hours
	> 14	every 12 hours
37 to 44	≤ 7	every 24 hours
	> 7	every 12 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 Infusion

The intravenous injection contains 5mg/mL metronidazole

Dose	5mg	10mg	15mg	20mg	25mg	30mg	40mg
Volume	1mL	2mL	3mL	4mL	5mL	6mL	8mL

Administer as an infusion over at least 30 minutes.

Intravenous doses may be given undiluted

#### Oral

The oral mixture contains 40mg/mL metronidazole

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Dose	8mg	12mg	16mg	20mg	24mg	32mg	40mg
Volume	0.2mL	0.3mL	0.4mL	0.5mL	0.6mL	0.8mL	1mL

Give at least half hour before or two hours after feeds to maximise absorption.

### Compatible Fluids

Glucose 5%, glucose/sodium chloride solutions, sodium chloride 0.9%

Glucose 10% is compatible but not recommended due to high osmolarity of resulting solution.

### Adverse Effects

#### Common

Abdominal pain, vomiting, diarrhoea, thrombophlebitis (IV)

#### Infrequent

Furry tongue, glossitis, stomatitis

#### Rare

Pancreatitis, hepatitis, optic neuritis, thrombocytopenia, Clostridium difficile-associated disease, hypersensitivity reactions (eg rash, itch, flushing, fever), anaphylactic shock, angioedema, Stevens-Johnson syndrome, leucopenia, peripheral neuropathy, seizures, dark urine

#### Prolonged treatment

Leucopenia is reversible and usually only occurs after prolonged treatment; peripheral neuropathy (usually reversible) and/or CNS toxicity (eg seizures, encephalopathy, cerebellar toxicity) are more likely

### Monitoring

- > Consider periodic white cell count monitoring with prolonged treatment

### Practice Points

- > The intravenous infusion should be protected from light. Short term exposure to normal room light does not adversely affect stability, however direct sunlight should be avoided
- > The intravenous infusion must not be stored in the fridge as it may crystallise out of

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solution. Store at room temperature

- > Consider the necessity for intravenous administration as adequate levels can be achieved using oral formulations due to high bioavailability.

### Version control and change history

**PDS reference:** OCE use only

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