# **CEFOTAXIME**

#### **DESCRIPTION AND INDICATION FOR USE**

Cefotaxime is a third-generation cephalosporin antibiotic, active against both gram positive and gram negative organisms. It is used in the empiric treatment of meningitis and other infections when sensitivity indicates.

### **DOSE**

**IV, IM:** 50 mg/kg/dose

Interval: GA < 30 weeks  $\leq 28$  days of life: 12 hourly

> 28 days of life: 8 hourly\*

 $GA \ge 30$  weeks  $\le 14$  days of life: 12 hourly

> 14 days of life: 8 hourly\*

# RECONSTITUTION/DILUTION

Ampoule = 1000 mg (powder volume = 0.4 mL per 1000 mg vial)

IV: Reconstitute 1000 mg vial with 9.6 mL of Water for Injection (concentration = 100 mg/mL) May be further diluted with 0.9% sodium chloride to 50 mg/mL if required.

IM: Reconstitute 1000 mg vial with 3.6 mL of Water for Injection (concentration = 250 mg/mL)

### ROUTE AND METHOD OF ADMINISTRATION

IV: Give as a slow push over at least 10 minutes, OR Give slowly over 30 minutes via syringe pump

#### **COMPATIBILITY INFORMATION**

Please contact your ward pharmacist for information on drugs or fluids not appearing in the table below. Medications that are not routinely used in the Special Care Nursery have not been included in this table and may be incompatible.

	Compatible	Incompatible
Fluids	5% Dextrose, 10% Dextrose, 0.9% Sodium	Alkaline solutions (eg: containing sodium
	chloride	bicarbonate)
Drugs	Aciclovir, Heparin sodium, Metronidazole	Aminoglycoside antibiotics, Aminophylline,
		Fluconazole, Sodium bicarbonate,
		Vancomycin

#### SIDE EFFECTS

- Rash, pruritus, urticaria
- Nausea, diarrhoea, candidiasis, vomiting, abdominal pain
- Pain, phlebitis and tenderness at injection site
- Moderate and transient increase in bilirubin, increases in serum transaminases and alkaline phosphatase levels have also been noted
- Leucopenia and granulocytopenia, agranulocytosis (rare)

<sup>\*</sup> Dose interval may be reduced from 8 hourly to 6 hourly in severe infections/meningitis

• Hypersensitivity reactions including angioedema, bronchospasm and anaphylaxis (rare)

# **SPECIAL PRECAUTIONS**

- Known hypersensitivity to cephalosporin antibiotics
- Caution in patients with poor renal function

## **DRUG INTERACTIONS**

Cefotaxime may potentiate the renal toxicity of nephrotoxic medications

# **NURSING RESPONSIBILITIES**

- Observations/Monitoring
  - o Careful observation of IV site
  - o Monitor urine output
  - o Observe for side effects