Waikato District Health Board	Type: Drug Guideline	Document reference: 0601	Manual Classification: Waikato DHB Drug Guidelines
Title: **Cefotaxime for Neonates**			Effective date: **20 August 2020**
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BRIEF ADMINISTRATION GUIDE

For detailed information refer to The Australasian Neonatal Medicines Formulary **cefotaxime** guideline

Critical Note: there are minor variations between the ANMF and Waikato DHB best practice within this drug guideline – see yellow shaded text

Indications:
- Meningitis, suspected and proven
- Bacterial sepsis caused by susceptible organisms
- Early sepsis (≤2 days) empiric therapy if gentamicin is contraindicated

Route: Intravenous, or intramuscular
- Injection supplied as cefotaxime 1 g, powder for reconstitution
- pH of cefotaxime 4.5-6.5

Dose: 50 mg/kg/dose

Dosing interval as per following table:

CGA (weeks)	**Postnatal age** (days)	**Dosing Interval** (hours)
< 30	0 to 28	12
	29+	8
30^{+0} – 36^{+6}	0 to 14	12
	15+	8
≥ 37	0 to 7	8
	8+	6

Preparation and administration:

Intravenous
- Dilute 1 g vial with 9.6 mL of water for injection to make final concentration **100 mg/mL**.
  If infant is fluid restricted the 1 g vial can be reconstituted with 4.6 mL to give a 200 mg/mL solution.
- Shake vial vigorously, as soon as diluent is added, to dissolve powder and check for absence of particulate matter before proceeding
- Draw up the required volume for the dose
- Administer over 3 to 5 minutes as a slow IV injection
- Flush before and after the dose with sodium chloride 0.9% or glucose 5 or 10 %

Intramuscular
- Dilute 1 g vial with 2.9 mL of water for injection to make final concentration 300 mg/mL.
- Shake vial vigorously, as soon as diluent is added, to dissolve powder and check for absence of particulate matter before proceeding
- Draw up the required volume for the dose
- Inject deep into a large muscle mass (buttock or thigh)

Monitoring

- Monitor temperature and other parameters appropriate to the condition
- Monitor renal, hepatic and hematologic function periodically

Storage and Stability

- Reconstituted solutions are stable for 24 hours when refrigerated (2-8°C)

Competency for Administration

This procedure is carried out by, or under, the direct supervision of a registered nurse/registered midwife who holds current Waikato DHB Generic Medicine Management and IV certification plus Guardrails competency (if administering IV) as well as Neonatal specific competency NCV/NAC (if administering via CVAD).

References

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