

Neonatal Medication Guideline

Clinical Guideline

CefaLEXin

Policy developed by: SA Maternal, Neonatal & Gynaecology Community of Practice

Approved SA Health Safety & Quality Strategic Governance Committee on: 9 November 2017

Next review due: 9 November 2020

Summary The purpose of this guideline is to guide nursing, medical and pharmacy staff in the dosing and administration of cefalexin

Keywords Cefalexin, cephalixin, neonatal medication guideline, sepsis, infection, UTI, urinary tract infection, bacteria, coomb

Policy history Is this a new policy? **N**
Does this policy amend or update an existing policy? **Y v1.0**
Does this policy replace an existing policy? **Y**
If so, which policies?
Cephalexin v1.0

Applies to All SA Health Portfolio
All Department for Health and Ageing Divisions
All Health Networks
CALHN, SALHN, NALHN, CHSALHN, WCHN, SAAS

Staff impact All Clinical, Medical, Midwifery, Nursing, Students, Allied Health, Emergency, Mental Health, Pathology, Pharmacy

PDS reference CG019

Version control and change history

Version	Date from	Date to	Amendment
1.0	November 2012	November 2017	Original version
2.0	9 November 2017	Current	Complete review

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cefaLEXin

oral mixture

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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

Synonyms

cephalexin

Dose and Indications

Infection due to susceptible organisms

Oral

25mg/kg per dose (maximum dose 125mg)

Age (days)	Frequency (hours)
< 7	every 12 hours
7 to 21	every 8 hours
>21	every 6 hours

While dosing guidelines are not published for premature neonates, the dosing interval should be at least 12 hours in neonates with poor kidney function.

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

Prophylaxis of recurrent urinary tract infections

Oral

12.5mg/kg daily (nocte)

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Last Revised:

Contact:

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South Australian Neonatal Medication Guidelines Workgroup at:

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Preparation and Administration

Oral

Shake well before use

The reconstituted solution is usually stable for 14 days stored under refrigeration; however this may change according to brand available. Please consult product information.

Cefalexin may be given without regard to food

Adverse Effects

Common

Diarrhoea, vomiting, rash, Clostridium difficile-associated disease, superinfection

Infrequent

Neurotoxicity (seizures, encephalopathy) particularly with high doses and/or renal impairment, blood dyscrasias (neutropenia related to dose and treatment duration, thrombocytopenia), cholestatic hepatitis, antibiotic-associated colitis

Anaphylactic shock is not commonly seen in the neonates

Practice Points

- > Cefalexin may cause a false positive Coomb's test

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PDS reference: OCE use only

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