

Neonatal Medication Guideline

Clinical Guideline

CefaZOLin

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 cefazolin

Keywords cefazolin, neonatal medication guideline, cephalosporin, sepsis, bacteria, cephalosporin, crystal

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?
Cephazolin 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 CG020

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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cefaZOLin

1g injection

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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

cephaZOLin

Dose and Indications

1g = 1000mg

Infection due to susceptible organisms

Intravenous and intramuscular

Postnatal age (days)	Weight (kg)	Dose (mg/kg)	Frequency (hours)
≤ 7	≤ 2	25	12
	> 2	50	12
> 8	≤ 2	25	8
	> 2	50	8

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

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Health.NeoMed@sa.gov.au

cefaZOLin

1g injection

Preparation and Administration

Intravenous

Vial Strength (mg)	Volume of Water for Injection to add (mL)	Final Concentration of cefaZOLin (mg/mL)
1000mg	9.5mL	100mg/mL

Dose	25mg	50mg	75mg	100mg	125mg	150mg
Volume	0.25mL	0.5mL	0.75mL	1mL	1.25mL	1.5mL

Administer as a push over at least 3 minutes or further dilute dose to a concentration of 20 mg/mL with compatible fluid and infuse over 30 minutes.

The reconstituted solution is stable for 24 hours stored under refrigeration – check with local policy about re-accessing vial for the same patient.

Intra muscular

Vial Strength (mg)	Volume of sodium chloride 0.9% to add (mL)	Final Concentration of cefaZOLin (mg/mL)
1000mg	2.5mL	330mg/mL

Dose	25mg	50mg	75mg	100mg	125mg	150mg
Volume	0.075mL	0.15mL	0.23mL	0.3mL	0.38mL	0.45mL

Shake well and warm in hands to aid dissolution. **Small crystals may form which may be overlooked, Warm the vial in hands until the solution is clear.**

Inject deep into a large muscle.

Compatible Fluids

Glucose 5%, glucose 10%, glucose/sodium chloride solutions, sodium chloride 0.9%

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Adverse Effects

Common

Diarrhoea, vomiting, pain and inflammation at injection site, 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)

Anaphylactic shock is not commonly seen in the neonates

Practice Points

- > Refrigeration of reconstituted solutions may result in crystal formation
- > Solutions of cefaZOLin sodium reconstituted with sodium chloride 0.9% (rather than water for injection) may form crystals. For this reason, water for injection is the preferred diluent
- > The crystals can be dissolved by hand warming the vials and the clear solution will then be suitable for use.

Practice Points

1. De Cock RF, Smits A, Allegoert K, de Hoon J, Saegeman V, Danhof, Knibbe CA. 'Population pharmacokinetic modelling of total and unbound cefazolin plasma concentrations as a guide for dosing in preterm and term neonates'. Journal of Antimicrobial Chemotherapy, (2014), 69:1330-1338

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