metroNIDAZOLE
5mg/mL injection, 40mg/mL oral suspension
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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

Dose and Indications

Infection due to susceptible anaerobic organisms
Infectious Disease consultation is usually required prior to commencing therapy as metronidazole should be reserved for directed therapy only

Intravenous Infusion, Oral
Loading dose 15mg/kg
Followed by maintenance dose 7.5mg/kg given one dosing interval after initial dose, at frequency dosing interval indicated below:

<table>
<thead>
<tr>
<th>Corrected Age (weeks) [Gestational Age PLUS Postnatal Age]</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>&lt;27</td>
<td>Every 24 hours</td>
</tr>
<tr>
<td>27 to 33</td>
<td>Every 12 hours</td>
</tr>
<tr>
<td>34 to 40</td>
<td>Every 8 hours</td>
</tr>
<tr>
<td>≥ 41</td>
<td>Every 6 hours</td>
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Length of treatment should be guided by pathology and clinical picture; however in proven sepsis treatment should continue for a minimum of 7 days.
South Australian Neonatal Medication Guidelines

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Preparation and Administration

**Intravenous Infusion**

The intravenous injection contains 5mg/mL metronidazole

<table>
<thead>
<tr>
<th>Dose</th>
<th>5mg</th>
<th>10mg</th>
<th>15mg</th>
<th>20mg</th>
<th>25mg</th>
<th>30mg</th>
<th>35mg</th>
<th>40mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>1mL</td>
<td>2mL</td>
<td>3mL</td>
<td>4mL</td>
<td>5mL</td>
<td>6mL</td>
<td>7mL</td>
<td>8mL</td>
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</table>

Administer as an intravenous infusion over at least 30 minutes.

Intravenous doses may be given undiluted

**Oral**

The oral suspension contains 40mg/mL metronidazole

<table>
<thead>
<tr>
<th>Dose</th>
<th>8mg</th>
<th>12mg</th>
<th>16mg</th>
<th>20mg</th>
<th>24mg</th>
<th>28mg</th>
<th>32mg</th>
<th>36mg</th>
<th>40mg</th>
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</thead>
<tbody>
<tr>
<td>Volume</td>
<td>0.2mL</td>
<td>0.3mL</td>
<td>0.4mL</td>
<td>0.5mL</td>
<td>0.6mL</td>
<td>0.7mL</td>
<td>0.8mL</td>
<td>0.9mL</td>
<td>1mL</td>
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Give oral suspension at least an hour before or two hours after feeds to maximise absorption.

**Compatible Fluids**

Glucose 5%, sodium chloride 0.9%

**Adverse Effects**

**Common**

Vomiting, diarrhoea, thrombophlebitis (IV)

**Infrequent**

Glossitis, stomatitis, black tongue

**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 (due to drug metabolites)

**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 (>10 days)
**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 solution. Store at room temperature.

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

**References**

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If so, which policy (title)?

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