

# rifAMPicin

## 600mg injection, 20mg/mL 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

Rifampin

## Dose and Indications

Infectious Disease consultation is usually required prior to commencing therapy, refer to local anti-microbial policy

### Infection due to susceptible organisms

#### Intravenous

5mg/kg to 10mg/kg per dose every 12 hours

#### Oral

10mg/kg to 20mg/kg per dose every 24 hours

Length of treatment should be guided by pathology and clinical picture; however in proven sepsis treatment should continue for a minimum of 7 days.

### Prophylaxis against *Haemophilus influenzae* type b

#### Oral

10mg/kg every 24 hours for 4 days



**Prophylaxis against Neisseria meningitidis****Oral**

5mg/kg every 12 hours for 2 days

**Congenital tuberculosis****Oral**

15mg/kg daily for 6 months

**Preparation and Administration****Intravenous**There are **TWO STEPS** to this process

**STEP ONE:** Reconstitute 600mg rifampicin vial with 9.5mL of diluent provided. Swirl until the powder has completely dissolved. The resulting solution contains 60mg/mL rifampicin.

**STEP TWO:** Dilute 1 mL rifampicin 60mg/mL with 9mL of compatible fluid (total volume of 10mL). The resulting solution contains 6mg/mL rifampicin

Dose	6mg	9mg	12mg	15mg	18mg	21mg	24mg
Volume	1mL	1.5mL	2mL	2.5mL	3mL	3.5mL	4mL

To be administered as a intravenous infusion over at least 30 minutes

Discard any remaining solution.

Once reconstituted use the intravenous solution as soon as possible; use within 6 hours of dilution with sodium chloride 0.9% and 4 hours of dilution with glucose 5%

**Oral**

The oral mixture contains rifampicin 20mg/mL.

Dose	5mg	10mg	15mg	20mg	25mg	30mg	35mg
Volume	0.25mL	0.5mL	0.75mL	1mL	1.25mL	1.5mL	1.75mL

Give at least 30 minutes before feeds.

**Compatible Fluids**

Glucose 5%, sodium chloride 0.9%

**Adverse Effects****Infrequent**

Flushing, hepatotoxicity, rash



### Rare

Thrombophlebitis (intravenous), thrombocytopenia (stop rifampicin if this occurs), hepatitis, Clostridium difficile-associated disease

### Monitoring

- > Prior to treatment:
  - > Serum creatinine
  - > Full blood count
  - > Liver function tests
- > Regularly during treatment:
  - > Full blood count
  - > Liver function tests
- > Observe intravenous site for extravasation

### Practice Points

- > Rifampicin will turn body fluids red including saliva, urine and faeces.
- > Induces liver enzymes and may interfere with other drug therapy.
- > If renal or hepatic impairment use the lower end of the dosing range.
- > Rifampicin resistance can develop rapidly if it is used as the sole agent, treatment will be in combination with other drugs except in prevention of haemophilus influenza or meningococcal meningitis

### References

1. Arnold, Christopher J. et al. "Rifampin Use and Safety in Hospitalized Infants." *American journal of perinatology* 32.6 (2015): 565–570.
2. Pullen J, Stolk L, Degraeuwe P, van Tiel F, Neef C, Zimmermann L. "Pharmacokinetics of Intravenous Rifampicin (Rifampin) in Neonates". *Therapeutic Drug Monitoring* 28.5 (2006): 654-661.



## Document Ownership & History

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