

Neonatal Medication Guideline

Clinical Guideline

Trimethoprim

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

Approved SA Health Safety & Quality Strategic Governance Committee on:
11 August 2017

Next review due: 31 August 2020

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

Keywords Trimethoprim, neonatal medication guideline, infection, UTI, urinary infection, urinary tract infection, prophylaxis, bacteria, hyperkalaemia

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? **N**
If so, which policies? **Trimethoprim Neonatal Medication Guideline**

Applies to 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 CG061

Version control and change history

Version	Date from	Date to	Amendment
1.0	November 2012	Aug 2017	Original version
2.0	11 Aug 2017	Current	Complete review

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trimETHOPRIM

10mg/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

Dose and Indications

Treatment of susceptible infections

Oral

3mg/kg loading dose, then 2mg/kg every twelve hours

Length of treatment should be guided by pathology and clinical picture, however 7 days treatment is usually recommended

Prophylaxis for urinary tract infections

Oral

2mg/kg every 24 hours

Preparation and Administration

Oral

The 10mg/mL solution contains:

Dose	2mg	4mg	6mg	8mg	10mg	12mg
Volume	0.2mL	0.4mL	0.6mL	0.8mL	1mL	1.2mL

The 10mg/mL oral mixture is not commercially available however is manufactured at the Women's and Children's Hospital and can be purchased by other public hospitals.

Give with feeds to minimise gastrointestinal irritation

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South Australian Neonatal Medication Guidelines Workgroup at:
Health:NeoMed@sa.gov.au

Adverse Effects

Common

Fever, rash, vomiting, hyperkalaemia (below)

Hyperkalaemia can occur with usual doses but is more likely to be clinically significant as dose increases. Average onset is 4–5 days. Risk factors are high dose and renal impairment.

Rare

Leucopenia, thrombocytopenia, megaloblastic anaemia, methaemoglobinaemia (especially with high doses or prolonged treatment), allergy including anaphylaxis, Stevens-Johnson syndrome, toxic epidermal necrolysis

Monitoring

- > Periodic potassium

Practice Points

- > Be cautious of prescribing trimethoprim in the following circumstances:
 - patients with severe haematological disorders including megaloblastic anaemia due to folate deficiency
 - patients with renal impairment - reduced or less frequent dosage is recommended
 - patients with hepatic impairment

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