



NEONATAL Medication Monograph

CEFOTAXIME




This document should be read in conjunction with this [DISCLAIMER](#)

Restricted: Requires Microbiologist review within 24 hours of initiation

Presentation	Vial: 1g												
Classification	Third generation cephalosporin												
Indications	<ul style="list-style-type: none"> • Suspected meningitis • Neonatal sepsis • Gonococcal infection • Susceptible gram negative infections excluding <i>Pseudomonas sp.</i> 												
Dose	<p><u>All Indications</u> IV/IM:</p> <table border="1"> <thead> <tr> <th><u>Postnatal Age</u></th> <th><u>Dose</u></th> <th><u>Frequency</u></th> </tr> </thead> <tbody> <tr> <td>0-7 days</td> <td>50 mg/kg</td> <td>Every 12 hours</td> </tr> <tr> <td>>7-21 days</td> <td>50 mg/kg</td> <td>Every 8 hours</td> </tr> <tr> <td>>21 days</td> <td>50 mg/kg</td> <td>Every 6 hours</td> </tr> </tbody> </table>	<u>Postnatal Age</u>	<u>Dose</u>	<u>Frequency</u>	0-7 days	50 mg/kg	Every 12 hours	>7-21 days	50 mg/kg	Every 8 hours	>21 days	50 mg/kg	Every 6 hours
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0-7 days	50 mg/kg	Every 12 hours											
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Monitoring	Monitor renal and hepatic function if long term therapy												
Dose Adjustment	Dose adjustment recommended in severe renal impairment												
Guidelines & Resources	Sepsis: General Management and Treatment												
Compatible Fluids	Glucose 5%, Glucose 10% , Sodium Chloride 0.9%												

Preparation	<p><u>IV Push:</u> available from CIVAS (KEMH & PCH) Add 9.6mL of water for injections to a 1g vial Concentration is 1000mg/10mL = <u>100mg/mL</u></p> <p><u>IV Infusion:</u></p> <p><i>Step 1: Reconstitution</i> Add 9.6mL of water for injections to a 1g vial Concentration is 1000mg/10mL = <u>100mg/mL</u></p> <p><i>Step 2: Dilution</i> Take 2mL (200mg) of the above solution and make to a final volume of 5mL with a compatible diluent. Concentration is 200mg/5mL = <u>40mg/mL</u></p> <p><u>IM:</u> Add 3.6mL of water for injections to a 1g vial Concentration is 1000mg/4mL = <u>250mg/mL</u></p>
Administration	<p><u>IV Push:</u> Inject over 3 to 5 minutes</p> <p><u>IV Infusion:</u> Infuse over 20 to 30 minutes</p> <p><u>IM:</u> As per Administration Guideline</p>
Adverse Reactions	<p>Common: rash, diarrhoea moderate or transient rise in liver enzymes or bilirubin</p> <p>Serious: Hypersensitivity reactions, leukopenia, agranulocytosis, arrhythmias if rapid IV administration through a central venous catheter</p>
Storage	<p>Store below 25°C Protect from light. Discard reconstituted solution immediately after use.</p>
Interactions	<p>IV aminoglycoside antibiotics, including gentamicin, are inactivated by IV cephalosporins. Ensure lines are adequately flushed between antibiotics.</p> <p>Cefotaxime may potentiate the renal toxicity of nephrotoxic drugs.</p>

Notes	Use may result in false positive urine glucose test (Clinitest®) Cefotaxime is used instead of ceftriaxone for gram-negative septicaemia in neonates because ceftriaxone can displace bilirubin.
References	<p>Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index: a universal resource for clinicians treating pediatric and neonatal patients. 24th ed. Hudson (Ohio): Lexicomp; 2401. 2, p379-380</p> <p>Society of Hospital Pharmacists of Australia. Cefotaxime. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2019 [cited 2019 Oct 22]. Available from: http://aidh.hcn.com.au</p> <p>Ainsworth SB. Neonatal formulary 7: drug use in pregnancy and the first year of life. Seventh ed. Chichester (West Sussex): John Wiley & Sons Inc.; 2015. Cefotaxime p136.</p> <p>Cefotaxime. In British national formulary for children Joint Formulary Committee (September 2018-19) <i>BNF 74: September 2018-19</i>. London: Pharmaceutical Press.</p> <p>Truven Health Analytics. Cefotaxime. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 Oct 18]. Available from: https://neofax.micromedexsolutions.com/</p>

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