

NEONATAL

ERYTHROMYCIN

(ANTIMICROBIAL)

This document should be read in conjunction with this **DISCLAIMER**

Highly Restricted (IV): Requires consultant approval before commencing

Unrestricted (Oral): Any prescriber may initiate treatment as per guideline

Presentation	Oral suspension : 400mg/5mL Vial: 1g powder for reconstitution					
Classification	Broad spectrum macrolide antimicrobial agent					
Indication	For the treatment of susceptible organisms Chlamydia trachomatis Mycoplasma Ureaplasma					
Precautions	neor	Erythromycin is associated with infantile hypertrophic pyloric stenosis in neonates, especially those aged <2 weeks; the risk appears to be less with azithromycin.				
Dose	IV/C	IV/Oral:				
		Postnatal Age	Dose	Frequency		
		≤7 days	10mg/kg	Every 12 hours		
		8-28 days	10mg/kg	Every 8 hours		
		≥29 days	10mg/kg	Every 6 hours		
Monitoring	Liver function tests, bowel motion frequency, diarrhoea IV use: monitor blood pressure and heart rate Observe IV site for signs of infiltration and extravasation					
Dose Adjustment	Reduce dose in severe renal impairment					
Guidelines & Resources	Sepsis Calculator					

Compatible Fluids	Sodium Chloride 0.9%
Preparation	IV Infusion: Step 1: Reconstitution Add 20 mL of Water for Injections to 1g vial Concentration is 1000mg/20mL = 50mg/mL
	Step 2: Dilution Take 1 mL (50mg) of the above solution and dilute to 50mL with Sodium Chloride 0.9%
	Concentration is 50mg/50mL <u>Final concentration = 1mg/mL</u>
	Oral: Add 77mL of Water for Irrigation, in small volumes and shake vigorously until no lumps are visible. Final concentration is 400mg/5mL = 80mg/mL For small oral doses the oral suspension may be further diluted
	Take 0.5mL (40mg) and dilute to 4mL with water for irrigation Concentration is 40mg/4mL = 10mg/mL
Administration	IV Infusion: Infuse over 20 – 60 minutes via syringe pump. Oral: Shake well before use May be given at any time with regard to feeds.
Adverse Reactions	Common: Pain on injection, phlebitis, gastric irritation Infrequent: Bradycardia, hypotension Rare: Hypertrophic pyloric stenosis, prolongation of QT interval, caution with concomitant use of drugs that prolong QT interval

Storage	Vial: Store at room temperature - below 25 °C. Reconstituted solution: stable for 24 hours at room temperature Oral Mixture: Dry granules: Store at room temperature - below 25 °C Prepared suspension: Refrigerate at 2 to 8 °C, Do not freeze Discard 10 days after reconstitution
Interactions	Drugs that inhibit CYP3A4 may increase erythromycin concentration May increase serum levels of digoxin, theophylline, carbamazepine
Notes	Erythromycin administration may cause venous irritation and pain, dilute infusions are preferred where possible
References	Truven Health Analytics. Erythromycin. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 Sep 6]. Available from: https://neofax.micromedexsolutions.com/ 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, P751-754. Society of Hospital Pharmacists of Australia. Erythromycin. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2019 [cited 2019 Sep 6]. Available from: http://aidh.hcn.com.au Australian Medicines Handbook Children's Dosing Companion. Erythromycin. In: Australian Medicines Handbook; 2019 [cited 2019 Sep 6]. Available from: https://amhonline.amh.net.au/

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