



## ADULT MEDICATION GUIDELINE

# CEFEPIME

<b>Scope (Staff):</b>	All WNHS Staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

### Quick Links

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### Restrictions

[Formulary: Restricted](#)

### Medication Class

Anti-infective – Cephalosporin

### Presentation

Vial: 2g

### Storage

Store at room temperature, below 25°C

### Dose

#### Infections caused by organisms resistant to other cephalosporins

IV:

1- 2 g every 12 hours. Maximum 6 g daily.

#### Non-urinary *Pseudomonas aeruginosa* or life-threatening infections:

IV:

2 g every 8 hours

## Administration

### IV injection

**Step 1 Reconstitution:** Reconstitute vial with 10 mL sodium chloride 0.9% or glucose 5%.

**Step 2 Administration:** Inject **SLOWLY** over 3 to 5 minutes. Rapid administration of large doses may result in seizures.

### IV infusion

**Step 1 Reconstitution:** Reconstitute as above. (If a part-dose is required reconstitute the 2 g vial with 17.4mL of glucose 5% or sodium chloride 0.9% to make a concentration of 100 mg/mL)

**Step 2 Dilution:** Dilute with 50 - 100mL of sodium chloride 0.9% or glucose 5% (maximum concentration 40mg/mL)

**Step 3 Administration:** Infuse over 30 minutes

## Monitoring

Renal function and complete blood count during prolonged and/or high dose treatment

Dose reduction required in renal impairment (See Comments below)

## Pregnancy

**1<sup>st</sup> Trimester:** Safe to use

**2<sup>nd</sup> Trimester:** Safe to use

**3<sup>rd</sup> Trimester:** Safe to use

## Breastfeeding

Safe to use

## Comments

**Dosage adjustment based on GFR: (1 to 2 g loading dose may be required)**

more than 50 mL/min, normal dosing

10 to 50 mL/min            50 to 100% 12- to 24-hourly

less than 10 mL/min        ,25 to 50% 24-hourly

## Related Policies, Procedures & Guidelines

**WNHS Clinical Practice Guidelines:** [Antimicrobial Stewardship](#)

**WNHS Pharmaceutical and Medicines Management Guidelines:**









## References

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