



ADULT MEDICATION GUIDELINE

Ceftriaxone

Scope (Staff): All WNHS Staff

Scope (Area): Obstetrics and Gynaecology

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

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Medication Class

Cephalosporins

Presentation

Form: 1 g vial

Storage

Store at room temperature, below 25°C

Dose

Refer to relevant KEMH Clinical Guidelines for appropriate dose regimes (links below in related Policies, Procedures & Guidelines).

Gonorrhoea

IM:

500 mg single dose (in conjunction with oral other antibiotics).

Outpatient Treatment of Mild-Moderate STI related PID

IM/IV:

500 mg single dose (in conjunction with oral other antibiotics).

Inpatient Treatment of severe STI related PID or severe procedure related PID (alternative regimen)

IV:

2 g daily (in conjunction with other IV antibiotics).

Adult and Maternal Sepsis (Penicillin hypersensitivity: non-immediate)

IV:

2 g daily (in conjunction with other IV antibiotics).

Severe Postpartum Endometritis (for patients with non-type 1 hypersensitivity penicillin reactions or where gentamicin is contraindicated)

IV:

2 g daily (In conjunction with other IV antibiotics).

Pyelonephritis (Initial IV therapy: Does not cover Pseudomonas or Enterococcus species)

IV:

1 g 24 hourly.

Administration

Refer to the [Australian Injectable Drugs Handbook](#)

IM injection

Step 1 Reconstitution: Reconstitute 1 g vial with 3.5 mL of lidocaine 1% (50 mg/5 mL). To obtain a dose of 500 mg, withdraw the entire reconstituted solution into a syringe (4 mL) and discard half (2 mL) before administering.

Step 2 Administration: Inject deep into the gluteal muscle. Maximum of 1 g to be injected into each buttock.

NB: Do NOT inject lidocaine-reconstituted ceftriaxone intravenously.

IV injection

Step 1 Reconstitution: Reconstitute 1 g vial with 10 mL water for injections.

Step 2 Administration: Inject over 2 to 4 minutes.

IV infusion

Step 1 Reconstitution: Reconstitute 1 g vial with 10 mL water for injections.

Step 2 Dilution: Dilute to 50 – 100 mL in sodium chloride 0.9% or glucose 5%.

Step 3 Administration: Infuse over 30 minutes.

Monitoring

Monitor renal function and complete blood count during prolonged (>10 days) and/or high-dose treatment.

Pregnancy

1st Trimester: Safe to use.

2nd Trimester: Safe to use.

3rd Trimester: Safe to use.

Breastfeeding

Safe to use.

Comments

Ceftriaxone may affect the clotting process, increasing the risk of bleeding.

Related Policies, Procedures & Guidelines

HDWA Mandatory Policies:

[Formulary 1](#)

WNHS Clinical Practice Guidelines:

[Antimicrobial Stewardship](#)

[Gynaecology \(Non-oncological\)](#)

[Infections in Obstetrics \(Intra-amniotic chorioamnionitis and postpartum infection\): Diagnosis and management](#)

[Infections: Urinary tract infection in pregnant women](#)

[Sepsis and septic shock: Antibiotics for adult patients at KEMH](#)

[Sexually Transmitted Infections](#)

WNHS Pharmaceutical and Medicines Management Guidelines:

[Prescribing by Eligible Private Practice Midwives \(EPPM\) with a Scheduled Medicines Endorsement](#)









References

Australian Medicines Handbook. Ceftriaxone. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2024 [cited 2024 June 18]. Available from: <https://amhonline.amh.net.au/>

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NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  Std 1: Clinical Governance <input type="checkbox"/>  Std 2: Partnering with Consumers <input checked="" type="checkbox"/>  Std 3: Preventing and Controlling Healthcare Associated Infection <input checked="" type="checkbox"/>  Std 4: Medication Safety		<input type="checkbox"/>  Std 5: Comprehensive Care <input type="checkbox"/>  Std 6: Communicating for Safety <input type="checkbox"/>  Std 7: Blood Management <input type="checkbox"/>  Std 8: Recognising and Responding to Acute Deterioration		
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The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the

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