



ADULT MEDICATION GUIDELINE

Erythromycin

Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology

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

Quick Links

[Dose](#)

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Restrictions

[Formulary: Restricted](#) (IV)

Approved for any other infectious disease indication as listed in the Australian Therapeutic Guidelines®

[Formulary: Unrestricted](#) (Oral)

Medication Class

Macrolide antibacterial

Presentation

Enteric Capsule: 250 mg

Oral suspension: 400 mg/5 mL

Vial: 1 g

Storage

Enteric Capsule, Vial: Store at room temperature, below 25°C

Oral suspension: Reconstituted suspension should be refrigerated at 2° to 8°C and used within 10 days; do not freeze

Dose

Preterm prelabour rupture of membranes (PPROM) ≥ 20 weeks:

Oral: 250 mg 6-hourly for 10 days

Secondary prevention of recurrent acute rheumatic fever in patients with hypersensitivity to penicillins:

Oral:

250 mg 12-hourly (see [RHD Australia guidelines](#) for recommended duration)

Prokinetic agent for patients on glucagon-like peptide-1 receptor agonists (GLP-1RAs) and dual GLP-1/glucose-dependent insulinotropic peptide receptor co-agonists (GLP-1/GIPRAs) prior to anaesthesia or sedation for surgical and endoscopic procedures:

IV:

A single dose of 3mg/kg (up to a dose of 250 mg) erythromycin intravenously.

Administration

Oral

Best taken 1 hour before or 2 hours after food.

IV Infusion (as a prokinetic agent):

Preparation Step 1: Reconstitution

Add 20 mL of water for injections to 1 g vial

Concentration is 1000 mg/20 mL = 50 mg/mL

Preparation Step 2: Dilution

Take 5 mL (250 mg) of the above solution and dilute to 50mL with sodium chloride 0.9%

Concentration is 250 mg/50 mL

Final concentration = 5 mg/mL

Infuse over at least 15 minutes (minimum infusion rate 200 mL/hour)

Refer to [Australian Injectable Handbook](#) for more information.

Monitoring

Erythromycin may prolong the QT interval and increase the risk of arrhythmia (risk is greater with IV administration).

Treatment with [drugs that inhibit CYP3A4](#) may increase erythromycin concentration and the risk of QT prolongation; avoid combinations if possible.

Renal: increased risk of ototoxicity

Hepatic: contraindicated in severe hepatic impairment

Pregnancy

1st Trimester: Consider alternative*

2nd Trimester: Safe to use

3rd Trimester: Safe to use

* Initial studies of erythromycin use in early pregnancy showed an association with cardiac malformations when compared to infants not exposed to the medicine. Recent studies have not found an association between in utero exposure and an increased incidence of malformations.

There is also insufficient evidence to support a possible increased risk of pyloric stenosis in newborns exposed to erythromycin during pregnancy

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Breastfeeding

Safe to use

Related Policies, Procedures & Guidelines

HDWA Policies:

[WA Adult Medicines Formulary](#)

WNHS Mandatory Policies:

[Antimicrobial Stewardship](#)

[Medication Administration](#)

KEMH Clinical Practice Guidelines:

[Rupture of membranes - spontaneous](#)

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Notifiable infection [Lymphogranuloma venereum](#). Department of Health.

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