



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](#)[Administration](#)[Monitoring](#)[Pregnancy and
Breastfeeding](#)

Restrictions

[Formulary: Restricted](#) (IV)

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

[Formulary: Unrestricted](#) (Oral)

[HIGH RISK Medication](#) 

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 four times a day for 10 days

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

Oral:

250 mg every 12 hours (see [RHD Australia guidelines](#) for recommended duration)

Lymphogranuloma venereum* in pregnancy:

Oral:

500 mg four times a day for 21 days

**Azithromycin may be preferred due to decreased frequency and greater side effect tolerability.*

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 250mg) erythromycin intravenously.

Administration

Oral

Best taken 1 hour before or 2 hours after food.

IV Infusion:

Preparation Step 1: Reconstitution

Add 20 mL of Water for Injections to 1g vial

Concentration is 1000mg/20mL = 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

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

Breastfeeding

Safe to use

Related Policies, Procedures & Guidelines

HDWA Mandatory Policies:

[Antimicrobial Stewardship](#)

WNHS Clinical Practice Guidelines:

[Rupture of membranes - spontaneous](#)

References

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